

# COMPARISON REPORT

<b>Family name:</b>	<b>MISSING PERSON</b>	<b>AM No:</b> _____
<b>First name(s):</b>		
<b>Date of birth:</b>	<input type="text"/> <small>Day</small> <input type="text"/> <small>Month</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Year</small>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>

<b>Nature of disaster:</b>	<b>HUMAN REMAINS</b>	<b>PM No:</b> _____
<b>Place of disaster:</b>		
<b>Date of disaster:</b>	<input type="text"/> <small>Day</small> <input type="text"/> <small>Month</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Year</small>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>

**HUMAN REMAINS have been compared with information of MISSING PERSON**

**Identification Evidence Evaluation**

**Primary Identifiers**

<b>Fingerprint expert</b>	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Data not available/insufficient data	Possible ID <input type="checkbox"/>	Probable ID <input type="checkbox"/>	Established ID <input type="checkbox"/>
---------------------------	---	---	--------------------------------------	--------------------------------------	---

<i>Reasons:</i>	<i>Place and date</i>	<i>Stamp/institution</i>
	<i>Signature</i>	

<b>DNA scientist</b>	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Data not available/insufficient data	Possible ID <input type="checkbox"/>	Probable ID <input type="checkbox"/>	Established ID <input type="checkbox"/>
----------------------	---	---	--------------------------------------	--------------------------------------	---

<i>Reasons:</i>	<i>Place and date</i>	<i>Stamp/institution</i>
	<i>Signature</i>	

<b>Odontologist</b>	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Data not available/insufficient data	Possible ID <input type="checkbox"/>	Probable ID <input type="checkbox"/>	Established ID <input type="checkbox"/>
---------------------	---	---	--------------------------------------	--------------------------------------	---

<i>Reasons:</i>	<i>Place and date</i>	<i>Stamp/institution</i>
	<i>Signature</i>	

**Secondary Identifiers**

<b>Police investigator</b>	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Data not available/insufficient data	Possible ID <input type="checkbox"/>	Probable ID <input type="checkbox"/>	Established ID <input type="checkbox"/>
----------------------------	---	---	--------------------------------------	--------------------------------------	---

<i>Reasons:</i>	<i>Place and date</i>	<i>Stamp/institution</i>
	<i>Signature</i>	

<b>Pathologist</b>	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Data not available/insufficient data	Possible ID <input type="checkbox"/>	Probable ID <input type="checkbox"/>	Established ID <input type="checkbox"/>
--------------------	---	---	--------------------------------------	--------------------------------------	---

<i>Reasons:</i>	<i>Place and date</i>	<i>Stamp/institution</i>
	<i>Signature</i>	

<b>Anthropologist</b>	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Data not available/insufficient data	Possible ID <input type="checkbox"/>	Probable ID <input type="checkbox"/>	Established ID <input type="checkbox"/>
-----------------------	---	---	--------------------------------------	--------------------------------------	---

<i>Reasons:</i>	<i>Place and date</i>	<i>Stamp/institution</i>
	<i>Signature</i>	

<b>Other:</b> _____	Possible ID <input type="checkbox"/>	Probable ID <input type="checkbox"/>	Established ID <input type="checkbox"/>
---------------------	--------------------------------------	--------------------------------------	---

<i>Reasons:</i>	<i>Place and date</i>	<i>Stamp/institution</i>
	<i>Signature</i>	

INTERNATIONAL CRIMINAL POLICE ORGANIZATION

INTERPOL

# DISASTER VICTIM IDENTIFICATION

Version 2018



***AM - FILE***

*Family name :*

*Forename(s) :*

*No. :*

***PM - FILE***

*No. :*

# CERTIFICATE OF IDENTIFICATION

MISSING PERSON		AM forms enclosed
<b>Family name</b> <b>First name(s)</b> Street / No. Postcode / Town State / Country		<i>AM No:</i>
		<i>Nationality</i>
<b>Date of birth</b>	<input type="text"/> <input type="text"/> <i>Day</i> <input type="text"/> <input type="text"/> <i>Month</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Year</i>	<i>Date reported missing</i>

HUMAN REMAINS		PM forms enclosed
<b>Site of body examination</b> <b>Police agency</b> Name Street / No. Postcode / Town State / Country Phone / Email		<i>PM No:</i>
		<i>Date</i>

**According to the data here enclosed the above human remains have been IDENTIFIED as the above missing person.**

<b>Identification was based on</b>  (see comparison report)	
---	--

<b>Authorised signature</b>  Type the name	<i>Reviewed by:</i>	<i>Place and date</i>
		<i>Signature</i>

<b>Stamp or logo / Director: Victim Identification</b>	<i>Place and date</i>
	<i>Signature</i>

<b>Stamp or logo / Local authority</b>	<i>Place and date</i>
	<i>Signature</i>