

DNA SHOAH PROJECT MISSING PERSONS INTAKE

Interviewer Name (First/Last) _____

Interview Date (M – D – Y) _____

Inquiring party or parties' surnames (please PRINT) _____

Family Representative Name _____

Family Representative Phone Number _____

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**Buccal Swab Status of
inquiring party or
parties**

Collected Today

Vials sent home

Barcode

Future collection
possible

N/A

1. Missing Person

1A. Missing person's Name

1A1. First _____

1A2. Middle _____

1A3. Last _____

1B. Birth Name, if different

1B1. First _____

1B2. Middle _____

1B3. Last _____

1B4. Birth name unknown due to adoption.

1C. Missing person's alias, nicknames, former names or spellings of names

1D. Missing person's Hebrew name, if known _____

2. Gender Male Female

3. Missing Person's Birth Information, if known

3A. Birth date (M – D – Y) _____ Unknown

3B. Place of birth _____ Unknown

3B1. Address _____

3B2. City _____

3B3. State / Region / Province _____

3B4. Country _____

3C. Date of immigration to US (M – D – Y) _____
 Unknown Not applicable

4. Missing Person's Family Structure

4.A Does the missing person have siblings? No (skip to 5) Yes (see below)

Are they Biological siblings Half siblings Other _____

Please name _____
 Presumed deceased Alive Unknown

 Presumed deceased Alive Unknown

 Presumed deceased Alive Unknown

4B. Was the missing person adopted? Yes No Unknown

4C. Was the missing person ever married? Yes No Unknown

Spouse _____
 Presumed deceased Alive Unknown

4D: Does the missing person have children? Yes No Unknown

Child 1 _____
 Presumed deceased Alive Unknown

Child 2 _____
 Presumed deceased Alive Unknown

5. Missing Person's Last Sighting

5A. Date Last Seen: M – D – Y _____ Unknown

5B. Location Last Seen: _____ Unknown

5C. Any witnesses? Self No Yes

If yes, names _____

5D. If missing person *confirmed deceased*:

5D1. Date of passing: M – D – Y _____ Unknown

5D2. Place of Passing: _____ Unknown

6. Missing person's relationship to inquiring party

Please complete to the best of your knowledge. Feel free to describe relationships that may be considered 'non-traditional'. Example: This missing person is my _____.

6A. Immediate Family

Spouse

Former Spouse

Child

Mother

Father

Sibling

Identical Twin

Half Sib

Other _____

6B. *Distant Relation*- Indicate generation if applicable (i.e. great uncle, or second cousin)

<i>Maternal</i>	<i>Paternal</i>
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandfather
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Aunt	<input type="checkbox"/> Aunt
<input type="checkbox"/> Uncle	<input type="checkbox"/> Uncle
<input type="checkbox"/> Cousin	<input type="checkbox"/> Cousin
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

6C. Missing Person is NOT a biological relative

- In-law
- Friend of family
- Other (please explain) _____

6D. Missing person was adopted

Please mail this form, along with your DNA contribution, to:

The DNA Shoah Project
Thomas W. Keating Bioresearch Building, Room 124
1657 East Helen Street
Tucson, AZ 85719