



# DMORT

## Ante Mortem Interview

January 2011

# VIP Personal Information

**Incident** \_\_\_\_\_  
**Incident Date** \_\_\_\_\_

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

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

DOB MM/DD/YYYY Race SSN # / ID # Birth City State or Country Birth Hospital

Address Apt # City State Zip

County Country 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)

Status  Is Married  Never Married  Widowed  Divorced  Separated  Civil Union  Unkn Wedding Date

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

Father Last Suffix First Middle  Living  Deceased  Unknown

Mother Last Suffix First Middle  Living  Deceased  Unknown

Last Maiden/Birth Name First Middle

Informant Last Suffix First Middle

Address City State Zip

Home Phone Work Phone Cell Phone Country

E-mail

Type of Initial Contact Initial Contact Date

- Relationship
- Spouse
  - Father
  - Mother
  - Brother
  - Sister
  - Son
  - Daughter
  - Uncle
  - Aunt
  - Cousin
  - Employer
  - Friend
  - Life Partner
  - Other

Other: \_\_\_\_\_

Legal Next of Kin OK to Contact Legal Next of Kin?  Yes  No Make A Case Note To Explain

Last Suffix First Middle

Address City State Zip

Home Work Cell Phone Country

E-mail

- Relationship
- Spouse
  - Father
  - Mother
  - Brother
  - Sister
  - Son
  - Daughter
  - Uncle
  - Aunt
  - Cousin
  - Employer
  - Friend
  - Life Partner
  - Other

Other: \_\_\_\_\_

Contacts 1 Permanent Contact:  YES / Additional Contact?  YES

Last Suffix First Middle

Address City State Zip

Home Phone Work Phone Cell Phone

E-mail

Type of Initial Contact Initial Contact Date

- Relationship
- Spouse
  - Father
  - Mother
  - Brother
  - Sister
  - Son
  - Daughter
  - Uncle
  - Aunt
  - Cousin
  - Employer
  - Friend
  - Life Partner
  - Other

Other: \_\_\_\_\_

# VIP Physical Description

**Incident** \_\_\_\_\_

**Incident Date** \_\_\_\_\_

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

**Last** \_\_\_\_\_

**Suffix** \_\_\_\_\_

**First** \_\_\_\_\_

**Middle** \_\_\_\_\_

**Age** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Sex** \_\_\_\_\_

**Race** \_\_\_\_\_

**Height Inches:** \_\_\_\_\_

**/ Height cm** \_\_\_\_\_

**Approx. Weight (Pounds):** \_\_\_\_\_

**/ Weight Kilos** \_\_\_\_\_

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**Hair Color**

- Auburn    Blonde    Gray    White    Dyed  
 Black    Brown    Red    Natural    Other

**Hair Length**

- Bald    Short < 3"    Male Pattern Baldness:  
 Shaved    Medium    Long

Description

**Hair Accessory**

- Extensions    Hair Piece    Hair Transplant    Wig    N/A

**Hair Description**

- Curly    Wavy    Straight    N/A    Other: \_\_\_\_\_

**Facial Hair Type**

- Clean Shaven    Beard & Mustache    Goatee    Sideburns    N/A  
 Mustache    Beard    Stubble    Lower Lip

**Facial Hair Color**

- Blonde    Black    Red    White  
 Brown    Gray    Salt & Pepper    NA

Facial Hair Notes:

**E  
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**Eye Color**

- Blue    Brown    Green    Hazel    Gray    Black    Other: \_\_\_\_\_

**Optical Color/Description of Glasses lense:** \_\_\_\_\_

**Optical Lens**

- Contacts    Glasses    Implants    None

Desc. \_\_\_\_\_

**Eye Status**

- Both Intact    Missing R    Missing L    Glass R    Glass L    Cataract

**N  
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**Fingernail Type**

- Natural    Artificial    Unknown

Length

- Extremely Long    Long    Medium    Short

**Fingernail Color**

\_\_\_\_\_

Description

\_\_\_\_\_

**Toenail Color**

\_\_\_\_\_

Toenail description

\_\_\_\_\_

**Body Piercing(s)?**  Yes  No  Unk

**Photos?**  Yes  No  Unk

**Photo Location** \_\_\_\_\_

| # | Location | Side  | Quantity | Description (include evidence of old piercings) | Photo |
|---|----------|-------|----------|---|-------|
| 1 | _____    | _____ | _____    | _____   | _____ |
| 2 | _____    | _____ | _____    | _____   | _____ |
| 3 | _____    | _____ | _____    | _____   | _____ |
| 4 | _____    | _____ | _____    | _____   | _____ |
| 5 | _____    | _____ | _____    | _____   | _____ |

**Tattoo(s)**  Yes  No  Unk

**Photos?**  Yes  No  Unk

**Photo Location** \_\_\_\_\_

| # | Location | Side  | Tattoo Description |
|---|----------|-------|--------------------|
| 1 | _____    | _____ | _____              |
| 2 | _____    | _____ | _____              |
| 3 | _____    | _____ | _____              |
| 4 | _____    | _____ | _____              |
| 5 | _____    | _____ | _____              |

# VIP Medical History

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**Incident** \_\_\_\_\_  
**Incident Date** \_\_\_\_\_

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

**Last** / **Suffix** / **First** / **Middle** **Age** **DOB** **Sex** **Race**

**Dentist**

Dentist \_\_\_\_\_ Name of Practice: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone W \_\_\_\_\_ Alt: \_\_\_\_\_ Fax \_\_\_\_\_  
2nd Dentist: \_\_\_\_\_ Dental Insurance Company: \_\_\_\_\_  
 Braces  Bridge  Capps  Fillings  Dentures  Edentulous  Tooth Jewelry  Unknown

**Doctor**

Physician \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone H \_\_\_\_\_ Phone W \_\_\_\_\_  
Phone C \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Physician Type \_\_\_\_\_  
Reason Seen: \_\_\_\_\_  
Last Seen: \_\_\_\_\_

**Doctor**

Physician \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone H \_\_\_\_\_ Phone W \_\_\_\_\_  
Phone C \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Physician Type \_\_\_\_\_  
Reason Seen: \_\_\_\_\_  
Last Seen: \_\_\_\_\_

Medical History?  Cancer  Diabetes  High Blood Pressure  Lung Disease  Pregnancy  Stroke  Other

Medical History Notes / Other? \_\_\_\_\_

Medical Radiographs?  Yes  No  Unk  
Medical Radiographs Location: \_\_\_\_\_

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

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

Foreign Objects :  Yes  No  Unk  Pacemaker  Bullets  Implants  Needles  Shrapnel  Other

Describe Other: \_\_\_\_\_

Surgery:  Yes  No  Unk  
 Gall Bladder  Appendectomy  Tracheotomy  
 Laparotomy  Caesarean  Mastectomy  
 Reconstructive  Open heart  Other

Unique Characteristics  Yes  No  Unk Description of: Scars or unusual body features: \_\_\_\_\_

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

Circumcised ?  Yes  No  Unk Regular Smoker ?  Yes  No  Unk  
Diabetic?  Yes  No  Unk If Female, was she currently pregnant?  Yes  No  Unk  
If Female, was she pregnant during the last 12 months?  Yes  No  Unk



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

Last

Suffix

First

Middle

Age

DOB

Sex

Race

WATCH:

Normally wears a Watch:

Yes  No  Unk

Type

Make

Band Material

Band Color

Face Color

Where Worn ?

Description

Photo Available

Inscription

Yes  No  Unk

Yes  
 No  
 Unk

JEWELRY:

| 1 | Jewelry/Type | Material Color/ | Size / Where Worn/                                 | Description | Photo Available                                    |
|---|--------------|-----------------|--|-------------|--|
|   | Style        | Stone Color?    | Frequently Worn?                                   |             | <input type="radio"/> Yes <input type="radio"/> No |
|   |              |                 | <input type="radio"/> Yes <input type="radio"/> No |             | Inscription  |

| 2 | Jewelry/Type | Material Color/ | Size / Where Worn/                                 | Description | Photo Available                                    |
|---|--------------|-----------------|--|-------------|--|
|   | Style        | Stone Color?    | Frequently Worn?                                   |             | <input type="radio"/> Yes <input type="radio"/> No |
|   |              |                 | <input type="radio"/> Yes <input type="radio"/> No |             | Inscription  |

| 3 | Jewelry/Type | Material Color/ | Size / Where Worn/                                 | Description | Photo Available                                    |
|---|--------------|-----------------|--|-------------|--|
|   | Style        | Stone Color?    | Frequently Worn?                                   |             | <input type="radio"/> Yes <input type="radio"/> No |
|   |              |                 | <input type="radio"/> Yes <input type="radio"/> No |             | Inscription  |

| 4 | Jewelry/Type | Material Color/ | Size / Where Worn/                                 | Description | Photo Available                                    |
|---|--------------|-----------------|--|-------------|--|
|   | Style        | Stone Color?    | Frequently Worn?                                   |             | <input type="radio"/> Yes <input type="radio"/> No |
|   |              |                 | <input type="radio"/> Yes <input type="radio"/> No |             | Inscription  |

| 5 | Jewelry/Type | Material Color/ | Size / Where Worn/                                 | Description | Photo Available                                    |
|---|--------------|-----------------|--|-------------|--|
|   | Style        | Stone Color?    | Frequently Worn?                                   |             | <input type="radio"/> Yes <input type="radio"/> No |
|   |              |                 | <input type="radio"/> Yes <input type="radio"/> No |             | Inscription  |

| 6 | Jewelry/Type | Material Color/ | Size / Where Worn/                                 | Description | Photo Available                                    |
|---|--------------|-----------------|--|-------------|--|
|   | Style        | Stone Color?    | Frequently Worn?                                   |             | <input type="radio"/> Yes <input type="radio"/> No |
|   |              |                 | <input type="radio"/> Yes <input type="radio"/> No |             | Inscription  |

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

Gather this information only in the case of a Missing Person Report

Cell Phone Number \_\_\_\_\_ Cell Phone Type: \_\_\_\_\_ Service Provider: \_\_\_\_\_



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

Last

Suffix

First

Middle

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**

Last Name First Name Middle Name Social Security/ Last 4 DOB Sex Relationship

Address City State Zip Phone 1 E-Mail

Last Name First Name Middle Name Social Security/ Last 4 DOB Sex Relationship

Address City State Zip Phone 1 E-Mail

Last Name First Name Middle Name Social Security/ Last 4 DOB Sex Relationship

Address City State Zip Phone 1 E-Mail

Last Name First Name Middle Name Social Security/ Last 4 DOB Sex Relationship

Address City State Zip Phone 1 E-Mail

Last Name First Name Middle Name Social Security/ Last 4 DOB Sex Relationship

Address City State Zip Phone 1 E-Mail

Last Name First Name Middle Name Social Security/ Last 4 DOB Sex Relationship

Address City State Zip Phone 1 E-Mail

Last Name First Name Middle Name Social Security/ Last 4 DOB Sex Relationship

Address City State Zip Phone 1 E-Mail

Last Name First Name Middle Name Social Security/ Last 4 DOB Sex Relationship

Address City State Zip Phone 1 E-Mail

**Primary donor for Nuclear DNA Analysis**

An “appropriate family member” for **nuclear DNA Analysis** is someone who 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 Personal Information

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

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

## Interview Location

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

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

Interviewing Agency \_\_\_\_\_

## Interviewer Home Information

City: \_\_\_\_\_

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: \_\_\_\_\_

Reviewing Agency: \_\_\_\_\_