

# TOWNSHIP OF VERONA EMERGENCY CONTACT REGISTRATION FORM

<b>NAME:</b>	
<b>ADDRESS:</b>	<b>APT #:</b>
<b>PHONE:</b>	<b>Date Of Birth:</b>
<b>DOCTOR:</b>	
<b>PREFERED HOSPITAL:</b>	
<b>PERSONS TO CONTACT IN CASE OF EMERGENCY</b>	
<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>ADDRESS:</b>	
<b>HOME PHONE:</b>	
<b>WORK PHONE:</b>	
<b>CELL PHONE:</b>	
<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>ADDRESS:</b>	
<b>HOME PHONE:</b>	
<b>WORK PHONE:</b>	
<b>CELL PHONE:</b>	
<b>NAME:</b>	<b>RELATIONSHIP:</b>
<b>ADDRESS:</b>	
<b>HOME PHONE:</b>	
<b>WORK PHONE:</b>	
<b>CELL PHONE:</b>	
<b>CIRCLE ANY DISABLITIES YOU MAY HAVE</b>	
<b>WHEELCHAIR BOUND</b>	<b>BEDBOUND</b>
<b>WALKER</b>	<b>CANE</b>
<b>OXYGEN DEPENDANT</b>	
<b>HEARING IMPAIRED</b>	<b>DEAF</b>
<b>VISUALLY IMPAIRED</b>	<b>BLIND</b>
<b>DEMENTIA</b>	<b>ALZHEIMERS</b>
<b>OTHER: (Please be Specific)</b>	
<b>Do you have Lifeline or other Emergency Alerting Device YES NO</b>	
<b>Do you live alone? YES NO</b>	
<b>Have you or a family member signed up for Nixle Alerts YES NO</b>	
<b>FORM COMPLETED BY:</b>	<b>DATE:</b>

Return completed form to  
Verona Police Department, 600 Bloomfield Avenue, Verona NJ 07044  
or  
Verona Health Department, 880 Bloomfield Ave, Verona NJ 07044