



ST. PETERS POLICE DEPARTMENT

Special Needs Locator Program
Personal Identification Information Form

Alzheimer's Dementia

Cerebral Palsy

Autism

Huntington Disease Dementia

Geriatrics Dementia

Thank you for taking the time to fill out this personal identification information form concerning yourself or a family member. The information that you provide will help assist the police department with identification and notification in the event the listed person becomes disoriented and needs immediate assistance.

The information provided herein will be kept **strictly confidential** and will only be used for identification purposes.

We would ask that you supply us with a current photograph, or opt to have a photograph taken at the Police Department or at your place of residence. Should you have any questions concerning the Special Needs Locator Program, please contact the police department's Community Services Division at (636) 278-2244 Ext. 3560.

Name:

Date of Birth:

Height: Weight:

Build: Thin/Medium/Heavy Set

Hair Color:

Eye Color:

Skin Tone:

Home Address:

Home Phone:

Emergency Contact Name:

Emergency Contact Name:

Relationship:

Relationship:

Emergency Contact 1 Home Phone:

Emergency Contact 2 Home Phone:

Cell Phone:

Cell Phone:

Work Phone:

Work Phone:

Home Address:

Home Address:

E-mail Address:

E-mail Address: