

# CIVILIAN SUBJECT IDENTIFICATION FORM

(Complete this form for ALL civilian subjects)

1. NAME (LAST, First, Middle): \_\_\_\_\_

2. SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

3. HOME ADDRESS (place of residence, not where visiting; not post office box)

a. Street (include number and apartment number, if applicable):

\_\_\_\_\_

b. City, State and Zip Code: \_\_\_\_\_

c. Telephone Number (include area code:) \_\_\_\_\_

4. TEMPORARY ADDRESS (location where visiting)

a. Street (include number and apartment number, if applicable):

\_\_\_\_\_

b. City, State and zip code: \_\_\_\_\_

c. Telephone Number (include area code): \_\_\_\_\_

d. Name of person visiting/relationship:

\_\_\_\_\_

\_\_\_\_\_

e. Estimated date of departure: \_\_\_\_\_

5. PERSON/TELEPHONE NUMBER TO CONTACT IN CASE OF EMERGENCY:

\_\_\_\_\_

6. PLACE OF EMPLOYMENT:

a. Name of firm/business: \_\_\_\_\_

b. Street address: \_\_\_\_\_

c. Telephone number: \_\_\_\_\_ d. Occupation: \_\_\_\_\_

7. DRIVER'S LICENSE INFORMATION:

a. State: \_\_\_\_\_ b. Number: \_\_\_\_\_

b. Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

8. VEHICLE INFORMATION :

- a. Year : \_\_\_\_\_ b. Make : \_\_\_\_\_ c. Model : \_\_\_\_\_  
d. Color : \_\_\_\_\_ e. License plate # / state : \_\_\_\_\_  
e. Body style : \_\_\_\_\_ VIN # : \_\_\_\_\_

9. REMARKS (list other identification, identification of other person who verified subject's identity, any other information, etc) :

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PRIVACY ACT STATEMENT: AUTHORITY: 10USC3012(G) & 5USC2951 PRINCIPAL PURPOSE: USED FOR LAW ENFORCEMENT PURPOSES AS ADDITIONAL MEANS OF IDENTIFICATION OF SUBJECTS, SUSPECTS, WITNESSES, OR COMPLAINANTS. ROUTINE USES: PROVIDES AN INTERFACE WITH THE STANDARD INSTALLATION / DIVISION SYSTEM AND IS A ITEM USED IN PROCESSING MACHINE RECORD AND OUTPUT SEQUENCE FOR MILITARY POLICE MANAGEMENT INFORMATION SYSTEM. DISCLOSURE: DISCLOSURE IS VOLUNTARY; HOWEVER FAILURE TO PROVIDE INFORMATION WILL HINDER INVESTIGATION.