



Polisen
Swedish Police

POTENTIALLY AFFECTED PERSON

1. Registered by

Date: _____
Time: _____
Diplomatic mission: _____
Contact person: _____
Phone number: _____

2. Details about the reporting person

Surname: _____
First name: _____
Address: _____
Country: _____
Gender: _____
Phone number: _____
E-mail address: _____
Relation to the notified: _____

3. Details about the potentially affected person

Surname: _____
First name: _____
Date of Birth/Age: _____
Address: _____
Country: _____
Gender: _____
Phone number: _____
E-mail address: _____

Last contact/seen:

Date: _____
Time: _____

Additional information (e.g. location last seen etc.)

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