**REQUÊTE DE RECHERCHE D'ENFANTS ET D'ADULTES DISPARUS**

**[UTILISER DE L'ENCRE BLEUE] FOR BNNPADF V2024**

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| **Date d'ouverture du dossier :** | | | **Code:** | | |
| **Classification:** | **Enfant** |  | | **Adulte** |  |

**Bloque N°.**

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| **Origine de l'ouverture\*** | **Profession** |  | **Demande familiale** | **Renvoi par** | | | | **Cas renvoyés par des entités publiques ou autonomes** |
|  |  |  | **CNB** |  | **CONABUSQUEDA** |  |  |

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| **I. INFORMATIONS SUR LA PERSONNE DISPARUE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Connu/e sous le nom de:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Nom adoptif:** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Sexe** | **M** |  | **F** | |  | **Âge au moment de la disparition: \_\_\_\_\_\_\_\_ ans \_\_\_\_\_\_\_\_ mois** | | | | | | | | | | | | | | | | | | | | |
| **Lieu de naissance** | | | | | | **Département** | | | | **Municipalité** | | | | **District** | | | | **Canton/Quartier/Colonia** | | | | | | | | **Caserío/ Valle** |
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| **Date de naissance** | | | | | | **Jour** | | | | **Mois** | | | | | | | | **Année** | | | | | | | | |
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| **Lieu de naissance selon l'adoption** | | | | | | **Département** | | | | **Municipalité** | | | | **District** | | | | **Canton/Quartier/Colonia** | | | | | | **Caserío/ Valle** | | |
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| **Date de naissance selon l'adoption** | | | | | | **Jour** | | | | **Mois** | | | | | | | | **Année** | | | | | | | | |
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| **Nom de la mère** | | | | | | |  | | | | | | | | | | | | | | **Âge actuel:** | | | | | |
| **Décédée:** | | | | | |
| **Nom du père** | | | | | | |  | | | | | | | | | | | | | | **Âge actuel:** | | | | | |
| **Décédé:** | | | | | |
| **Documents d'identité** | | | | | | **Partida de nacimiento Nº:** | | | | | | | | | | | | | | | | | | | | |
| **Département:** | | | | | **Municipalité:** | | | | **Année:** | | | | **Livre:** | | | | | | **Page:** | |
| **Passeport nº:** | | | | | | | | | | **Carte d’identité nº:** | | | | | | | | | | |
| **Acte d'adoption Nº:** | | | | | | |  | | | | | | | | | | | | | |
| **Département:** | | | | | | **Municipalité** | | | | **Année:** | | | | **Livre:** | | | **Page:** | | | |
| **Passeport Nº:** | | | | | | | | | | **Certificat de baptême de la paroisse:** | | | | | | | | | | |
| **État civil:** | | | | | | | | | | | | | **Nom du conjoint ou partenaire de vie:** | | | | | | | | | | | | | |
| **Nombre d'enfants:** | | | | | | | | | | | | | **En vie:** | | | | | | | | | | | | | |
| **Décédé(e)s:** | | | | | | | | | | | | | |
| **Adresse du domicile au moment de la disparition:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Situation actuelle du partenaire:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Savait lire et écrire** | | | | | | Oui | | **Centre d'études:** | | | | | | | | | | | | | | | | | | |
| Non | | **Niveau d'études:** | | | | | | | | | | | | | | | | | | |
| **Profession ou métier** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Lieu de travail** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Appartenance à un groupe** | | | | **Religieux** | | | | | **Social** | | | | | | | | **Politique** | | | | | **Agent de l’État** | | | | |
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| **II. INFORMATIONS SUR LA DISPARITION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | | | | **Jour** | | | | | | | | | | | | | | **Mois** | | | | | | | | | | | | | | | | | | | | | **Année** | | | | | | | | | | | | | | | **Heure** | | | | | |
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| **Lieu de la disparition** | | | | **Département** | | | | | | | | | | | | | | **Municipalité** | | | | | | | | | | **District** | | | | | | | | | | | | | | | **Canton/Quartier/Colonia** | | | | | | | | | | | | **Caserío/ Valle** | | | | |
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| **Responsable présumé de la disparition** | | | | **FAES** | | | | **FMLN** | | | | | | | | | | | | **Forces de sécurité** | | | | | | | | | | | | | | | | | | | | | | | | | | **Hommes en civil** | | | | | | | | | | | **Non déterminé [ND]** | | |
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|  | | | | **Personne responsable, si identifiée:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Démarches entreprises précédemment** | | | **CICR** | | | | | | | | | | **Habeas Corpus** | | | | | | | | | | | | | **Tutelle légale de l'Archevêché** | | | | | | | | | | | | | | | | | | **Aide juridique** | | | | | | | | | | | | | **ONG des droits de l'homme** | | |
| N° de dossier: | | | | | | | | | | N° de dossier: | | | | | | | | | | | | | N° de dossier: | | | | | | | | | | | | | | | | | | N° de dossier: | | | | | | | | | | | | |  | | |
| **Commission de la vérité** | | | | | | | | | | | | | **Groupe de travail sur les disparitions forcées ou involontaires** | | | | | | | | | | | | | | | **CIDH** | | | | | | | | | **ONG des droits de l'homme** | | | | | | | | | | | | **Forces de sécurité** | | | | | | | |
| N° de dossier: | | | | | | | | | | | | | N° de dossier: | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| **Hôpitaux** | | | | | | | | | **Prisons** | | | | | | | | | **CDHES** | | | | | | | | | | | | | **Asociación Pro Búsqueda** | | | | | | | | | | | | | | **Autres** | | | | | | | | | | | |
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| **III. DESCRIPTION DES FAITS [Récit de la disparition]:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV. INFORMATIONS ANTE MORTEM [Description morphologique]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Taille: metres** | | | | | | | | | | | | | | | | | | | | | | | | | **Poids: livres** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Corpulence** | | | | | **Mince** | | | |  | | | | | | | | | | **Athlétique** | | | |  | | | | | | | | **Obèse** | | | | | |  | | | | | | | | | | **Moyenne** | | |  | | | | | | **Robuste** | | |  |
| **Color de piel** | | | | |  | | | | | | | | | | | | | | | | | | **Lunares o particularidades** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Latéralité:** | | | | | **Gaucher** | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Droitier** | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Yeux** | **Couleur:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Forme:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Texture des cheveux:** | | **Lisse** | | | | | **Cassant** | | | | | | | | | | | | | | | | | **Frisé** | | | | | | | | | | | | | | **Ondulé** | | | | | | | | | | | | | **Autre** | | | | | | | | |
| **Couleur des cheveux:** | | **Noir** | | | | | | | | **Brun:** | | | | | | | | | | | | | | **Blond** | | | | | | | | | | | | | | **Roux** | | | | | | | | | | | | | **Teint** | | | | | | | | |
| **Forme du nez:** | | **Aquiline** | | | | | | | | | | | | | | | **Étroit** | | | | | | | | | | | | | | | | **Droit** | | | | | | | | | | | | | | | | **Large** | | | | | | | | | | |
| **Forme du menton:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forme de la tête:** | | | | | | **Ronde** | | | | | | | | | | | | | | | | | | | | | **Allongée** | | | | | | | | | | | **Carrée** | | | | | | | | | | | | | **Ovale** | | | | | | | | |
| **Dents:** | | **Couleur** | | | | | | | | | **Couronne** | | | | | | | | | | | | | | | | **Caries** | | | | | | | | | | | **Taille** | | | | | | | | | | | | | **Absentes** | | | | | | | | |
| **Maladies:** | | | | | | | | | | | | | | | **Fractures** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Prothèses/implants/chirurgies :** | | | | | | | | | | | | | | | | | |
| **Description des vêtements/habits portés au moment de la disparition:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **V. TÉMOINS OU INFORMATEURS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom** | | | | | | | | | | | | | | | | | | | | | | | **Adresse** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Qualité [Témoin ou Informateur]** | | | | | | |
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| **VI. FAMILIAIRES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom** | | | | | | | | | | | | | | **Lien de parenté** | | | | | | | | **Âge** | | | | | | | | **Nº DUI** | | | | | | | | | | | **Adresse** | | | | | | | | | | | | | | | | | **Date du prélèvement d'ADN** | |
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| **VII. INFORMATIONS SUR LA PERSONNE DÉCLARANTE.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parenté ou relation avec la personne disparue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type de document d'identification:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Numéro du document d'identification:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adresse de la personne déclarante:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **État/Pays:** | | | | | | | | | | | | | | |
| **Numéros de contact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adresse e-mail:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature de la personne déclarante:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Nom et signature du responsable de l'ouverture:** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nom et signature du responsable du processus de recherche:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **VIII. French: ANNEXES [Documents présentés]** |
| **Photographies:** |
| **Actes de naissance:** |
| **Témoignages/Déclarations:** |
| **Habeas Corpus:** |
| **Publications de presse:** |
| **Autres documents:** |