



Passenger Record Form (PRF)

Passenger Details						
Surname of Passenger / Title:						
First Names:						
Maiden Name:						
Gender:	<input type="radio"/> M	<input type="radio"/> F	<input type="radio"/> D	Date of Birth:		Age:
Nationality:				Religion:		
Airline:				Flight No:		
Tour Operator:				Date:		
Travelling from:				Travelling to:		
Travelling with: (provide names if person was not travelling alone)						
Home Address:						
Telephone:				Mobile:		
Temporary Address:						
Telephone:				Mobile:		
Occupation:						
Employer / School:						
Address:						
General Practitioner:						
Address and phone:						
Dentist:						
Address and phone:						
Next of kin:						
Relationship:						
Address of next of kin:						
Telephone:				Mobile:		



Passenger Record Form (PRF)

Caller details

1	Name:	Relationship:
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Address of Caller:

Telephone:	Mobile:
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2	Name:	Relationship:
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Address of Caller:

Telephone:	Mobile:
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3	Name:	Relationship:
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Address of Caller:

Telephone:	Mobile:
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4	Name:	Relationship:
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Address of Caller:

Telephone:	Mobile:
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Status of Passenger

Current Location (hotel, hospital, mortuary, other):

Uninjured

Injured

Dead

Minor

Serious

Critical

Fatal

Body Normal

Body disfigured

Body burnt

Body Mutilated

Do you agree that these details may be passed on to the Airline and / or the Police?

YES

NO

Signature:

Time:

Date:

Next of kin informed by:

Time:

Date

Identification team advised by:

Coffin No:

Passenger Name:

Date	Time	Information Received / Instruction	Staff Name