

**Fair Lawn Police Department
Community Policing and Traffic Unit
(201)-794-5365**

Mental/ Neurological Disability Registration Form

Section 1. Person Being Registered

Name (Last, First, MI)						
Full Address # Street		Apt#	Town/City		Zip	
Alternate Address # Street		Apt#	Town/City		Zip	
Home Phone #			Date of Birth			
Sex	Height	Weight	Eye Color	Hair Color	Language Spoken	
Race (circle one)		ASIAN	BLACK	WHITE	HISPANIC	NATIVE AMERICAN OTHER
Complexion (circle one)		FAIR	MEDIUM	DARK		
Regularly wears (circle)		GLASSES	CONTACTS	WIG	HEARING AID	
Registrant Has (circle)		BEARD	MUSTACHE	SCARS	MOLES	TATTOOS BIRTHMARKS
Other Medical Conditions/ Clubs/ Organizations/ Religious Institutions Affiliated with (use extra sheet of paper if necessary)						

Section 2 : Photos of Person Being Registered – Place two photos in space below

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Primary Contact Person

Name (First, Last)				
Relationship to Registrant				
Full Address	# Street	Apt #	Town/City	Zip
Home Phone		Work Phone	Cell Phone/Pager	

Please List Two Additional Contacts:

Name (First, Last)				
Relationship to Registrant				
Full Address	# Street	Apt#	Town/City	Zip
Home Phone		Work Phone	Cell Phone/Pager	

Name (First, Last)				
Relationship to Registrant				
Full Address	# Street	Apt#	Town/ City	Zip
Home Phone		Work Phone	Cell Phone/Pager	

Please add any other information that you think would be important on an additional sheet.

I the undersigned, for myself and the registrant named above do hereby authorize the Fair Lawn Police Department to release the aforementioned information in response to any incident regarding the registrant and do further agree to indemnify and hold harmless the Fair Lawn Police Department and any person or agency associated with it.

Print Name of Caregiver: _____

Signature of Caregiver: _____

Date: _____