

Victim Identification Program



VIP Cemetery Interview

August 2012



VIP Cemetery Displacement / Vital Stats Incident

Morgue Reference No. _____

CD # _____

Deceased Name _____ / _____ / _____ / _____

Last Suffix First Middle Gender Age

MM / DD / YYYY _____ _____ _____ _____ _____

DOB **Race** **Social Security # / Other** **Date of Death** **Date of Burial** **Place of Death**

_____ _____ _____ _____ _____ _____

Address **Zip** **City** **County of Death** **State**

Marital Status at time of Death *Is Married* *Never Married* *Widowed* *Divorced* *Separated* *Civil Union* **W. Date** _____

Spouse *Living* *Deceased* *Unknown* _____

Last Suffix Maiden/Birth name First Middle

Father *Living* *Deceased* *Unknown* _____

Last Suffix First Middle

Mother *Living* *Deceased* *Unknown* _____

Last Maiden/Birth name First Middle

Informant _____ / _____ / _____ **Home Phone** _____

Last Suffix First Middle State

Address _____ **Work Phone** _____

Zip City State

Relationship to Deceased **Cell Phone** _____

E-Mail _____

Spouse Mother Sister Daughter Aunt Employer Life Partner

Father Brother Son Uncle Cousin Friend Other

Date of Initial Contact _____ **Type of Initial Contact** _____

Permanent Contact Info _____

Legal Next of Kin _____ / _____ / _____ **Home Phone** _____

Last First Middle State

Address _____ **Work Phone** _____

Zip City State

Relationship to Deceased **On Site/Cell Phone** _____

E-Mail _____

Spouse Mother Sister Daughter Aunt Employer Life Partner

Father Brother Son Uncle Cousin Friend Other

Permanant Contact _____

Please place name and contact numbers here.

NOK Notes _____

C o n t a c t _____ / _____ / _____ **Relationship to Deceased**

Last Suffix First Middle

_____ _____ _____ _____ _____

Address Zip City State

_____ _____ _____ _____

Home Phone Work Phone Cell Phone E-mail

Spouse Son Employer

Father Daughter Friend

Mother Uncle Life Partner

Brother Aunt Other

Sister Cousin

C o n t a c t _____ / _____ / _____ **Relationship to Deceased**

Last Suffix First Middle

_____ _____ _____ _____ _____

Address Zip City State

_____ _____ _____ _____

Home Phone Work Phone Cell Phone E-mail

Spouse Son Employer

Father Daughter Friend

Mother Uncle Life Partner

Brother Aunt Other

Sister Cousin

VIP Cemetery Displacement / Physical Incident _____

Morgue Reference No. _____

CD # _____

Deceased Name _____ / _____ / _____ / _____ / _____
 Last Suffix First Middle Gender Age

Height Inches: _____ / Height cm _____ Approx. Weight (Pounds): _____ / Weight Kilos _____

H a i r I n f o	Hair Color	<input type="checkbox"/> Auburn	<input type="checkbox"/> Blonde	<input type="checkbox"/> Gray	<input type="checkbox"/> White	<input type="checkbox"/> Dyed	
		<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Red	<input type="checkbox"/> Natural	<input type="checkbox"/> Other	
	Hair Length	<input type="radio"/> Bald	<input type="radio"/> Short < 3"	<input type="radio"/> Male Pattern Baldness:			
		<input type="radio"/> Shaved	<input type="radio"/> Medium	<input type="radio"/> Long	Description:		
	Hair Accessory	<input type="checkbox"/> Extensions <input type="checkbox"/> Hair Piece <input type="checkbox"/> Hair Transplant <input type="checkbox"/> Wig <input type="checkbox"/> N/A					
Hair Description	<input type="radio"/> Curly <input type="radio"/> Wavy <input type="radio"/> Straight <input type="radio"/> N/A <input type="radio"/> Other: _____						
Facial Hair Type	<input type="radio"/> Clean Shaven <input type="radio"/> Beard & Mustache <input type="radio"/> Goatee <input type="radio"/> Sideburns <input type="radio"/> N/A <input type="radio"/> Mustache <input type="radio"/> Beard <input type="radio"/> Stubble <input type="radio"/> Lower Lip						
Facial Hair Color	<input type="radio"/> Blonde	<input type="radio"/> Black	<input type="radio"/> Red	<input type="radio"/> White	Facial Hair Notes:		
	<input type="radio"/> Brown	<input type="radio"/> Gray	<input type="radio"/> Salt & Pepper	<input type="radio"/> NA			

E y e s	Eye Status	<input type="checkbox"/> Both Intact <input type="checkbox"/> Missing R <input type="checkbox"/> Missing L <input type="checkbox"/> Glass R <input type="checkbox"/> Glass L <input type="checkbox"/> Cataract <input type="checkbox"/> N/A					
	Eye Color	<input type="radio"/> Blue <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Hazel <input type="radio"/> Gray <input type="radio"/> Black <input type="radio"/> Other: _____					
	Optical Color/Descr:	_____					
Optical Lens	<input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> Implants <input type="checkbox"/> None Desc. _____						

N a i l s	Fingernail Type	<input type="radio"/> Natural	<input type="radio"/> Artificial	<input type="radio"/> Unknown	Length	<input type="radio"/> Extremely Long	<input type="radio"/> Long	<input type="radio"/> Medium	<input type="radio"/> Short
	Fingernail Color	_____		Description _____					
	Characteristics	<input type="checkbox"/> Bitten <input type="checkbox"/> Decorated <input type="checkbox"/> Misshapen <input type="checkbox"/> Yellowed/Fungus <input type="checkbox"/> N/A <input type="checkbox"/> Other							
	Toenail Color	_____		Toenail description _____					
Characteristics	<input type="checkbox"/> Bitten <input type="checkbox"/> Decorated <input type="checkbox"/> Misshapen <input type="checkbox"/> Yellowed/Fungus								

Body Piercing(s)? Yes No **Photos?** Yes No **Photo Location** _____

#	Location	Side	Quantity	Description (include evidence of old piercings)
1				

Tattoo(s) Yes No **Photos?** Yes No **Photo Location** _____

#	Location	Side	Tattoo Description
1			

VIP Cemetery Displacement / Medical Incident _____

Morgue Reference No. _____

CD # _____

Deceased Name _____ / _____ / _____ / _____
Last Suffix First Middle Gender Age

Dental Info Listed Unknown Never Dentist _____

Address _____ Zip _____ City _____ State _____
Last First

Phone 1 _____ Phone 2 _____

Dental Records Received

Yes No

- Braces
- Bridge
- Caps/Crowns
- Fillings
- Dentures
- Edentulous

SEE DENTAL SECTION FOR ADDITIONAL DENTAL INFORMATION

Additional Dental Information/2nd Dentist: _____

DENTIST

Large empty rectangular area for notes or additional information.

Medical Radiographs? Yes No Unk

Medical Radiographs Location:

Potential Type of Radiographs - and dates taken if known:

Table with 3 rows and 1 column for Medical Radiographs Location.

Table with 3 rows and 1 column for Potential Type of Radiographs - and dates taken if known.

Old Fractures: Description: _____
 Yes No

Objects in Body: Pacemaker Bullets Implants Needles Shrapnel Other _____

Surgery: Gall Bladder Laparotomy Reconstructive
 Appendectomy Caesarean Open heart
 Tracheotomy Mastectomy Other _____

Unique Characteristics Yes No
Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics :

Prosthetic Location/Description
Prosthetic(s) _____
 Yes No _____

VIP Cemetery Displacement / Personal Info Incident _____

Morgue Reference No. _____

CD # _____

Deceased Name _____ / _____ / _____ / _____
Last Suffix First Middle Gender Age

Military Service: _____ Branch: _____ Country _____ Service Number _____

Approximate Service Date _____ Military DNA Taken: Yes No Unk

Ever Finger Printed: _____ Fingerprints Footprints Prints Located: _____

Ever been Arrested: _____ Arrested By: _____
Arresting Agency and Location, City and State

Ever in Prison or Jail: _____ Prison or Jail Location: _____

Additional Data:

Multiple horizontal lines for additional data entry.

VIP Cemetery Displacement / Jewelry

Incident _____

Morgue Reference No. _____

CD # _____

Deceased Name _____ / _____ / _____ / _____ / _____
Last Suffix First Middle Gender Age

Describe Jewelry Worn for Burial

WATCH:

Type	Make	Band Material	Watch Face Color	Photo Available
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Description			Inscription	
_____			_____	
_____			_____	

JEWELRY:

Stone Color

#	Jewelry/Type Style	OverAll Color Stone Color	Size/Where Worn Worn for Burial?	Description	Photo Available Inscription
_____	_____	_____	_____ <input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No _____
_____	_____	_____	_____ <input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No _____
_____	_____	_____	_____ <input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No _____
_____	_____	_____	_____ <input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No _____
_____	_____	_____	_____ <input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes <input type="radio"/> No _____

Other Personal Effects:

VIP Cemetery/Funeral Home Information Incident _____

Morgue Reference No. _____

CD # _____

Deceased Name _____ / _____ / _____ / _____
Last Suffix First Middle Gender Age

Date of Death _____ Date of Burial _____ Place of Death _____

Address _____ Zip _____ City _____ State _____

County of Death _____ Manner of Death _____ Cause of Death _____

Autopsy Yes No Manner of Burial Above Ground Below Ground

Casket/Urn Type Casket or Urn _____ Casket or Urn Mfr. _____ Urn Description _____

Casket Material _____ Metal Casket Steel Stainless Steel Copper Bronz Other: _____

Gauge _____ Wood Casket Cloth Covered Maple Walnut Pine Poplar
 Mohogany Oak Cherry Birch Other _____

Casket / Urn Name Plate Yes No Memorial Tube Yes No Memorial Record Completed Yes No

Casket Hardware Fixed Multiple Fixed Single Swing Bar Single Swing Bar Multiple Other: _____

Casket Lid Half Couch Perfection Cut Hinge Cap Full Couch Exterior Color _____ Gasketed Yes No

Unique Exterior Casket Features _____ Casket Serial # _____

Casket Interior Interior Color _____ Interior Material Velvet Crepe Linen Satin Other _____

Casket Mattress Baby Bed Cotton Foam Wood Wool Unknown Other: _____

Casket Interior Style Tufted Tailored Piped Shirred Other _____

Unique Interior Casket Features _____ Objects in Casket _____

Vault Information Was a Burial Vault Used Yes No Vault Mfr. _____ Vault Material _____

Vault Supplier _____ Vault Intact Yes No Vault Sealed Yes No

Vault Notes _____

Funeral Home Information Funeral Home _____ Are Records Available? Yes No

Address _____ Zip _____ Cit _____ County _____

State _____ Funeral Home Contact _____ Funeral Director _____ DATE CONTACTED

Funeral Home Phone # _____ Funeral Home Cellphone # _____ FAX _____

Cemetery Information Cemetery Name _____

Address _____ Zip _____ City _____ State _____

Contact Person _____ Phone #'s _____ Fax _____

Cemetery Section _____ Lot # _____ Block # _____ Grave # _____ Memorial Headstone Yes No Unk

Grave Notes _____

Type of Memorial Granite Bronze Concrete Headstone Footstone Other _____

Memorial/Headstone Description _____

Memorial/Headstone Inscription _____

Marker Mfr _____ Marker Intact Yes No Marker ID # _____

Marker Notes _____

Other Family Members _____

Interred at Same Site _____

VIP Cemetery Displacement Interviewer Incident _____

Morgue Reference No. _____

CD # _____

Deceased Name _____ / _____ / _____
Last Suffix First Middle

Interview Location _____ Date _____ Time _____

(MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____

Full Name

Interviewing Organization _____

Interviewer Home Information

Address: _____

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 Cellphone: _____

Auditor Info

Reviewer Name: _____

Reviewer Signature: _____

Reviewing Agency: _____