



Harrisburg Bureau of Police
MISSING PERSON DECLARATION

INCIDENT NUMBER: _____

NAME: _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____-_____-_____

<input type="checkbox"/> DISABILITY	A PERSON WHO IS MISSING AND WHO IS UNDER PHYSICAL / MENTAL DISABILITY, THEREBY SUBJECTING HIMSELF / HERSELF OR OTHERS TO PERSONAL AND IMMEDIATE DANGER
<input type="checkbox"/> INVOLUNTARY	A PERSON WHO IS MISSING UNDER CIRCUMSTANCES INDICATING THAT THE DISAPPEARANCE WAS NOT VOLUNTARY
<input type="checkbox"/> ENDANGERED	A PERSON WHO IS MISSING UNDER CIRCUMSTANCES INDICATING THAT HIS / HER PHYSICAL SAFETY IS IN DANGER
<input type="checkbox"/> CATASTROPHE	A PERSON WHO IS MISSING AFTER A CATASTROPHE, (E.G., PLANE CRASH)
<input type="checkbox"/> 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
<input type="checkbox"/> AMBER ALERT	A JUVENILE MISSING UNDER CIRCUMSTANCES THAT INDICATE THE JUVENILE WAS ABDUCTED BY AN ADULT, NON-FAMILY MEMBER OR FAMILY MEMBER WHERE THE ABDUCTED JUVENILE IS BELIEVED TO BE IN DANGER OF DEATH OR SERIOUS BODILY INJURY.

I HEREBY DECLARE AND CERTIFY TO THE HARRISBURG BUREAU OF POLICE 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. CS 4904, RELATING TO UN-SWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF COMPLAINANT

NAME OF COMPLAINANT

ADDRESS OF COMPLAINANT

RELATIONSHIP TO MISSING PERSON