



DENNIS POLICE DEPARTMENT

Peter DiMatteo
Chief of Police

90 Bob Crowell Road
South Dennis, MA 02660
Telephone #: 508-394-1315
Dispatch Fax: 508-394-5750

Return form to: Victim Services Unit, Dennis Police Department
Any questions please call 774-352-1507 or 774-352-1472

Alzheimer's/Endangered Persons Registration

Resident Information

Name: _____

Address: _____

Home Phone _____ Cell Phone _____

Other Known Address (if applicable) _____

Former Employment Address _____

SS# _____ Date of Birth _____

Relevant Medical Condition: Non-Verbal / Deaf / Blind / Diabetic (check all that apply)

Diagnosis _____

Primary Care Physician _____ Phone # _____

Caretaker's Name _____

Address _____

Home Phone _____ Cell Phone _____

Emergency Contacts:

Name _____ Phone _____

Cell Phone # _____

Name _____ Phone _____

Cell Phone # _____

Does he/she currently drive (or have access to a vehicle)? ____ Yes ____ No

If yes, please complete: Vehicle Information: Year ____ Make _____ Model _____

Registration # _____ State _____

Information Specific to the Individual

Favorite Attractions or Locations: _____

Individuals favorite objects, music, discussion topics, likes or dislikes: _____

Method of preferred communications, verbal or non-verbal (preferred words, sounds, songs, phrases that they may respond to:

Any other identifying information (jewelry, tags, ID card, medical alert bracelet, Lojac Safety Net or similar devices: _____

Signature of Person filling out this form and relationship to person named on this form:

Signature

Relationship

Date

Please attach current photo of individual being registered