



Alzheimer's/Autism Information Registration

Kearny Police Department
Community Policing Unit
237 Laurel Avenue
Kearny, NJ 07032
(201)998-1313 x 2825

(attach current photo here)

Subject Name _____

Address _____

Phone # _____

D.O.B. _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Glasses Y/N _____

Tattoos Y/N _____ Scars or Marks _____ Hearing Aid Y/N _____

Primary Spoken Language _____ Physical Disabilities (be specific) _____

Habits or Former "Hangouts" _____

Former Address' _____

Former Place and Address of Employment _____

Contact #1 - Name _____ Contact #2 - Name _____

Address _____ Address _____

Phone _____ Phone _____

Doctor Name and Location _____

Special Medical Requirements _____

Additional Notes _____

