



# Return Home Registry



Date: \_\_\_\_\_

## Registrant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Personal Identifiers

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

SSN: \_\_\_\_\_ Gender: Male  Female  Glasses? Yes  No  Hearing Aids? Yes  No

## Medical Information

Physical Issues: \_\_\_\_\_

Critical Medications: \_\_\_\_\_

Mental Health Issues: \_\_\_\_\_

Mobility: \_\_\_\_\_ Access to a Vehicle? Yes  No

## Frequented Locations or "Hang Outs"

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Former Addresses

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency Contact Person(S)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Requester (Parent or Guardian)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Any other relevant Information:

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Recent picture available?

I (signer) authorize the release of the aforementioned information to the Uxbridge Police Department and the members thereof to hold for use in the event of an emergency to assist in locating the aforementioned individual should they wander, become lost, or missing. I understand that the use of such information will be for professional purposes only and may be distributed to other town employees/agents who may be utilized in an emergency search/rescue operation. I also understand that some descriptive information may be released to the press if deemed appropriate by police personnel to assist in safely located said person. I agree to hold harmless all Town of Uxbridge Employees and agents thereof who utilize the aforementioned released information in the course of their professional duties.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_