

Missing Person Declaration

Name: _____ Date of Birth _____

Address: _____

- Disability: A person who is missing and who is under physical/mental disability, thereby subjecting himself/herself or others to personal and immediate danger.
- Involuntary: A person who is missing under circumstances indicating that the disappearance was not voluntary.
- Endangered: A person who is missing under circumstances indicating that his/her physical safety is in danger.
- Catastrophe: A person who is missing after a catastrophe.
- Other: A person not meeting the criteria for entry in any other category who is missing and for whom there is a reasonable concern for his/her safety.

I hereby declare and certify to the _____ Police Department that the individual named above is missing as indicated in the category checked and his/her whereabouts are unknown. Police assistance is requested to locate this person. I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of 18 PA CS 4904, relating to unsworn falsification to authorities.

Signature of Complainant/Reporting Party

Printed Name of Complainant/Reporting Party

Address of Complainant/Reporting Party

Relationship to Missing Person