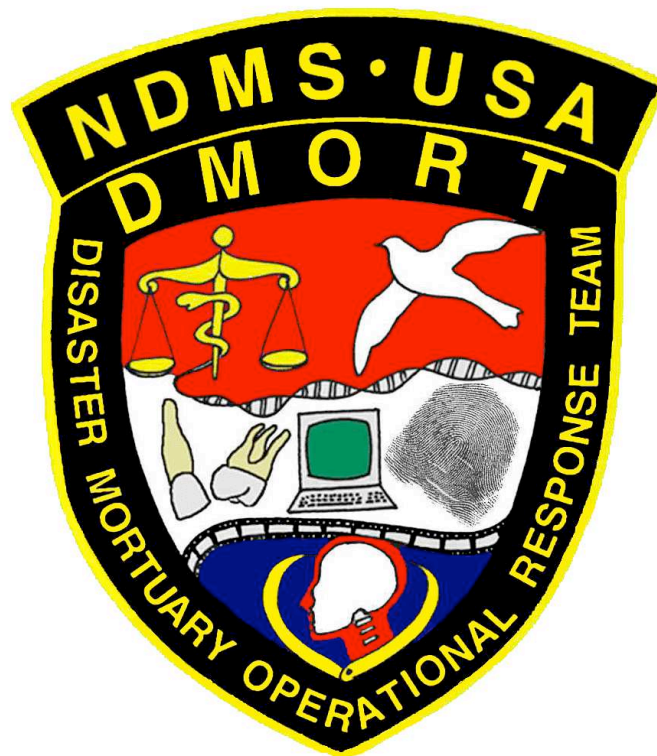


# VIP INTERVIEW FORMS

*DMORT Family Assistance Team*

*Antemortem Interview Forms*

**- For official use only -**





# VIP Personal Information

RM # \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last Suffix First Middle Sex If Female/Maiden Name Age

DOB \_\_\_\_\_ Race \_\_\_\_\_ Social Security # / Other \_\_\_\_\_ Birth City \_\_\_\_\_ State/Country \_\_\_\_\_ Birth Hospital \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Country USA Inside City Limits \_\_\_\_\_ Religious Preference \_\_\_\_\_

Education: level completed. Elem/Second (0-12): \_\_\_\_\_ College \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Alias 1 \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Alias 2 \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Marital Status  Married  Never Married  Widowed  Divorced  Separated  Unknown Wedding Date \_\_\_\_\_ (MM/DD/YYYY)

Spouse \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ Maiden/birth Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  Living  Deceased  Unknown

Father \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  Living  Deceased  Unknown

Mother \_\_\_\_\_ Last \_\_\_\_\_ Maiden/birth Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  Living  Deceased  Unknown

Legal Next Of Kin \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Home \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work \_\_\_\_\_  
 On Site/Cell Phone \_\_\_\_\_

Relationship:  Wife  Husband  Father  Mother  Brother  Sister  Son  Daughter  Uncle  Aunt  Other:  
 Permanent Contact \_\_\_\_\_ Please place name and contact info here. Other: \_\_\_\_\_

**Informant** \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_  
 Date of Initial Contact \_\_\_\_\_ Type of Initial Contact \_\_\_\_\_

Relationship:  Wife  Husband  Father  Mother  Brother  Sister  Son  Daughter  Uncle  Aunt  Cousin  Employer  Friend  Other

**Contacts** \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_  
 Date of Initial Contact \_\_\_\_\_ Type of Initial Contact \_\_\_\_\_

Relationship:  Wife  Husband  Father  Mother  Brother  Sister  Son  Daughter  Uncle  Aunt  Cousin  Employer  Friend  Other



# VIP Physical Description

RM # \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last                      Suffix                      First                      Initial                      Age                      DOB                      Sex                      Race

Height Inches: \_\_\_\_\_ / Height cm \_\_\_\_\_ Approx. Weight (Pounds): \_\_\_\_\_ / Weight Kilos \_\_\_\_\_

**H** **Hair Color**  Auburn  Brown  Gray  Salt & Pepper  Other \_\_\_\_\_  
 Blonde  Black  Red  White Please place other here

**a** **Hair Length**  Bald  Short < 3"  Male Patern Baldness: \_\_\_\_\_ Description \_\_\_\_\_  
 Shaved  Medium  Long

**i** **Hair Accessory**  Extensions  Hair Piece  Hair Transplant  Wig  N/A

**n** **Hair Description**  Curly  Wavy  Straight  N/A  Other: \_\_\_\_\_

**f** **Facial Hair Type**  Clean Shaven  Beard & Moustache  Goatee  Sideburns  N/A  
 Moustache  Beard  Stubble  Lower Lip

**o** **Facial Hair Color**  Blonde  Black  Red  White  Facial Hair Notes: \_\_\_\_\_  
 Brown  Gray  Salt & Pepper  NA

**E** **Eye Color**  Blue  Brown  Green  Hazel  Gray  Black  Other: \_\_\_\_\_

**y** **Optical Color/Descrip:** \_\_\_\_\_

**s** **Optical Lens**  Contacts  Glasses  Implants  None **Desc.** \_\_\_\_\_

**Eye Status**  Both Intact  Missing R  Missing L  Glass R  Glass L  Cataract

**N** **Fingernail Type**  Natural  Artificial  Unknown **Length**  Extremely Long  Long  Medium  Short

**a** **Fingernail Color** \_\_\_\_\_ **Description** \_\_\_\_\_

**i** **Characteristics**  Bitten  Decorated  Misshapen  Yellowed/Fungus  N/A

**S** **Toenail Color** \_\_\_\_\_ **Toenail description** \_\_\_\_\_

**Characteristics**  Decorated  Misshapen  Yellowed/Fungus  N/A

**Body Piercing(s)?**  Yes  No **Photos?**  Yes  No **Photo Location** \_\_\_\_\_

| # | Location | Side | Quantity | Description (include evidence of old piercings) | Photo |
|---|----------|------|----------|---|-------|
| 1 |          |      |          |   |       |
| 2 |          |      |          |   |       |
| 3 |          |      |          |   |       |

**Tattoo(s)**  Yes  No **Photos?**  Yes  No **Photo Location** \_\_\_\_\_

| # | Location | Side | Tattoo Description |
|---|----------|------|--------------------|
| 1 |          |      |                    |
| 2 |          |      |                    |
| 3 |          |      |                    |
| 4 |          |      |                    |



# VIP Medical History

RM # \_\_\_\_\_

|      |        |       |        |     |     |     |      |      |  |
|------|--------|-------|--------|-----|-----|-----|------|------|--|
| Name |        | Age   |        | DOB |     | Sex |      | Race |  |
| Last | Suffix | First | Middle | Age | DOB | Sex | Race |      |  |

D  
E  
N  
T  
I  
S  
T

Dentist  Dental Info Listed  Unknown  Never

Address \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Dental Work  
 Dentures  
 Both  
 Braces  
 Partial  
 Tooth Jewelry

Dental Records Received  
 Yes  No

See Dental Section For Additional Dental Information

Additional Dental Information/2nd Dentist: \_\_\_\_\_

P  
H  
Y  
S  
I  
C  
I  
A  
N

Physician \_\_\_\_\_ Practice Name \_\_\_\_\_

Address \_\_\_\_\_ Physician Type \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Reason Seen: \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Records Requested  Yes  No

Email \_\_\_\_\_ Records Obtained  Yes  No

P  
H  
Y  
S  
I  
C  
I  
A  
N

Physician \_\_\_\_\_ Practice Name \_\_\_\_\_

Address \_\_\_\_\_ Physician Type \_\_\_\_\_

Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Reason Seen: \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Records Requested  Yes  No

Email \_\_\_\_\_ Records Obtained  Yes  No

Medical Radiographs?  Yes  No  Unknown

Medical Radiographs Location: \_\_\_\_\_ Potential Type of Radiographs - and dates taken if known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Old Fractures: Description: \_\_\_\_\_  
 Yes  No

Objects in Body:  Pacemaker  Bullets  Implants  Needles  Shrapnel  Other \_\_\_\_\_

Surgery:  Gall Bladder  Tracheotomy  Caesarean  Reconstructive  Other \_\_\_\_\_  
 Appendectomy  Laparotomy  Mastectomy  Open heart

Diabetic?  Yes  No  Unknown If Female / pregnancy in the past 12 months ?  Yes  No  Unknown

Unique Characteristics  Yes  No Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prosthetic Location/Description Prosthetic(s) \_\_\_\_\_  
 Yes  No





# VIP Jewelry

Morgue Reference No. \_\_\_\_\_

RM # \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last                      Suffix                      First                      Initial                      Age                      DOB                      Sex                      Race

**WATCH:**

| # | Type/Make | Band Material | Watch Face Color | Description | Photo Available                                    | Inscription |
|---|-----------|---------------|------------------|-------------|--|-------------|
| 1 |           |               |                  |             | <input type="radio"/> Yes <input type="radio"/> No |             |
| 2 |           |               |                  |             | <input type="radio"/> Yes <input type="radio"/> No |             |

**JEWELRY:**

| # | Jewelry/Type<br>Style | Material Color/ | Size / Where Worn/<br>Frequently Worn?             | Description | Photo Available                                    | Inscription |
|---|-----------------------|-----------------|--|-------------|--|-------------|
| 1 |                       |                 | <input type="radio"/> Yes <input type="radio"/> No |             | <input type="radio"/> Yes <input type="radio"/> No |             |
| 2 |                       |                 | <input type="radio"/> Yes <input type="radio"/> No |             | <input type="radio"/> Yes <input type="radio"/> No |             |
| 3 |                       |                 | <input type="radio"/> Yes <input type="radio"/> No |             | <input type="radio"/> Yes <input type="radio"/> No |             |
| 4 |                       |                 | <input type="radio"/> Yes <input type="radio"/> No |             | <input type="radio"/> Yes <input type="radio"/> No |             |
| 5 |                       |                 | <input type="radio"/> Yes <input type="radio"/> No |             | <input type="radio"/> Yes <input type="radio"/> No |             |
| 6 |                       |                 | <input type="radio"/> Yes <input type="radio"/> No |             | <input type="radio"/> Yes <input type="radio"/> No |             |
| 7 |                       |                 | <input type="radio"/> Yes <input type="radio"/> No |             | <input type="radio"/> Yes <input type="radio"/> No |             |

**Other Commonly Carried Personal Effects** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cell Phone  Yes  No  Unknown    Cell Phone Type: \_\_\_\_\_    Service Provider: \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_    Cell Phone Description \_\_\_\_\_



# VIP Clothing and Personal Effects

RM # \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Last                      Suffix                      First                      Initial                      Age                      DOB                      Sex                      Race

| #  | Clothing Items | Color | Description | Size |
|----|----------------|-------|-------------|------|
| 1  |                |       |             |      |
| 2  |                |       |             |      |
| 3  |                |       |             |      |
| 4  |                |       |             |      |
| 5  |                |       |             |      |
| 6  |                |       |             |      |
| 7  |                |       |             |      |
| 8  |                |       |             |      |
| 9  |                |       |             |      |
| 10 |                |       |             |      |
| 11 |                |       |             |      |
| 12 |                |       |             |      |
| 13 |                |       |             |      |
| 14 |                |       |             |      |

CLOTHING:

**Wallet:** Description \_\_\_\_\_  
 Contents \_\_\_\_\_

**Purse:** Description \_\_\_\_\_  
 Contents \_\_\_\_\_

**Pockets:** Contents Left \_\_\_\_\_  
 Contents Right \_\_\_\_\_



RM #

|      |        |       |         |     |     |     |      |  |  |
|------|--------|-------|---------|-----|-----|-----|------|--|--|
| Name |        |       |         |     |     |     |      |  |  |
| Last | Suffix | First | Initial | Age | DOB | Sex | Race |  |  |

**Potential Living Biological Donors**  
**All BIOLOGICAL Relatives of Missing Individual**  
**Such as: Mother/Father/Spouse/Sister/Brother/Children/Uncle/Aunt/Cousin**

+ Add New Donor

|              |            |             |       |       |                    |
|--------------|------------|-------------|-------|-------|--------------------|
| Last Name    | First Name | Middle Name | Email | DOB   | Sex                |
| Relationship | Address    | Zip         | City  | State | Phone 1<br>Phone 2 |
| Last Name    | First Name | Middle Name | Email | DOB   | Sex                |
| Relationship | Address    | Zip         | City  | State | Phone 1<br>Phone 2 |
| Last Name    | First Name | Middle Name | Email | DOB   | Sex                |
| Relationship | Address    | Zip         | City  | State | Phone 1<br>Phone 2 |
| Last Name    | First Name | Middle Name | Email | DOB   | Sex                |
| Relationship | Address    | Zip         | City  | State | Phone 1<br>Phone 2 |
| Last Name    | First Name | Middle Name | Email | DOB   | Sex                |
| Relationship | Address    | Zip         | City  | State | Phone 1<br>Phone 2 |
| Last Name    | First Name | Middle Name | Email | DOB   | Sex                |
| Relationship | Address    | Zip         | City  | State | Phone 1<br>Phone 2 |
| Last Name    | First Name | Middle Name | Email | DOB   | Sex                |
| Relationship | Address    | Zip         | City  | State | Phone 1<br>Phone 2 |

**Primary donor for Nuclear DNA Analysis**

An “appropriate family member” for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, AND 2. **Spouse** and Natural (Biological) **Children**, AND
3. A Natural (Biological) Mother or Father and victim’s biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)





# VIP Interviewer Information

Morgue Reference No. \_\_\_\_\_

RM # \_\_\_\_\_

Deceased Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Suffix First Middle

Interview Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
(MM/DD/YYYY)

### Interviewer Info:

Interviewer Name \_\_\_\_\_

Full Name

Interviewing Organization \_\_\_\_\_

### Interviewer Home Information

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Interviewer Onsite Information

Interviewer Onsite address: \_\_\_\_\_  
Location Name and Street, City, State and Room #

Interviewer Onsite phone: \_\_\_\_\_

Interviewer Onsite cell: \_\_\_\_\_

### Reviewer Info

Reviewer Name: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

Reviewing agency: \_\_\_\_\_