



EDISON POLICE DEPARTMENT SAFE AND SOUND PROGRAM



Today's Date: _____

REGISTRANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apt.# _____

City: _____ State: _____ Zip code: _____ Phone #: _____

Social Security #: _____ Date of Birth: _____

Sex: _____ Height: _____ Weight: _____ Glasses: Yes _____ No _____ Aides: _____

Complexion: (Circle one)

- Albino
- Black
- Dark
- Fair
- Jaundiced
- Light
- Medium
- Olive

Race: (Circle one)

- American Indian/Alaskan
- Asian/Pacific Islander
- Caucasian
- Hispanic
- Mid-Eastern
- Unknown

Hair: (Circle one)

- Bald
- Brown
- Black
- Gray/Partly Gray
- White
- Blonde/Strawberry
- Red/Auburn

Eyes: (Circle one)

- Black
- Blue
- Brown
- Gray
- Green
- Hazel
- Multi-colored

Facial: (Circle one)

- Beard
- Goatee
- Mustache
- Sideburns
- None

Language: (Circle one)

- Chinese
- English
- Arabic
- French
- Hindu
- Italian
- Russian
- Spanish
- German
- Portuguese
- Non-Verbal
- Other
- (Specify) _____



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Scars/Tattoos:

Medical Information:

Comments (likes, dislikes, possible destinations, etc.):

Please Attach A Recent Photo Below

APPROX. DATE OF PHOTO: _____



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PRIMARY CONTACT INFORMATION

Relation To Registrant: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Relation To Registrant: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Relation To Registrant: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____



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I, the undersigned, on behalf of the above named registrant do hereby authorize the Edison Police Department and it's Safe and Sound Program to release the above information in response to emergency calls regarding the safety, health, welfare and/or whereabouts of the above named registrant and further agree to release, indemnify, and hold harmless the employees and Officers of the Edison Police Department from any and all claims which, in any way arise out of, or are based upon, related to, or connected with the participation in the Safe and Sound Program and the release of the above information.

Furthermore, I hereby represent and warrant to the Edison Police Department that I have full power and authority as the duly authorized representative of the above named registrant to register and act on his/her behalf.

Primary Contact Signature
(Signature/Consent is required)

Date

Return This Form To:

Edison Police Department
Safe and Sound Program
Officer Melissa Michalak
100 Municipal Blvd.
Edison, NJ 08817

Application Approved By: