

NEW ORLEANS POLICE DEPARTMENT
NATIONAL CRIME INFORMATION CENTER

AFFIDAVIT
TO
MISSING PERSON REPORT

I, _____, _____ of
Reporting person/relative Relationship to missing person

_____, DO STATE THAT THE INFORMATION
Missing person

SUPPLIED BY ME TO THE NEW ORLEANS POLICE DEPARTMENT IS TRUE AND
CORRECT. I ACCEPT FULL RESPONSIBILITY FOR ALL ACTIONS TAKEN BY THE
NEW ORLEANS POLICE DEPARTMENT IN THE DEPARTMENT'S EFFORT TO LOCATE

Complete name of missing person - Print

*Valid Physician's Certificate must be attached for mental or physical disability entry*****

Witness-Print

Reporting Person, Relative-Print

Witness signature

Reporting person signature

NOPD Item #

Date and time