

\_\_\_\_\_ 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.
- Involuntary: A person who is missing under circumstances indicating that their disappearance was not voluntary.
- Endangered: A person who is missing under circumstances indicating that his/her physical safety is in danger.
- Catastrophe: A person who is missing after a catastrophe, (e.g. plane crash)

I hereby declare and certify to the \_\_\_\_\_ Police Department that the individual named above is missing as indicated in the category checked and his or her whereabouts are unknown. Police assistance is requested to locate this person. I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Address of Complainant

\_\_\_\_\_  
Relationship to Missing Person

*Items below completed by Comm Center ONLY*

**Above information verified by Supervisor # \_\_\_\_\_ Initials \_\_\_\_\_**