



Operation Blue Angel Application

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Home Address: _____

City: _____ **State:** _____ **Home Phone:** _____

Other Phone #: _____ **Date of Birth:** _____

REASON FOR APPLICATION:

I am 55 years of age or older and live alone or am alone on a frequent basis.

I have a medical condition that is potentially incapacitating and live alone, or I am alone on a frequent basis.

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____ **Phone Number:** _____

EMERGENCY CONTACT INFORMATION:

Name:	Name:
Relationship:	Relationship:
Home Address:	Home Address:
Home Number:	Home Number:
Cell Number:	Cell Number:

Living Will Information:

Do you have a living will or Do Not Resuscitate (DNR) Form? Yes No

If yes, where is it located? _____

PET INFORMATION:

Dog(s) Yes No If Yes how many and what breeds? _____

Cats(s) Yes No If yes, how many? _____

Location: (INTERNAL USE ONLY)		

Shackle Code:	Key Door Code:	Entered in QED:
_____	_____	_____

Please return applications to:

Readington Twp. Police Department
507 County Rt 523
Whitehouse Station, NJ 08889