



FAIRFIELD POLICE DEPARTMENT

100 Reef Road, Fairfield, CT 06824
203-254-4800

ALZHEIMER'S REGISTRATION FORM

DATE COMPLETED: _____

Please complete the following information

SECTION 1: PERSON BEING REGISTERED

Please complete the following information

NAME (LAST, FIRST, MI)		DATE OF BIRTH	SOCIAL SECURITY #
FULL ADDRESS # STREET	APT#	TOWN/CITY	ZIP
ALTERNATE ADDRESS # STREET	APT#	TOWN/CITY	ZIP
PHONE	ALTERNATE PHONE		

SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	LANGUAGE SPOKEN
RACE (circle one) ASIAN BLACK WHITE HISPANIC INDIAN			COMPLEXION (circle one): FAIR MEDIUM DARK		
REGULARLY WEARS (circle): GLASSES CONTACTS WIG HEARING AID OTHER (please explain on page 2)					
REGISTRANT HAS (circle): BEARD MUSTACHE SCARS MOLES TATTOOS BIRTHMARKS OTHER (please explain on page 2)					
TYPICAL CLOTHING (describe):					If additional space is needed use page 2
OTHER MEDICAL CONDITIONS (explain):					If additional space is needed use page 2

SECTION 2: PHOTOS OF PERSON BEING REGISTERED

Place two (2) photos (front/side view) in space below

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SECTION 3: CARE GIVER / CONTACT INFORMATION

PRIMARY CONTACT PERSON

NAME (FIRST, LAST)		RELATIONSHIP TO REGISTRANT	
FULL ADDRESS # STREET	APT#	TOWN/CITY	ZIP
HOME PHONE	WORK PHONE	OTHER PHONE (cell phone, pager, etc.)	

PLEASE LIST TWO (2) ADDITIONAL CONTACTS:

NAME (FIRST, LAST)		RELATIONSHIP TO REGISTRANT	
FULL ADDRESS # STREET	APT#	TOWN/CITY	ZIP
HOME PHONE	WORK PHONE	OTHER PHONE (cell phone, pager, etc.)	

NAME (FIRST, LAST)		RELATIONSHIP TO REGISTRANT	
FULL ADDRESS # STREET	APT#	TOWN/CITY	ZIP
HOME PHONE	WORK PHONE	OTHER PHONE (cell phone, pager, etc.)	

SECTION 4: OTHER INFORMATION

Detail any other information you think would be important.

SECTION 5: RELEASE

I, the undersigned, for myself and the registrant named above do hereby authorize the Fairfield Police Department to release the aforementioned information in response to Emergency Calls (includes Missing Person incidents) regarding the registrant and do further agree to indemnify and hold harmless the Fairfield Police Department and persons (placed) associated with it.

Print Name of Care giver/Responsible Party/etc.

Signature of Care giver/Responsible Party/etc.

Date Signed