Upper Burrell Township Police

3735 Seventh Street

New Kensington, PA 15068

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KENNETH PATE
Chief of Police

MISSING PERSON AFFIDAVIT VERIFICATION

NAME: _____ ADDRESS: _____

DATE OF BIRTH: _____ DATE AGE 18: _____
(NECESSARY FOR FILE PURGE IN MISSING JUVENILE)

☐ **DISA:** A PERSON OF ANY AGE WHO IS MISSING AND WHO IS UNDER PROVEN PHYSICAL/MENTAL DISABILITY OR IS SENILE, THEREBY SUBJECTING THEMSELVES OR OTHERS TO PERSONAL AND IMMEDIATE DANGER.

☐ **INVL:** A PERSON OF ANY AGE WHO IS MISSING UNDER CIRCUMSTANCES INDICATING THAT THE DISAPPEARANCE WAS NOT VOLUNTARY.

☐ **ENDG:** A PERSON OF ANY AGE WHO IS IN THE COMPANY OF ANOTHER PERSON UNDER CIRCUMSTANCES INDICATING THAT THEIR PHYSICAL SAFETY IS IN DANGER.

☐ **JUV:** A PERSON WHO IS DECLARED UNEMANCIPATED AS DEFINED BY LAWS OF THEIR STATE OF RESIDENCE AND DOES NOT MEET ANY OF THE ENTRY CRITERIA SET FORTH IN 1, 2, OR 3 OF THE ABOVE.

AFFIDAVIT

I SOLEMNLY SWEAR (OR AFFIRM) THAT THE INDIVIDUAL NAMED ABOVE IS DECLARED MISSING AS INDICATED IN THE CATEGORY CHECKED AND HIS OR HER WHO'S WHEREABOUTS ARE UNKNOWN, POLICE ASSISTANCE IS REQUESTED TO LOCATE THIS PERSON.

_____
NAME OF COMPLAINANT

_____
ADDRESS OF COMPLAINANT

_____
RELATIONSHIP TO MISSING PERSON

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____

_____
NOTARY PUBLIC