



Police Department

400 Main Street
Cottage Grove, OR 97424

Phone (541) 942-9145
Fax (541) 942-4310
www.cgpolice.org

MISSING PERSON REPORT

(Please Print)

CASE #: _____

NAME: _____ DOB: _____
 LAST FIRST MIDDLE

ADDRESS: _____ PHONE: _____

AGE: _____ SOC. SEC. #: _____ RACE/SEX: _____ BIRTH STATE: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

SCARS/MARKS/TATTOO'S: _____

DOCTOR'S NAME: _____ PHONE #: _____

DENTIST'S NAME: _____ PHONE #: _____

CLOTHING DESCRIPTION: _____

[FOR JUVENILES ONLY]

PLEASE LIST TWO PEOPLE WHO CAN BE CONTACTED TO PICK UP YOUR CHILD IF WE ARE UNABLE TO CONTACT YOU;

NAME: _____ ADDRESS: _____ PHONE #: _____

NAME: _____ ADDRESS: _____ PHONE #: _____

I acknowledge the above listed person to be missing from the above listed address, and to the best of my knowledge, I am not aware of the missing person's whereabouts. In the event that the missing person is a child, I give the Cottage Grove Police Department permission to release my child to one of the two individuals listed above if I am unable to be contacted or respond myself.

NAME: _____ DOB: _____

 LAST FIRST MIDDLE PHONE #: _____ CELL #: _____

BUS. ADD: _____ WORK PHONE #: _____

SIGNED: _____ DATE: _____