Missing Person

Control #

Name:_____

Sex: Race:

Age / Date of Birth:

Height / Weight: Hair / Eyes:

Scars / Marks / Tattoos:

Clothing Description:

Medical Conditions:

Language Spoken:

Location last seen:

Date/Time last seen:

Photo (if available)

Information taken by: **Date/Time**

If located, contact:

Cupertino Office of Emergency Services   408 777-3335
www.cupertino.org/emergency   oes@cupertino.org