



MISSING PERSONS PROGRAM

7251 West Lake Mead Blvd Suite 300 Las Vegas, NV 89128

Family/Contact Person Submission Form

Missing Person Information

Prefix:

First Name:

Middle Name:

Last Name:

Suffix (if any):

Date of Birth:

Race:

Tribal Affiliation (if any):

Sex of Missing Person:

Eye Color:

Hair Color:

Skin marks/Scars/Tattoos/Piercings:

Weight (approx.):

Height (approx.):

Wears spectacles/hearing aids/cochlear implants:

Home Address (Line 1): Home Address (Line 2): Home City:

Home State:

Home Zip Code:

NEXT OF KIN/LEGAL GUARDIAN CONSENT FORM

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers and the images I have provided are critical to the process of identifying my missing family member. I freely and voluntarily consent to provide this information and image/s of the concerned missing person, named above, to Biometrica Systems, Inc. via the Fusion Center database and declare that I have the right to do so, being related to the missing person through the relationship defined below.

I understand that I am not required or obligated to provide the same, and that my consent is knowingly and voluntarily given. I further consent to the use of this information, including the photographic images, name, demographic and personal details, and address in the eMotive/eMotive-EI database, and understand that in doing so, I knowingly and voluntarily consent to allowing Biometrica Systems, Inc. to

run biometric and other manual and automated searches of this information against various databases, including arrest, conviction and other wanted and offender databases. I understand that any potential matches first suggested by algorithmic intelligence, will be augmented by human intelligence.

I understand that this data I submit will be protected and encrypted within the search database and no one outside of authorized investigators affiliated with Biometrica Systems, Inc. will have access to this data. I understand that this data I submit may be anonymously used to aid in statistical inferences. I authorize Biometrica Systems, Inc. to also use basic information related to the case on any of their digital platforms, in the form of what is considered a case file, as part of an investigative process.

Printed Name Of Missing Person

Printed Name of Next of Kin/Legal Guardian

Relationship to Missing Person (Do mention exact relationship and degree for cousins, etc.)

Signature of Next of Kin/Legal Guardian

Date of Submission
