

Reunite Foundation



Missing Family Questionnaire

Name: _____

Reunite Family Trace Questionnaire

Please fill in the following information answering as many questions as possible.

GENERAL INFORMANTS INFORMATION					A
Case Name/Number:			Agency/Org:		
Date:	Time:	Location:			
Interviewer Name:		Title:	Agency/Org:		
Name			DOB:		
Address:					
Home Phone:			Bus. Phone:		
Mobile Phone:			Other Phone(s):		
Occupation:			Employer:		
Email (s):					
Relationship to missing family member:					
Where can be reached					
How did family lose touch					
Where does this person think the family member is?					
Details of any search efforts prior to calling Reunite:					
Other information provided by any other persons (name, contact info, date, time, relationship, etc.):					
DETAILS OF MISSING FAMILY MEMBER					B
Full Name:			Nickname(s):		
Name to call:			Alias(es):		
Subject's primary language:				Speaks	Y N
Other languages spoken:				Sign	Y N

Missing Family Questionnaire

Last Known address:								
Home Phone:				Business. Phone:				
Mobile Phone:				Other Phone(s):				
Occupation:				Employer:				
Married or Civil Partner								
Other Addresses								
PSYSICAL DESCRIPTION							C	
Age:	Race:	Gender:	Hgt:	Wt:	DOB:			
Build:								
Hair Color:		Length:		Style:				
If balding, describe:					Eye Color:			
Describe all facial hair:								
Glasses	Regular:		Sun:		Contacts:			
Describe glasses:								
Eyesight without glasses:								
Facial features, shape:								
Complexion:								
Distinguishing marks, scars, tattoos:								
Fingerprints on file?	Y	N	Where?			Tattoo	Y	N
Tattoo Details								
General appearance:								

DETAILED HISTORY							D
Single		Married		Divorced		Widowed	
Spouse's name:				Phone:			
Address:							

Siblings (name, age, residence – add page if necessary)							
Father's name:			Living?	Y	N		
Contact info:							
Occupation and employer:							
Mother's name:			Living?	Y	N		
Contact info:							
Occupation and employer:							
Other relatives who may have info:							
PREVIOUS OCCUPATION & EDUCATION					E		
School							
College							
University							
Education level (describe):							
Military service branch:		Reserves?	Y	N	Currently	Y	N
Contact person:			Dates of service:				
Religion/belief system:				Active?	Y	N	

INTERNET ACTIVITY		F
Describe user name(s) if any		
Has Internet browser been checked?		
Sites of interest?		
Facebook:	Screen name/Aliases	

ADDITIONAL INFORMATION	G