

National Organization of Parents Of Murdered Children, Inc. (POMC)®

**Killer AlertSM
Information Form**

Murderer's Full Name: _____

City/State where he/she was released: _____ Release Date: _____

City and State where he/she frequents: _____

Short Description of Crime: _____

Sentence Received: _____ Time Served: _____

Optional: Male Female Picture

Eye Color: _____ Height: _____

Hair Color: _____ Weight: _____

Any Identifying Marks: _____

Include letters or documents from Correctional Services to verify the inmate's release.

◆◆◆◆◆ Please Type or Print Clearly ◆◆◆◆◆

Your Name: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Cell: _____ E-mail: _____

Please return completed form, photo and donation to:

Parents Of Murdered Children, Inc. • 635 West 7th Street, Suite 104 • Cincinnati, OH 45203
Phone: (513) 721-5683 • Toll Free: (888) 818-7662 • Fax: (513) 345-4489 • E-mail: natlpomc@pomc.org