



GSM Investigative Group, LLC
500 W. Morgan Street
Suite 202
Durham, NC 27701
NCPI License 509894

SUBJECT INFORMATION

Primary Subject's Information:

Full Name _____

Home Address: _____

Work Address: _____

Relationship: _____

Cell Phone Number: _____

DOB: _____

DLN and State: _____

SSN: _____

Race: _____

Age: _____

Gender: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Identifying scars, marks, tattoos: _____

Vehicle Description and Registration: _____

Does the subject own or carry any weapons? _____

If so, what type? _____

Any other additional details:



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Secondary Subject's Information:

Full Name _____

Home Address: _____

Work Address: _____

Relationship: _____

Cell Phone Number: _____

DOB: _____

DLN and State: _____

SSN: _____

Race: _____

Age: _____

Gender: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Identifying scars, marks, tattoos: _____

Vehicle Description and Registration: _____

Does the subject own or carry any weapons? _____

If so, what type? _____

Any other additional details:



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Additional Subject's Information:

Full Name _____

Home Address: _____

Work Address: _____

Relationship: _____

Cell Phone Number: _____

DOB: _____

DLN and State: _____

SSN: _____

Race: _____

Age: _____

Gender: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Identifying scars, marks, tattoos: _____

Vehicle Description and Registration: _____

Does the subject own or carry any weapons? _____

If so, what type? _____

Any other additional details:

