



Case No. \_\_\_\_\_

# The Salvation Army Missing Persons Inquiry Application Form

Read carefully the Guidelines before completing this form.

Please answer all questions in print. This form must be received at our office by Postal Service.

SECTION I: INFORMATION ABOUT THE MISSING PERSON			
Name (Last)		(First)	(Middle)
Nickname or Alias		Maiden Name	
Date of Birth (mm/dd/yy)		Place of Birth	
Social Security Number	Citizen of (Country)		Nationality
Personal (Physical) Description			
Date last heard from (mm/dd/yy):			
Type of contact: In Person <input type="checkbox"/> By Letter <input type="checkbox"/> Other <input type="checkbox"/> Specify:			
Last known address:			

REASON FOR SEPARATION (\*Required)

SECTION II: ADDITIONAL INFORMATION ABOUT THE MISSING PERSON	
Background History	EDUCATION
	EMPLOYMENT (Trade or occupation) Name, date and address of last employer
	MILITARY SERVICE Branch of service U.S. service number
Driver's License Number	Licensed issued in what state

List the names of Unions, Service Clubs, Fraternal Organizations, Churches, etc. that the missing person belonged or may belong to:

Has the missing person ever been incarcerated? Yes / No IF Yes, indicate: When \_\_\_\_\_ Where \_\_\_\_\_

SECTION III: INFORMATION ABOUT THE MISSING PERSON'S FAMILY (EVEN IF DECEASED)			
Missing Person's Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/>			
List names and dates of birth	Spouses' name		Wife's maiden name
	Children		
	Previous Marriages		
	Father's Name		Living <input type="checkbox"/> /Deceased <input type="checkbox"/>
	Mother's Name	Maiden name	Living <input type="checkbox"/> /Deceased <input type="checkbox"/>
	Brothers and/or sisters		

Which of the above individuals have you contacted? \_\_\_\_\_

**SECTION IV: INDIVIDUALS WITH WHOM THE MISSING PERSON MAY BE TRAVELING OR LIVING**

<i>If more than one, please attach sheet including the following information</i>	Full name	Date of birth	Marital status
	Last known address		
	Last known employer's name & address		

List names, relationships and addresses of other persons who may be able to give information concerning the missing person: \_\_\_\_\_

**SECTION V: INFORMATION ABOUT YOU**

Full Name	Date of Birth
Address	City, State, Zip
Telephone (        )	Social Security Number
Relationship: <i>The Missing Person is my...</i>	

What have you done to locate the Missing Person? \_\_\_\_\_

*REASON FOR INQUIRY (\*Required)*

Please list all documents enclosed \_\_\_\_\_

**SECTION VI: DISCLAIMER**

By signing this form I acknowledge that:

- I have read the Guidelines and I agree to be bound by them.
- I understand that my personal information may be disclosed to various facilities and agencies for purposes of establishing contact with the missing person.
- I understand that I am giving permission to release my address, phone number, and reason for my search to the missing person, if located.
- I understand that the whereabouts of the missing person, if located, will not be divulged without his/her expressed consent.
- I understand that The Salvation Army cannot be held responsible for any costs or legal expenses incurred as a consequence of locating the relative on my behalf.

Signature of Inquirer

Date

Please, mail completed form and application fee to:

**Missing Persons Services**  
**PO Box 635**  
**West Nyack, NY 10994-0635**

*No Inquiry Application Form will be processed without the \$25.00 **non-refundable** application fee\* included. Send only check or money order payable to The Salvation Army.*

\* The Application fee is only a token charge. It does not cover the cost of setting up a case or searching for your missing person. Your further contributions to help offset the cost of this service are welcomed.