Find Me Alive®
Personal Safety & Identification Record

Purpose:
This document is designed to protect you in the event you go missing.
By filling it out completely and sharing a copy with a trusted friend or family member, you help ensure that vital details can be quickly provided to Find Me Alive®, law enforcement, or news media for immediate poster and alert creation.

Personal Identification
Full Legal Name: _____
Preferred Name / Nickname: _____
Date of Birth: _____
Age: _____
Gender: _____
Height: _____
Weight: _____
Eye Color: _____
Hair Color: _____
Distinguishing Marks / Tattoos / Scars:

Most Recent Photograph Attached? ☐ Yes ☐ No
(Attach 2–3 recent photos if possible headshot and full-body)

Emergency & Family Contacts
Primary Emergency Contact:
Name: _____
Relationship: _____
Phone: _____
Email: _____

Secondary Contact:
Name: _____
Relationship: _____
Phone: _____
Email: _____

Home & Contact Details
Primary Address: _____
City / State / ZIP: _____
Cell Phone Number: _____
Alternate Number: _____
Email Address: _____

Social Media Accounts / Handles:

Vehicle / Transportation Information
Vehicle Make & Model: _____
Color: _____
Year: _____
License Plate #: _____
State: _____
Tracking Device Installed? ☐ Yes ☐ No

Public Transportation Routes Used:

Identification Numbers

Driver's License / State ID #: _____

Passport #: _____

Medical ID / Bracelet Info: _____

Insurance Provider: _____

Policy #: _____

Medical & Safety Information

Allergies / Medical Conditions:

Medications Taken:

Mental Health or Emotional Considerations (Optional):

Blood Type: _____

Primary Physician Name & Phone:

_____

School / Employer Information

School or Employer Name: _____

Address: _____

Supervisor / Teacher Contact: _____

Phone / Email: _____

Places Frequently Visited

Friends' Homes, Workplaces, Parks, Gyms, Churches, or Hangout Spots:

Last Known Routine / Schedule

Usual Daily Schedule or Route (if known):

Recent Concerns or Threats (Optional):

Trusted 3rd-Party Contact (Who Holds This Document)

This person is responsible for securely keeping your completed form and providing it to Find Me Alive® or local law enforcement in case of an emergency.

Name: _____

Authorization & Consent

I, the undersigned, acknowledge that this form contains personal information that may be used solely for safety purposes in the event I am missing or in danger.

I consent to the release of this information to Find Me Alive®, law enforcement, or verified media outlets for the purpose of generating a Missing Person Poster and Public Awareness Release.

Signature: _____

Date: _____

Relationship: _____

Phone: _____

Email: _____

Address: _____

☐ I have confirmed that this person agrees to hold my record securely.

☐ I have shared this form in physical or encrypted digital format.

FIND ME ALIVE

I, _____, grant the below witnesses to act as my proxy in the event that I am declared missing.

Witness #1 _____
(signature)

Name (print) _____

Address _____

_____

Date _____ / _____ / _____

Witness #2 _____
(signature)

Name (print) _____

Address _____

_____

Date _____ / _____ / _____

Important Reminder
Keep this form updated every 6 months.

Store one copy with a trusted person and one securely with yourself (not on public devices).

You may also register your basic details with Find Me Alive® to help expedite emergency alerts.

If you feel unsafe or are in immediate danger, call 911 right away.

A Safety Awareness Initiative
tech@findmealive.org | www.findmealive.org