



Burlington County Sheriff's Office
James H. Kostoplis – Sheriff
PERSONS AT RISK REGISTRATION FORM
Community Outreach 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

Person-At-Risk Information

Last Name	First Name	Middle Name	Date of Birth
Address	City	State	Zip Code

Sex
Male **Female** **Juvenile** **Adult**

Home Telephone Number: ()	Place of Birth:	Social Security Number:
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Reason above person is At Risk: **Alzheimer's** **Dementia** **Autistic** **Other:**
Details:

DESCRIPTIVE INFORMATION FOR PERSON-AT-RISK

Hair Color:	Eye Color:	Race:	Height:	Weight:	Marital Status:	Spouse/Parent:	Nickname:
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Primary Language:	Secondary Language:
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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:

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 if unknown to Emergency Personal would place above person in immediate risk.

1.	4.	7.
2.	5.	8.
3.	6.	9.

✕ 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		
PLEASE LIST ANY VEHICLES COMMONLY DRIVEN BY THE ABOVE PERSON				
Vehicle Make	Vehicle Model	Vehicle Color	Vehicle Tag Number	State of Tag Issue
1. 2.	1. 2.	1. 2.	1. 2.	1. 2.
Does the Person at Risk have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's License Number (If yes)	State of Issuance	
<p>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.</p>				
_____		_____		()
Printed Name of Parent/Guardian		Address		Home Telephone Number
Relationship to PAR _____				
_____		_____	_____	
Signature of Parent/Guardian		Date	Parent/Guardian's Email Address	
<p>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</p>				
OFFICIAL USE ONLY				
Reference Number (Official Use Only) NWS #		Date PAR Entered in Registry:		Date of Application:
AngelSense: YES <input type="checkbox"/> NO <input type="checkbox"/>		IMEI Number:		Date Placed on the Program: