

Charlton Police Department - Emergency Information Form

Full Name _____

Current Address _____

***** Please provide recent, close up, front view photograph (jpeg format) *****

*** Drop off or email this form and photo to CharltonPolice@townofcharlton.net ***

Date of Birth _____ Social Security Number (Optional) _____

Cell Number & Provider _____

Spoken Language _____ Able to communicate? Yes No

Race _____ Sex _____ Height _____ Weight _____

Eye Color _____ Hair Color _____ Facial Hair _____ Balding _____

Scars _____

Birthmarks _____

Tattoos _____

Any anomalies (Missing Body Parts, Dentures, Unusual Features) _____

Medical History (Diabetic, Seizures, Alzheimers, Autism, etc...) _____

History/Habits that may help locate the individual _____

Critical needs, concerns, risk factors (i.e. Medications, Behavioral Issues, etc...) _____

Use back side for any additional information.

Family Contact Information

1. Name _____ **Relationship** _____

Address _____

Phone Number _____ Can you accept texts? _____

2. Name _____ **Relationship** _____

Address _____

Phone Number _____ Can you accept texts? _____

Police Department Use Only

Entered into IMC on _____ By _____ Photo Uploaded