POLICE DEPARTMENT MISSING PERSON DECLARATION

NAME:	DATE OF BIRTH:
ADDRESS:	
☐ DISABILITY:	A PERSON WHO IS MISSING AND WHO IS UNDER PHYSICAL / MENTAL DISABILITY, THEREBY SUBJECTING HIMSELF / HERSELF OR OTHERS TO PERSONAL AND IMMEDIATE DANGER.
☐ INVOLUNTAI	RY: A PERSON WHO IS MISSING UNDER CIRCUMSTANCES INDICATING THAT THE DISAPPEARANCE WAS NOT VOLUNTARY.
☐ ENDANGERI	ED: A PERSON WHO IS MISSING UNDER CIRCUMSTANCES INDICATING THAT HIS / HER PHYSICAL SAFETY IS IN DANGER.
☐ CATASTROF	PHE: A PERSON WHO IS MISSING AFTER A CATASTROPHE, (E.G., PLANE CRASH)
OTHER:	A PERSON NOT MEETING THE CRITERIA FOR ENTRY IN ANY OTHER CATEGORY, WHO IS MISSING & FOR WHOM THERE IS A REASONABLE CONCERN FOR HIS/HER SAFETY.
her whereabouts are unlam signing this docume	ove is missing as indicated in the category checked and his or known. Police assistance is requested to locate this person. I ent with the full understanding that any false information or the to the criminal penalties of 18 Pa. CS 4904, relating to
-	SIGNATURE OF COMPLAINANT
_	NAME OF COMPLAINANT
_	ADDRESS OF COMPLAINANT
	PELATIONSHIP TO MISSING PERSON