



VOLUNTARY REGISTRY FORM
PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS ONLY

Resident / Homeowner Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Information to provide Emergency Services (specifically to assist in targeted calls [swatting] i.e. political position/status, affiliation with business or medical practice, online/social gaming status, etc.)? _____

INFORMATION BELOW FOR USE OF SPECIAL NEEDS, ELDERLY, OR CARE DEPENDANT PERSONS

Individual's Name: _____
 (If different than above)

Date of Birth: _____ Age: _____ Male: Female:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars or Identifying Marks: _____

Relevant Medical Condition(s): _____

Physical Disability _____

Medications: _____

Allergies: _____

Does the individual live alone? Yes No If no, who does individual live with? _____

Is the individual ambulatory? Yes No If no, please explain _____

Is the individual likely to wander off? Yes No If so, where might they go? _____

Does the individual understand verbal commands? Yes No

Does the individual have a tendency to be non-compliant or aggressive? Yes No

How does this individual respond to stress? (Example – shut down, kick/hit):

Best way to approach this individual or reduce their stress? _____

Anything else that could be helpful to First Responders? _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____

Relationship to Individual: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Secondary Contact Name: _____

Relationship to Individual: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

***Required Acknowledgement and Signature of Person Completing and Submitting this Form:**

By completing this form, I acknowledge that the information provided herein is accurate and was submitted **voluntarily** for the sole purpose of assisting Upper Merion Police and Emergency Services in more effectively responding to a potential emergency in or near my household. This information will be used at the discretion of Emergency Services and may not be disseminated in certain circumstances prior to arrival. Form submissions can be withdrawn at any time.

Authorized Signature / Relationship to Individual

Printed Name / Date

Official Use Only

Police Department Signature

Date

Completed forms may be returned to UMPD in person or by one of the options below:

Mail: Upper Merion Police Department, 175 W. Valley Forge Road, King of Prussia, PA 19406 Attn: Police Records

Fax: 610-265-2711 Attn: Police Records **E-Mail:** records@umtowsnip.org Questions: 484-636-3878