



SHOULD I GO MISSING

Here you go! Per your request - now to give you some simple directions. Make sure you add as many photos as you want. I have photos of all my tattoos and I have them labeled on the back where they are located on my body. Same for any piercings. If you have breast implants, they have serial numbers - include those.

I also have a list "of my enemies". And by this list, it doesn't mean only people who would want to "murder you". I have included weird exes - people who have shown erratic behavior - any everything in-between. Add any and all dating sites - all passwords. And also, I have my sealed a particular way - with directions as to how. I have given it to four people I trust. All have the same copy. And none of the people know who the others are. Why? So if they decide to kidnap me - they can't break into the house of the others who have it -and steal my info.

Does it seem Extra? Yes. Is it? Probably. Do I care? Nope.

I have been in an abusive relationship - and I know how it can go. So to me, always better safe than sorry.

Lastly, if you have any weapons or firearms, Include the name and serial numbers. Lots of folks have firearms and don't want others to know. Don't keep secrets in this. Just don't.

It really could save your life.

Anyway, feel free to use this -or use it as a prompt.

Stay Safe. We love you. Wash your hands. Wear a Mask.



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DATE : _____

First Name: _____

Middle Name: _____

Last Name: _____

Maiden Name/Alias: _____

Birthdate: _____

Home Phone Y/N: _____

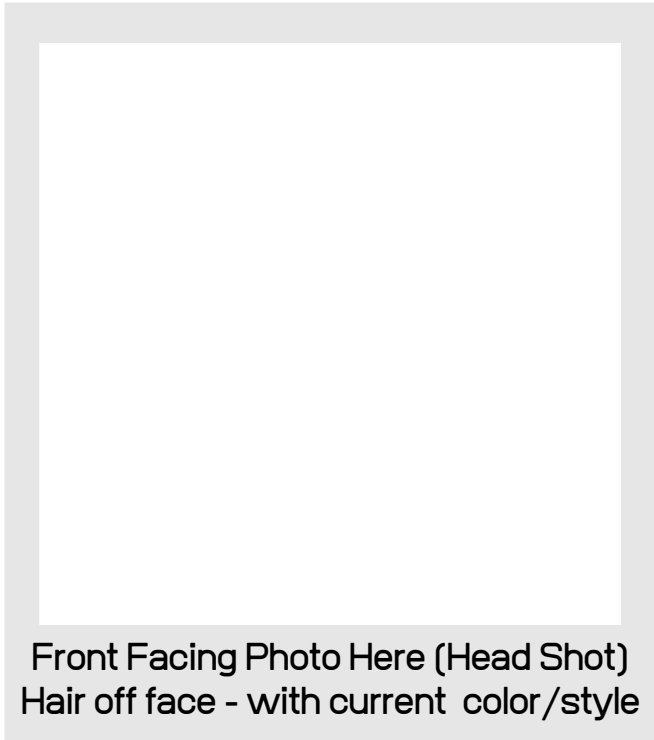
Cell Phone Y/N: _____ PIN: _____

Work Phone Y/N: _____

Home Address: _____

Work Address: _____

What is your daily activities on a work day?



Tattoos:(If yes - attach photos & description of Location:) _____

Facebook username and password _____

Instagram username and password _____

Twitter username and password _____

Snapchat username and password _____

TikTok username and password _____

Using any dating sites? _____

Vehicle Make/Model: _____

VIN Number/Plate: _____

Work Address: _____



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Height: _____

Weight: _____

Shoe Size: _____

Measurements: _____

Eye Color: _____

Hair Color: _____

Closet Friends & Numbers:

List of anyone who might want to harm you & why:

Dentist Contact Info: _____

Doctor Contact Info: _____

Medical Issues? _____

Any Medications? _____

Any Ongoing Legal Issues? _____

Any scars or medical implant devices? _____

Handwriting Sample Cursive _____

Handwriting Sample Print: _____

Allergies: _____

FULL BODY PHOTO

Hair off face - with current color/style



SHOULD I GO MISSING

right thumb	right index	right middle	right ring	right pinkie
left thumb	left index	left middle	left ring	left pinkie
left four fingers taken simultaneously	left thumb	right thumb	right four fingers taken simultaneously	

FINGERPRINTS