



**Camp Hill Police  
Alzheimer/Dementia Registry**



						Name:				Date of Birth/Age:			
						Address:					City/State/Zip:		
						Emergency Contacts:							
Date Photo Taken:													
Sex:	Race:	Skin Tone:	Height:	Weight:	Eye Color:	Hair Color:	Hair Style:	Scars/Marks/Tattoos:					
Driver's License Number:				Driver's License State:				Social Security #:					
<b>Vehicles (List All):</b>													
Make/Model:				Year:		Color:		License Plate #:					
Make/Model:				Year:		Color:		License Plate #:					
Medical Concerns (To be released if relevant/necessary):													

**\*\* Note: All information in RED will be released to the media if a disappearance should occur,  
as this information may help ensure a safe return\*\***