

Stanfield Police Department
 203 West Stanly Street
 PO Box 699
 Stanfield, NC 28163

**ALZHEIMER'S/DEMENTIA
 REGISTRATION FORM**

DATE COMPLETED :

Please complete the following information

Section 1: Person being Registered

<i>Name (last, first, middle)</i>		<i>Date of Birth</i>	<i>Social Security #</i>
<i>Full Address # Street</i>		<i>Apt.</i>	<i>Town/City</i>
<i>Alternate Address # Street</i>		<i>Apt.</i>	<i>Zip</i>
<i>Phone</i>		<i>Alternate Phone</i>	

<i>Sex</i>	<i>Height</i>	<i>Weight</i>	<i>Eye Color</i>	<i>Hair Color</i>	<i>Language Spoken</i>
Race: Asian Black White Hispanic Indian		Complexion: Fair Medium Dark			
Regularly wears: Glasses Contacts Wig Hearing Aid Other (explain)					
Registrant has: Beard Mustache Scars Moles Tattoos Birthmarks Other (explain)					
Typical Clothing (describe)					
Other Medical Conditions (explain)					

Section 2: Photos of Person Being Registered

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

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please complete page 2

Section 3: Care Giver/Contact Information

Primary Contact Person

<i>Name (first, last)</i>		<i>Relationship to Registrant</i>	
<i>Full Address # Street</i>	<i>Apt.</i>	<i>Town/City</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Other Phone (cell, pager, etc)</i>	

Please list two (2) additional contact

<i>Name (first, last)</i>		<i>Relationship to Registrant</i>	
<i>Full Address # Street</i>	<i>Apt.</i>	<i>Town/City</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Other Phone (cell, pager, etc)</i>	

<i>Name (first, last)</i>		<i>Relationship to Registrant</i>	
<i>Full Address # Street</i>	<i>Apt.</i>	<i>Town/City</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Other Phone (cell, pager, etc)</i>	

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 Stanfield 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 Stanfield Police Department and persons (placed) associated with it.

Print Name of Caregiver/Responsible Party/etc.

Signature of Caregiver/Responsible Party/etc.

Date Signed