



Lost Assistance Program (LAP)

Name: _____

Address: _____

Date of Birth: _____ Sex: _____ Race: _____ Weight: _____

Height: _____ Hair: _____ Eye Color: _____

SSN: _____ Distinguishing Marks: _____

Miscellaneous Pertinent Information:

Emergency Contact:

Name: _____

Relation: _____

Address: _____

Telephone Number: _____

MUST COMPLETE ALL INFORMATION