



**BEDFORD POLICE DEPARTMENT**  
55 Constitution Drive  
Bedford, NH 03110  
603-472-5113

**ALZHEIMER'S REGISTRATION FORM**

DATE COMPLETED:  
\_\_\_\_\_

Please complete the following information

**SECTION 1: PERSON BEING REGISTERED**

NAME(LAST, FIRST, MI)		DATE OF BIRTH			SOCIAL SECURITY #	
FULL ADDRESS: STREET #		APT #	TOWN/CITY	STATE	ZIP CODE	
ALTERNATE ADDRESS : STREET #		APT #	TOWN/CITY	STATE	ZIP CODE	
PHONE:				ALTERNATE PHONE:		
SEX	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	LANGUAGE SPOKEN	
RACE(circle one) ASIAN		BLACK	WHITE	HISIPANIC	INDIAN	COMPLEXION (CIRCLE ONE) FAIR MEDIUM DARK
REGULARLY WEARS (circle)		GLASSES	CONTACTS	WIG	HEARING AID	OTHER (please explain on page 2)
REGISTRANT HAS (circle)		BEARD	MUSTACHE	SCARS	MOLES	TATTOOS BIRTHMARKS OTHER (please explain on page 2)
TYPICAL CLOTHING (describe)						
OTHER MEDICAL CONDITIONS (explain)						

**SECTION 2: PHOTOS OF PERSON BEING REGISTERED**

<p><b>PLACE PHOTO HERE: SIDE VIEW</b></p>	<p><b>PLACE PHOTO HERE: FRONT VIEW</b></p>
---	--

ALZHEIMER'S REGISTRATION FORM page 2

**SECTION 3: CARE GIVER/ CONTACT INFORMATION**

**PRIMARY CONTACT PERSON**

NAME (FIRST, LAST)					RELATIONSHIP TO REGISTRANT	
FULL ADDRESS	STREET #	APT#	TOWN/CITY	STATE	ZIPCODE	
HOME PHONE		WORK PHONE			OTHER PHONE (cell, pager, etc.)	

**PLEASE LIST TWO (2) ADDITIONAL CONTACTS:**

NAME (FIRST, LAST)					RELATIONSHIP TO REGISTRANT	
FULL ADDRESS	STREET #	APT#	TOWN/CITY	STATE	ZIPCODE	
HOME PHONE		WORK PHONE			OTHER PHONE (cell, pager, etc.)	

NAME (FIRST, LAST)					RELATIONSHIP TO REGISTRANT	
FULL ADDRESS	STREET #	APT#	TOWN/CITY	STATE	ZIPCODE	
HOME PHONE		WORK PHONE			OTHER PHONE (cell, pager, etc.)	

**SECTION 4: OTHER INFORMATION**

Please detail any other information you think would be important.

---

---

---

---

---

---

---

---

---

---

**SECTION 5: RELEASE**

I, the undersigned, for myself and the registrant named above do hereby authorize the Bedford Police Department to release the aforementioned information in response to Emergency Calls(including Missing Person incidents) regarding the registrant and do further agree to indemnify and hold harmless the Bedford Police Department and persons(placed) associated with it.

\_\_\_\_\_  
Print Name of Caregiver/Responsible Party/etc.

\_\_\_\_\_  
Signature of Caregiver/Responsible Party/etc.

\_\_\_\_\_  
Date Signed