



**Burlington County Sheriff's Department**  
**Jean E. Stanfield - Sheriff**  
**PERSONS AT RISK REGISTRATION FORM**  
**Community Services Unit**  
**For Information Call 609-265-5785**



**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**

<b>Reference Number</b> <i>(Official Use Only)</i>		<b>Date PAR Entered in Registry</b>		<b>Date of Application</b>	
<b>NWS #</b>					
<b>Project Lifesaver:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Frequency:</b>		<b>Type:</b>	
<b>Person-At-Risk Information</b>					
<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Adult or Minor</b> <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult		<b>Date of Birth</b>	
<b>Home Telephone Number</b> ( ) ( ) ( )		<b>Place of Birth</b>		<b>Social Security Number</b> - - -	
<b>Reason above person is At Risk:</b> <input type="checkbox"/> <b>Alzheimers</b> <input type="checkbox"/> <b>Dementia</b> <input type="checkbox"/> <b>Autistic</b> <input type="checkbox"/> <b>Other:</b> <b>Details:</b>					
<b>List any medical conditions that if unknown to Emergency Personnel would place above person at Medical Risk:</b>					
<b>DESCRIPTIVE INFORMATION FOR PERSON-AT-RISK</b> <i>(Please Circle One)</i>					
<u>Complexion</u>	<u>Hair Style</u>	<u>Hair Length</u>	<u>Facial Hair</u>	<u>Speech</u> 1.	
<b>Build:</b>			<b>Primary Language</b>	<b>Secondary Language</b>	
<b>PLEASE INCLUDE A RECENT PHOTOGRAPH OF PERSON -AT-RISK IF POSSIBLE, WHICH WILL BE INCLUDED IN DATABASE ENTRY FOR POSITIVE IDENTIFICATION PURPOSES.</b>					

**-PLEASE COMPLETE INFORMATION ON OTHER SIDE-**

<b>List any medications that Emergency Personnel should be aware of should a missed dosage place the above person in immediate risk.</b>				
1.	4.	7.		
2.	5.	8.		
3.	6.	9.		
<b>Please list any vehicles commonly driven by the above person</b>				
<b>Vehicle Make</b>	<b>Vehicle Model</b>	<b>Vehicle Color</b>	<b>Vehicle Tag Number</b>	<b>State of Tag Issue</b>
1.				
2.				
<b>Does PAR have a driver's license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Driver's License Number (If Yes)</b>		<b>State of Issuance</b>
<b>EMERGENCY CONTACTS / PHYSICIAN INFORMATION</b>				
<b>Name</b>	<b>Address</b>	<b>Relationship</b>	<b>Telephone Numbers</b>	<b>Cell Phone Nr</b>
			(H) ( ) (W) ( )	(C) ( ) (P) ( )

Name	Address	Relationship	Telephone Nrs	Cell Phone Nr			
			(H) ( ) (W) ( )	(C) ( ) (P) ( )			
			(H) ( ) (W) ( )	(C) ( ) (P) ( )			
Physician's Name and Address			Physician Office Telephone Number				
IDENTIFYING INFORMATION							
Describe any Tattoos, Scars or Marks			List any commonly worn items (Clothing, Glasses, Hat, etc)				
<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							
<b>Other Distinguishing Characteristics:</b>							
Hair Color	Eye Color	Race	Height	Weight	Marital Status	Spouse/Parent	Nicknames
<p>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.</p>							
Printed Name of Parent / Guardian		Address			( ) Home Telephone Number		
Relationship to PAR _____							
Signature of Parent / Guardian		Date		Parent/Guardian's E-Mail Address			
<b>Please mail application to Burlington County Sheriff's Department, Community Services Unit, 49 Rancocas Road, Room 223, Mount Holly, NJ 08060. Telephone Number 609-265-5785</b>							

**Burlington County Sheriff's Department  
JEAN E. STANFIELD, Sheriff**

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