



**2018 CALIFORNIA WILDFIRE MISSING PERSONS PROGRAM
ANDE CORPORATION
FAMILY REFERENCE SAMPLE SUBMISSION FORM**

Instructions: Complete each section as applicable (shaded areas will be completed by ANDE)
Note: Sections 1 and 3-6 are required for submission. Omission of required information will cause a delay in processing.

ANDE Barcode (up to 2)

1. INVESTIGATIVE AGENCY

Agency: Butte County Sheriff's Office

Address: 5 Gillick Way
Oroville, CA. 95965
(530)538-7321

Contact Name: _____

Contact Phone #: _____

Contact Email: _____

Contact Fax #: _____

2. EVIDENCE SUBMITTED. Please submit one form per reference donor

SAMPLE TYPE:

ORAL

DONOR INFORMATION:

Name of Donor

SAMPLE COLLECTED BY:

Collector

Date of Collection

3. CHAIN OF CUSTODY

Released by: _____
Signature

Printed Name

Date & Time Released

Received by ANDE: _____
Signature

Printed Name

Date & Time Released

4. MISSING PERSON INFORMATION

Name of Missing Person: _____
Last First Middle

Missing Person's Date of Birth: _____ Age When Missing: _____ Sex of Missing Person: Female Male

Eye Color: _____ Hair Color: _____ Approx. Weight: _____ Approx. Height: _____

Date of Last Contact: _____ City/County and State of Last Contact: _____

Are Dental Records Available? Yes No

Physical Identifiers (scars, marks, tattoos, medical devices):

Race:
 African-American Hispanic
 Asian Native American
 Caucasian Other (Specify) _____



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5. DONOR INFORMATION

DNA Sample Provided By: _____
 Last First Middle

Contact Info: _____
 Street City, State Phone

Date of Birth: _____

Race:
 African-American Hispanic
 Asian Native American
 Caucasian Other (Specify) _____

Relationship of Donor to Missing Person:
 Mother Father
 Sister Brother
 Daughter Son
 Other (Specify) _____

6. DONOR CONSENT/ CONSENTIMIENTO DEL DONANTE

Name of Missing Person / Nombre de la Persona Desaparecida:

_____ Last / Apellido First / Nombre Middle / Segundo Nombre

Name of Donor / Nombre del Donante:

_____ Last / Apellido First / Nombre Middle / Segundo Nombre

Relationship of Donor to Missing Person / Relacion del Donante a la Persona Desaparecida:

_____ Relationship / Relacion

I understand that the answers provided on this form are correct to the best of my knowledge. I fully understand that my answers are critical to the process of identifying my missing family member.

I freely and voluntarily consent to provide my sample(s) for DNA analysis, and searching to identify victims of the 2018 California Wildfires. I understand that my sample(s) will be destroyed if my family member is positively identified.

I understand that I am not required or obligated to provide a DNA Sample, and that my consent to have a DNA sample taken is knowingly and voluntarily made. I further consent to the use of my DNA profile in the anonymous population database to aid in statistical inferences. The statistical database will not contain any of my personal information.

I authorize the appropriate agent listed below to collect this sample(s) for the purpose of identifying my missing family member. I have witnessed my sample(s) being collected, and an identifying label has been attached to each sample(s).

Comprendo que las respuestas proporcionadas en este formulario son correctas a mi mejor saber y entender. Comprendo completamente que mis respuestas son criticas para el proceso de identificacion de mi familiar desaparecido.

De manera libre y voluntaria otorgo mi consentimiento para proporcionar mis muestras de ADN para su analisis y busqueda para identificar a las victimas de los incendios forestales de noviembre de 2018 en California. Comprendo que mis muestras seran destruidas si mi familiar es identificado positivamente.

Comprendo que no estoy obligado a proporcionar una muestra de ADN y que mi consentimiento para que me tomen una muestra de ADN es otorgado de manera consciente y voluntaria. Ademas otorgo mi consentimiento para que mi perfil de ADN se utilice en la base de datos de la poblacion anonima para ayudar en las inferencias estadisticas. La base de datos no contendra ninguna de mi information personal.

Autorizo al agente apropiado que se enlista a continuacion para recopilar esta(s) muestra(s) con el fin de identificar a mi familiar desaparecido. He sido testigo de la recoleccion de mis muestras y se ha adjuntado una etiqueta de identificacion a cada muestra.

Signature of Donor or Legal Guardian / Firma del Donante o Tutor Legal:

X _____ Date / Fecha: _____

7. TO BE COMPLETED BY COLLECTOR

I, on the date of _____ at _____: _____ am/pm verified the identity of the individual who is providing the DNA sample. I collected a DNA sample(s) from this individual, attached a label with the donor's name to each sample(s), placed and sealed them in a sample collection pouch.

Agent collecting DNA Samples: Print Name: _____

Signature: _____