LOCATE			
CUSTODIAN (PLAINTIFF/PETITIONER)		IV-D NON AFCD IVD-D AFDC/IV-E FOSTER CARE NON IV-D	-
ABSENT PARENT (DEFENDANT/RESPONDENT)		INITIATING CASE/DOCKET NO.	
TO: RESPONDING CENTRAL REGISTRY COURT OR AGENCY (ADDRESS)	FIPS CODE	COUNTY/STATE	
		OTHER REFERENCE NO	File Stamp
FROM: INITIATING CONTACT PERSON (AGENCY AND ADDRESS)	FIPS CODE	RESPONDING CASE/DOCKET NO.	COUNTY/STATE
		OTHER REFERENCE NO.	

Absent Parent Information											
NAME (First,Middle,Last)									SOCIAL SECURITY NUMBER(S)		
ALIAS/MAIDEN NAME OF ABSENT PARENT								CURRENT SPOUSE'S NAME			
DATE OF BIRTH (OR APPROXIMATE YEAR)					PLACE	PLACE OF BIRTH (CITY, STATE, COUNTY)			DRIVER'S LICENCE NUMBER/STATE		
SEX	RACE	HAIR	EYES	HEIGHT	WEIGHT	DISTINGUISHI	NG MARKS, SCARS	IARKS, SCARS, TATOOS, GLASSES, ETC.			
LAST KNOWN ADDRESS							BELII	BELIEVED CURRENT AS OF (DATE) (LIST OTHER SOURCES USED)			
USUAL	OCCUPAT	ION									
LAST KNOWN EMPLOYER (NAME, FULL ADDRESS)								BELIEVED CURRENT AS OF (DATE) (LIST OTHER SOURCES USED)			
ABSENT PARENT'S FATHER'S FULL NAME & ADDRESS ABSENT PARE							ABSENT PARENT	S MO	THER'S MAIDEN NAME & ADDRESS		
OTHER	INFORMA	TION, ING	CLUDING	ASSETS:							
									ATTACHMENTS: PHOTOGRAPH OTHER ITEMS, e.g. FINGERPRINTS		
DATE			INITIA	TING CO	NTACT P	ERSON AND AG	ENCY		PHONE NUMBER (INCLUDE AREA CODE)		