



Burlington County Sheriff's Department

Anthony Basantis – Sheriff

PERSONS AT RISK REGISTRATION FORM

Community Services Unit

For Information Call 609-265-3788



CONFIDENTIAL NOTICE and RELEASE

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.

PLEASE TYPE OR PRINT LEGIBLY

Reference Number (Official Use Only) NWS #		Date PAR Entered in Registry		Date of Application	
Project Lifesaver: YES <input type="checkbox"/> NO <input type="checkbox"/>		Frequency:		Type:	
Person-At-Risk Information					
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:					
DESCRIPTIVE INFORMATION FOR PERSON-AT-RISK					
<u>Complexion</u>		<u>Hair Style</u>		<u>Hair Length</u>	<u>Facial Hair</u>
<u>Speech</u>		Build:		Primary Language	Secondary Language
PLEASE INCLUDE A RECENT PHOTOGRAPH OF PERSON-AT-RISK IF POSSIBLE, WHICH WILL BE INCLUDED IN DATABASE ENTRY FOR POSITIVE IDENTIFICATION PURPOSES.					

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

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

IDENTIFYING INFORMATION

Describe any tattoos, scars, or marks	Commonly worn items (clothing, glasses, hat, etc.).
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Distinguishing Characteristics:

Glasses Left Handed Amputee (explain below) Partial Dentures
 Contact Lenses Right Handed Prosthesis (explain below) Full Dentures

Other Distinguishing Characteristics:

Hair Color	Eye Color	Race	Height	Weight	Marital Status	Spouse/Parent	Nicknames
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I hereby authorize use of this information by the Burlington County Sheriff's Department 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 Department 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 Department 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 Department 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.

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 Printed Name of Parent/Guardian Address Home Telephone Number

 Relationship to PAR

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

Please mail application to Burlington County Sheriff's Department, Community Services Unit, 49 Rancocas Road, Mount Holly, NJ 08060. Telephone Number 609-265-3788

Burlington County Sheriff's Department
 ANTHONY BASANTIS, Sheriff
 49 Rancocas Road, PO Box 6000, Mt. Holly, N.J. 08060-6000