# STATE OF CONNECTICUT

#### **DEPARTMENT OF** EMERGENCY SERVICES and PUBLIC PROTECTION DIVISION OF SCIENTIFIC SERVICES



Guy M. Vallaro, Ph.D. Director

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# Additional Information Required for Requests for Missing Persons Testing

To better facilitate the processing of Missing Persons cases, please provide the following information in addition to the case summary described on the DESPP Request for Examination of Physical Evidence. Please submit this form at the time of evidence submission. A new form should be completed each time additional evidence is submitted

Submitting Agency:			Agency Case #:
1) If avai		lable, please list the following:	
	a.	NamUs #:	
	b.	VICAP #:	<del></del>
	c.	NCIC #:	<del></del>
2)		ner family members willing to su elationship do they have to the n	abmit a sample for DNA testing? If so, who are they and hissing individual?
	a.	Name:	Relationship:
	b.	Name:	Relationship:
	c.	Name:	Relationship:
	a.	scars/marks/tattoos, date of rec	/age at time of death, height, sex, ethnic group overy, location of recovery)
	u.	1 (5	
	b.	scars/marks/tattoos, date of rec	neight, sex, ethnic group, scars/marks/tattoos, location of



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	Laboratory #:		
4) If unidentified human remains a check one)  Yes:	are being submitted, has a full skel	skeleton been recovered? ( please N/A:	
Requesting/Contact Person:		(print)	
		(sign)	
Phone #:			