

**CHATHAM POLICE DEPARTMENTS**  
**Voluntary Registry for Residents with Special Needs**  
**Phone: Township - 973-377-0100, Borough - 973-635-8000**

The information provided is for the sole purpose of assisting the Police and/or Fire Departments during an emergency. This information will be maintained on a strictly confidential basis and will not be released or disseminated without the express written consent of the person or parent/guardian of the person identified on this form. To the extent that any subpoena or Court Order is entered requiring the release of this information, the person affected shall be notified at the address set forth in this form.

**I. Specific Special Need**

\_\_\_\_\_

**II. General Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**III. Emergency Contacts**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Name of Non-Household Member:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**IV. History of Violence**

\_\_\_\_\_

**V. Medications**

\_\_\_\_\_

**VI. Transportation Needed? Y / N**                      **Wheelchair Required? Y / N**

**VII. Comments:** \_\_\_\_\_

\_\_\_\_\_

Information provided by: \_\_\_\_\_ Date \_\_\_\_\_