

# MISSING PERSON WAIVER AFFIDAVIT

Case/Report number: \_\_\_\_\_

Missing Person's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Date Last Seen \_\_\_\_\_ Place Last Seen \_\_\_\_\_

I, \_\_\_\_\_ certify that \_\_\_\_\_ has been  
(Reporting Person) (Missing Person)  
missing since \_\_\_\_\_.  
(Date)

The missing person is missing due to:  Unknown Circumstances  Physical or Mental Disability

I am the: (Check all that apply)  Parent  Legal Guardian  
 Spouse  Friend / Neighbor  
 Physician  Other \_\_\_\_\_

I will assume full responsibility for his or her return transportation. I will notify the Phoenix Police Department to cancel this report and if I fail to do so, I will assume full responsibility for any action resulting from such failure to notify.

I will also assume full civil liability for any legal invasions of privacy performed by the police department in their investigation to locate the missing person.

\_\_\_\_\_  
Signature of Reporting Person Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Work Phone Officer's Signature

\_\_\_\_\_  
Date and Time Notary (Out of State)