

**Tenafly Police Department
Special Needs Database Registration Form**

Registrant Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

Phone #: (____) _____ Date of Birth: ____/____/____ Nickname (if any): _____

Medical Condition(s): _____

Is Person Restricted to Particular Location in the Home? _____ If so, where? (i.e.: 1st floor bedroom, etc)

Are House Keys on File at Police HQ? Yes: _____ No: _____

Other Special Need Information (i.e.: must be on oxygen, wears insulin pump, etc) _____

Critical Medications: _____

Medical ID Bracelet? Y / N If Yes, where is it worn? _____

Is individual ambulatory? _____ Need a wheelchair? _____ Walker? _____ Cane? _____ Other: _____

Is Person Blind? _____ Deaf? _____ Can individual communicate without assistance? _____

Treating Physician(s) Name, Address & Phone Number(s): _____

Language(s) Spoken: _____ Any Speech Disorder? If Yes, explain: _____

Any Cognitive Impairment, Alzheimer's or Other Neurological Impairment? If Yes, explain: _____

If this individual owns/operates a motor vehicle, please list information below:

Vehicle Make, Model & Color: _____ License Plate: _____ State: _____

Local Emergency Contact Person #1

1. Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

Home Ph #: _____ Work #: _____ Cell/Pager: _____

Contact Person #1's Local Police Department Name & Ph # (for emergency contact if needed):

Local Emergency Contact Person #2

2. Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

Home Ph #: _____ Work #: _____ Cell/Pager: _____

Contact Person's Local Police Department Name & Ph # (for emergency contact if needed):

This form was completed by : Last Name: _____ First Name: _____

Relationship to Registrant: _____

Address: _____

City, State & Zipcode: _____

Signature of Registrant (if possible): _____

Signature of Person Completing Form: _____

Please use a separate sheet to list any additional comments or information.

**This Form Can Be Returned Via Mail
to:**

**Chief Michael Bruno
Tenafly Police Department
100 Riveredge Road
Tenafly, NJ
07670**

*** This form may also be dropped off at the
Main Desk at Police HQ 24 hours a day,
7 days a week.**