

Place of disaster:	PM No:
Nature of disaster:	
Date of disaster:	<div style="display: flex; justify-content: space-around;"> <div>Day [][]</div> <div>Month [][]</div> <div>Year [][][][]</div> <div>Male []</div> <div>Female []</div> <div>Other []</div> <div>Unknown []</div> </div>

a = Data not available

b = Attachment

c = Further info on page Sup. Info. (700's)

BODY DESCRIPTION (external)			a	b	c
424	Eyebrows 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
428	Eyes 01 Colour (Left and Right) 02 Distinctive feature(s)	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Blue 1 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Grey 2 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Green 3 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Brown 4 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Black 5 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Hazel 6 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Maroon 7 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Pink 8 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Cross-eyed 1 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Squint-eyed 2 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Artificial eye 3 <input type="checkbox"/> <input type="checkbox"/> L R </div> <div style="width: 50%;"> Other (specify): 4 <input type="checkbox"/> </div> </div>			
432	Nose 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
436	Facial hair 01 Type 02 Colour	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Shaved 1 <input type="checkbox"/> </div> <div style="width: 50%;"> Moustache 2 <input type="checkbox"/> </div> <div style="width: 50%;"> Goatee 3 <input type="checkbox"/> </div> <div style="width: 50%;"> Whiskers 4 <input type="checkbox"/> </div> <div style="width: 50%;"> Full beard 5 <input type="checkbox"/> </div> <div style="width: 50%;"> Other (specify on page 700's) 6 <input type="checkbox"/> </div> <div style="width: 50%;"> Blond 1 <input type="checkbox"/> </div> <div style="width: 50%;"> Brown 2 <input type="checkbox"/> </div> <div style="width: 50%;"> Black 3 <input type="checkbox"/> </div> <div style="width: 50%;"> Red 4 <input type="checkbox"/> </div> <div style="width: 50%;"> Grey 5 <input type="checkbox"/> </div> <div style="width: 50%;"> White 6 <input type="checkbox"/> </div> <div style="width: 50%;"> Mixed grey 7 <input type="checkbox"/> </div> <div style="width: 50%;"> Other (specify): 8 <input type="checkbox"/> </div> </div>			
440	Ears 01 Ear lobes/pierced 02 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>Attached 1 <input type="checkbox"/> No</div> <div>2 <input type="checkbox"/> Yes</div> <div>Pierced - specify number of piercings 3 <input type="checkbox"/> Left 4 <input type="checkbox"/> Right</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
444	Mouth/teeth 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
448	Lips 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
452	Chin 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
456	Neck 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
460	Hands/nails 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
464	Feet/nails 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
468	Body/pubic hair 01 Distinctive feature(s)	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes (describe and use page Sup. Info. (700's) for details): 2 <input type="checkbox"/></div> </div>			
472	Circumcision	<div style="display: flex; justify-content: space-between;"> <div>No 1 <input type="checkbox"/></div> <div>Yes 2 <input type="checkbox"/></div> </div>			
476	Ancestry	<div style="display: flex; justify-content: space-between;"> <div>European 1 <input type="checkbox"/> White</div> <div>African 2 <input type="checkbox"/> Black</div> <div>Asian 3 <input type="checkbox"/></div> <div>Other 4 <input type="checkbox"/></div> </div> <div style="margin-top: 5px;">Mixed (specify): 5 <input type="checkbox"/></div>			

Registered by Duty Title : Name : Address : Phone / Email :	Signature / Date
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