

Proof of Life Form

Name (Last, First, MI)		SSAN/National ID Number		Date of Birth (DD/MM/YY)		Place of Birth (Country, State, City)	
Languages Spoken	Height (Inches)	Weight (Lbs.)	Hair Colour		Eye Colour		
Identifying Marks (Location and Description – Scars, Tattoos, Birthmarks, Moles)						Nationality	
Job Title		Employer Number		Job Location		Supervisor. Contact #	
Blood Type		Allergies			Significant Medical Conditions		
<p>IMPORTANT: The below information could be used to identify you in the event of isolation/capture. Ensure you provide ONLY information that is unique to you, and that you will be able to recall under stressful conditions. Rescue forces may ask for entire pieces of information (e.g. complete date), or for specific numbers or letters from the information you provide.</p>							
Provide a code word only you would know		Provide a Phone Number only you could know			Provide a date only you could know (DD/MM/YY)		
Explain what that word refers to (Example: Mother's Maiden name, pets name etc.)		Explain what the phone number refers to (Example: Brother/Sister, Friend etc.)			Explain what the date refers to (family member's birthday, anniversary etc.)		
Previous Military Training				Emergency Contact method (Cell phone)			
Cell phone IMEI# (located under the cell phone battery)				Cell phone SIM card number			
<p>I understand the provision of this information is voluntary, and that this information is only to be used for identification/Authentication by Rescue Forces.</p>							
Signature_____				Date _____			
Front View Photograph				Side View Photograph			