



**Burlington County Sheriff's Office**  
**James H. Kostoplis – Sheriff**  
**PERSONS AT RISK REGISTRATION FORM**  
**Community Outreach Unit**  
**For Information Call 609-265-3788**

<b>CONFIDENTIAL NOTICE and RELEASE</b>				
All information provided for this registry is strictly confidential and is only available by Law Enforcement Personnel and the Burlington County Central Communications Center to query when a 'Person-At-Risk' is found wandering by police, or is reported missing by a family member.				
<b>PLEASE TYPE OR PRINT LEGIBLY</b>				
Reference Number (Official Use Only) NWS #		Date PAR Entered in Registry		Date of Application
AngelSense: YES <input type="checkbox"/> NO <input type="checkbox"/>		Frequency:	Type:	
<b>Person-At-Risk Information</b>				
Last name		First name		Middle name
Address		City		State Zip Code
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Adult or Minor Juvenile <input type="checkbox"/> Adult <input type="checkbox"/>		Date of Birth	
Home Telephone Number ( )	Place of Birth		Social Security Number	
Reason above person is At Risk: <input type="checkbox"/> Alzheimers <input type="checkbox"/> Dementia <input type="checkbox"/> Autistic <input type="checkbox"/> Other: Details:				
List any medical conditions that if unknown to Emergency Personnel would place above person at Medical Risk:				
<b>DESCRIPTIVE INFORMATION FOR PERSON-AT-RISK</b>				
<u>Complexion</u>	<u>Hair Style</u>	<u>Hair Length</u>	<u>Facial Hair</u>	<u>Speech</u>
Build:		Primary Language		Secondary Language
<b>PLEASE INCLUDE A RECENT PHOTOGRAPH OF PERSON-AT-RISK IF POSSIBLE, WHICH WILL BE INCLUDED IN DATABASE ENTRY FOR POSITIVE IDENTIFICATION PURPOSES.</b>				

List any medications that Emergency Personnel should be aware of should a missed dosage place the above person in immediate risk.				
1.	4.	7.		
2.	5.	8.		
3.	6.	9.		
Please list any vehicles commonly driven by the above person				
Vehicle Make	Vehicle Model	Vehicle color	Vehicle Tag Number	State of Tag Issue
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
Does PAR have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's License Number (If Yes)		State of Issuance

**✘ PLEASE COMPLETE INFORMATION ON OTHER SIDE ✘**

**EMERGENCY CONTACTS/PHYSICIAN INFORMATION**

<b>Name</b>	<b>Address</b>	<b>Relationship</b>	<b>Telephone Numbers</b> (H): (W): (C):
<b>Name</b>	<b>Address</b>	<b>Relationship</b>	<b>Telephone Numbers</b> (H): (W): (C):
<b>Name</b>	<b>Address</b>	<b>Relationship</b>	<b>Telephone Numbers</b> (H): (W): (C):
<b>Physician's Name and Address</b>		<b>Physician Office Telephone Number</b>	

**IDENTIFYING INFORMATION**

<b>Describe any tattoos, scars, or marks</b>	<b>Commonly worn items (clothing, glasses, hat, etc.).</b>
<b>Distinguishing Characteristics:</b> <input type="checkbox"/> Glasses <input type="checkbox"/> Left Handed <input type="checkbox"/> Amputee (explain below) <input type="checkbox"/> Partial Dentures <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Right Handed <input type="checkbox"/> Prosthesis (explain below) <input type="checkbox"/> Full Dentures	

**Other Distinguishing Characteristics:**

<b>Hair Color</b>	<b>Eye Color</b>	<b>Race</b>	<b>Height</b>	<b>Weight</b>	<b>Marital Status</b>	<b>Spouse/Parent</b>	<b>Nicknames</b>
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I hereby authorize use of this information by the Burlington County Sheriff's Office and all authorized users of the Persons-At-Risk Registry. I also understand the above information will only be shared for the purpose of this program. By signing this form, I acknowledge I have the legal authority to register this individual and agree to update the Burlington County Sheriff's Office of any changes to the information submitted on this form. I further understand that all information will not be readily available in this registry for approximately 30 days from the date this form is received. Approximately 1-year from the date this form is received, the Burlington County Sheriff's Office will contact me at the address and/or phone number supplied below, to verify all information on this form remained accurate. If the Burlington County Sheriff's Office is unable to contact me regarding the status of the Person-At-Risk, I understand that this person will be removed from the registry within approximately 30 days.

\_\_\_\_\_ (      ) \_\_\_\_\_

Printed Name of Parent/Guardian                      Address                      Home Telephone Number

Relationship to PAR \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian                      Date                      Parent/Guardian's Email Address

**Please send the application to Burlington County Sheriff's Office**  
**Attention: Community Outreach Unit**  
**49 Rancocas Road**  
**P.O. Box 6000**  
**Mount Holly, NJ 08060.**  
**Telephone Number 609-265-3788**  
**Fax Number 609-265-5923**  
**Email: csu@co.burlington.nj.us**