



Passenger Record Form (PRF)

Passenger Details					
Surname of Passenger / Title:					
First Names:					
Maiden Name:					
Gender:	M	F	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:	
Address of Caller:			
Telephone:		Mobile:	
2	Name:	Relationship:	
Address of Caller:			
Telephone:		Mobile:	
3	Name:	Relationship:	
Address of Caller:			
Telephone:		Mobile:	
4	Name:	Relationship:	
Address of Caller:			
Telephone:		Mobile:	
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