

TOWNSHIP OF VERONA EMERGENCY CONTACT REGISTRATION FORM

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

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