IF I GO MISSING

Name: _____

Date: _____

How to Use Your If I Go Missing Booklet

An Empowerment and Safety Tool for You and Your Loved Ones

This booklet was created by our MMIP (Missing and Murdered Indigenous People) team with care, respect, and urgency. Indigenous people continue to go missing or be murdered at alarming rates. Our communities deserve safety, justice, and support. This "If I Go Missing" booklet is a fillable resource that helps you document essential personal information in one place. If you ever go missing, this information could be critical in helping your family, friends, or authorities act quickly and effectively.

What's Inside:

Each section helps you gather important details such as:

- Personal identifiers (tattoos, scars, medications, medical info)
- Social media and online accounts
- Close contacts and emergency people
- Daily habits, routines, and locations you frequent
- Relationships, past incidents, boundaries

How to Fill It Out:

1. Be Honest & Detailed: Complete as much as you can. The more information, the more helpful it will be if something happens.
2. Update Regularly: Review and update every few months or after major changes (new number, new partner, new job, etc.).
3. Keep It Safe & Hidden: Store this booklet in a secure, private place—somewhere only trusted people can find. Do not share it publicly.
4. Tell Someone You Trust: Let a close friend or family member know the booklet exists, where it's kept, and how to access it only if needed.
5. Attach Extras if Needed: Add photos, messages, or any documents that could help tell your story more fully.

Why It Matters

Too many of our relatives are not searched for in time, or their stories are not taken seriously. This booklet is a powerful way to advocate for yourself in advance. It helps ensure that, if something happens, your loved ones have the information they need to act quickly—and that your voice is still heard.

If you're filling this out for someone else, please do so only with their knowledge, consent, and input.

Xay huun u'viishriheesh nanu'myah

Let's us all defend our hearts

General Information

Full Name: _____

Date of Birth: _____

Sex: _____

Gender : _____

Home Address: _____

_____

_____

Cell Phone: _____

Employer: _____
(See page 12 for more details)

Employer Address: _____

_____

_____

Relationship Status: _____

Children: _____

(Names & DOBs) _____

_____

_____

Ethnicity: _____

Religious Affiliations: _____

Languages: _____

_____

Initials ☐

Physical Appearance

Height: _____ **Weight:** _____

Eye Color: _____

Natural

_____

Contacts

Hair Color: _____

Natural

_____

Colored

Tattoos: _____

_____

_____

_____

Piercings: _____

_____

_____

Identifying Scars: _____

_____

_____

Everyday Jewelry: _____

_____

_____

Notes: **(Identifying features, birthmarks, glasses, braces, etc.)**

_____

_____

_____

_____

_____

See included photographs for most recent appearance.

Initials _____

Fingerprints

Dominant Hand: ☐ Right ☐ Left ☐ Ambidextrous

Right Thumb	Right Index	Right Middle	Right Ring	Right Pinky
☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A

Left Thumb	Left Index	Left Middle	Left Ring	Left Pinky
☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A

Initials

Medical Information

Primary Doctor

Name: _____

Address: _____

Phone: _____

Last Visit: _____

Dentist

Name: _____

Address: _____

Phone: _____

Last Visit: _____

Therapist

Name: _____

Address: _____

Phone: _____

Last Visit: _____

Prescribed Medications: _____
(Please include current dosages)

_____

_____

Surgical History: _____
(Please includeapprox. dates of procedures) _____

_____

Known Allergies: _____

_____

_____

Notes on Mental, Emotional and/or Physical Health _____

_____

Initials ☐

Modes of Transportation

Car Make: _____

Car Model: _____

Year: _____ **Color:** _____

License Plate: _____ _____
Number State

Vehicle Identification Number (VIN): _____

Identifying Features/Notes: _____

_____

Frequent Usage of Uber? ☐ Yes ☐ No

Username: _____

Password: _____

☐ Yes ☐ No

Frequent Usage of Lyft? _____

Username: _____

Password: _____

Metro Card Number: _____

Username: _____

Password: _____

Bus Pass Number: _____

Username: _____

Password: _____

Username: _____

Password: _____

Typical Routes/Notes _____

_____

Initials ☐

Relationships

Mother :

Name, Phone Number

Father:

Name, Phone Number

Significant Other:

Name, Phone Number

Siblings:

Names, Phone Numbers

Close Friends:

Those you interact with outside of work on a fairly frequent basis: Names, Phone Numbers

Former Significant Others:

Individuals who know of the existence of this folder:

Initials

Relationships

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

_____

_____

Notes: _____

_____

_____

_____

_____

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

_____

_____

Notes: _____

_____

_____

_____

_____

Initials _____

Relationships

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

_____

_____

Notes: _____

_____

_____

_____

_____

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

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_____

Notes: _____

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Initials _____

Relationships

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

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Notes: _____

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_____

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

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Notes: _____

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_____

Initials _____

Relationships

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

_____

_____

Notes: _____

_____

_____

_____

_____

Name: _____

Relationship: _____

Length of Relationship: _____

Last Known Phone Number: _____

Last Known Address: _____

_____

_____

Notes: _____

_____

_____

_____

_____

Initials _____

Typical Workday

Normal Work Days: ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Normal Start Time: _____

Normal End Time: _____

Flexible Work Hours? ☐ Yes ☐ No

Rotating Schedule? ☐ Yes ☐ No

Frequent Overtime Required? ☐ Yes ☐ No

Accessible During Work Hours? ☐ Yes ☐ No

_____

Required to travel? ☐ Yes ☐ No

Direct Supervisor: _____
(Name, Phone Number)

Works CloselyWith: _____
(Names, Phone Numbers)

_____

_____

_____

Method of Transportation to Work: _____

Route to Work: _____

_____

_____

If driving, typical parking area: _____

Notes: _____

_____

_____

Initials _____

Frequently Visited Locations

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Initials ☐

Frequently Visited Locations

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Location: _____

Address: _____

_____

Frequency and/or Hours of the Day: _____

Initials ☐

Financial Institution

Financial Institution: _____

Home Branch: _____

Account Number: _____

Username: _____

Password: _____

Notes: _____

_____

_____

Financial Institution: _____

Home Branch: _____

Account Number: _____

Username: _____

Password: _____

Notes: _____

_____

_____

Financial Institution: _____

Home Branch: _____

Account Number: _____

Username: _____

Password: _____

Notes: _____

_____

_____

Initials _____

Financial Institution

Financial Institution: _____

Home Branch: _____

Account Number: _____

Username: _____

Password: _____

Notes: _____

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Financial Institution: _____

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Account Number: _____

Username: _____

Password: _____

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Financial Institution: _____

Home Branch: _____

Account Number: _____

Username: _____

Password: _____

Notes: _____

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Initials _____

Financial Institution

Financial Institution: _____

Home Branch: _____

Account Number: _____

Username: _____

Password: _____

Notes: _____

_____

_____

Financial Institution: _____

Home Branch: _____

Account Number: _____

Username: _____

Password: _____

Notes: _____

_____

_____

Financial Institution: _____

Home Branch: _____

Account Number: _____

Username: _____

Password: _____

Notes: _____

_____

_____

Initials _____

Cell Phone Number: _____

Cell Phone Service Provider: _____

Username: _____

Password: _____

PIN: _____

Phone Make/Model: _____

Phone Serial Number: _____

Phone Password: _____

Phone Location Username: _____

Phone Location Password: _____

Notes: _____

_____

_____

Computer Make/Model: _____

Computer Serial Number: _____

Computer Username: _____

Computer Password: _____

Notes: _____

_____

_____

Internet Service Provider: _____

Username: _____

Password: _____

PIN:

Initials ☐

Communication Account Log-Ins

Email Accounts

Email Address: _____

Password: _____

Email Address: _____

Password: _____

Email Address: _____

Password: _____

Email Address: _____

Password: _____

Social Media

Facebook **Username:** _____

Password: _____

Twitter **Username:** _____

Password: _____

Instagram Username: _____

Password: _____

LinkedIn **Username:** _____

Password: _____

Tinder **Username:** _____

Password: _____

Snapchat **Username:** _____

Password: _____

Viber **Username:** _____

Password: _____

WhatsApp Username: _____

Password: _____

MarcoPolo Username: _____

Password: _____

Initials ☐

Communication Account Log-Ins

Miscellaneous Accounts

Username:

Password:

Username:

Password:

Username:

Password:

Username:

Password:

Username:

Password:

Username:

Password:

Username:

Password:

Username:

Password:

Initials

Previous Addresses

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Initials

Previous Addresses

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Address:

Dates:

Roommates:

Reason for Leaving:

Notes:

Initials

Included Pictures

- ☐ **Recent Portrait (high resolution, if possible)**
- ☐ **Tattoos**
- ☐ **Identifying Scars**
- ☐ **Car (include any identifying features, picture of VIN, license plate, etc.)**
- ☐ **Frequently-worn jewelry**

Included Documents Copies

- ☐ **Birth Certificate**
- ☐ **Driver's License and/or State-Issued I.D. Card**
- ☐ **Passport (if applicable)**
- ☐ **Social Security Card (U.S.A.)/Social Insurance Number Card**
- ☐ **Marriage License**
- ☐ **Medication List**
- ☐ **Insurance Documents**
- ☐ **Map of typical daily route**

Miscellaneous

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Initials ☐

Law Enforcement Agencies

City Agency of Residency

Name: _____

Number : _____

Policies: _____

_____

_____

County Agency of Residency

Name: _____

Number : _____

Policies: _____

_____

_____

State Agency of Residency

Name: _____

Number : _____

Policies: _____

_____

_____

Same as City/County/State of Employment? ☐ **Yes** ☐ **No**

(See Following Page)

Initials _____

Law Enforcement Agencies

City Agency of Residency

Name: _____

Number : _____

Policies: _____

_____

_____

County Agency of Residency

Name: _____

Number : _____

Policies: _____

_____

_____

State Agency of Residency

Name: _____

Number : _____

Policies: _____

_____

_____

Initials _____

Notes

Initials

Acknowledgment

I,

_____ hereby acknowledge that I have compiled this collection of personal and private information to be used in the event that I can not be located and am believed to be in danger. Please consider access granted to the information included here, and use any and all resources listed in this document in an effort to find and return me to safety.
Thank you,

_____ _____
Signature **Date**

This booklet is a product of the Karuk Tribe's Missing and Murdered Indigenous People Program. It is intended to serve as a personal safety and preparedness resource for individuals and families. The contents are created with respect for cultural values and the sovereignty of Indigenous communities. This tool may contain personal or sensitive information please handle with care and discretion

Xay huun u'viishriheesh nanu'myáh
Let us defend our hearts

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