

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

**Killer Alert<sup>SM</sup>  
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. • 4960 Ridge Avenue, Suite 2 • Cincinnati, OH 45209-1075  
Phone: (513) 721-5683 • Toll Free: (888) 818-7662 • Fax: (513) 345-4489 • E-mail: [natlpomc@pomc.org](mailto:natlpomc@pomc.org)**