



Croce Rossa Italiana

# TRACING REQUEST

Ref. n°

## 1. PERSON TO BE TRACED

Full name (as expressed locally) \_\_\_\_\_

Also known as (nickname) \_\_\_\_\_ Sex M - F - U

Father's full name \_\_\_\_\_

Mother's full name \_\_\_\_\_

Nationality \_\_\_\_\_ Ethnic origin / tribe \_\_\_\_\_

Date of birth (or age) \_\_\_\_\_ Place of birth / origin \_\_\_\_\_

Occupation \_\_\_\_\_ Marital status \_\_\_\_\_

Last known address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

## 2. PERSON(S) ACCOMPANYING THE SOUGHT PERSON

Full name	Date of birth	Sex	Relationship with the sought person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 3. DETAILS OF ENQUIRY

Date, details of last news and source of information (explain exact circumstances that led to the loss of contact)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any step taken by the enquirer and result \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information that might help in enquiries (e.g. names and addresses of persons able to supply information)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. ENQUIRER

Full name (as expressed locally) \_\_\_\_\_

Also known as (nickname) \_\_\_\_\_

Father's full name \_\_\_\_\_

Mother's full name \_\_\_\_\_

Nationality \_\_\_\_\_ Ethnic origin / tribe \_\_\_\_\_

Date of birth (or age) \_\_\_\_\_ Place of birth / origin \_\_\_\_\_

**Full contact address** \_\_\_\_\_

\_\_\_\_\_  
Telephone . \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**The sought person is my** \_\_\_\_\_

I agree to the public disclosure (on posters, radio, Internet, etc.) of

a. My Name Yes  No

b. Name(s) of sought relative(s) Yes  No

I agree that the information's collected on the Sought Person can be shared with

a. Other Organizations Yes  No

b. Authorities Yes..  No

Indicate if there is any information collected which cannot be shared with the authorities or other organisations \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Place of enquiry \_\_\_\_\_ date of enquiry \_\_\_\_\_

**I have read and agree to ItRC Privacy Policy** Enquirer's signature \_\_\_\_\_

\_\_\_\_\_

Caseworker \_\_\_\_\_ Local Office \_\_\_\_\_