

Special Circumstances Identification Information Sheet

First Name	Last Name
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Address

DOB	Height	Weight
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Hair Color	Eye Color
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Telephone Number

Place Photo Here
Or email dispatch@seekonkpd.com

Spouse's Name	Cell Number
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Second Contact

Relationship	Cell Number
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Hospital Preference

Primary Caretaker	Primary Telephone	Alternate Telephone
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Alternate Caretaker	Primary Telephone	Alternate Telephone
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Favorite locations in town

Additional information

I, _____, understand the information contained on this form will be retained by Seekonk Public Safety Communications. The information in this form is confidential and is only to be used by public safety personnel for the purpose of identification and the assistance with an adult who has special circumstances. This information may be shared with emergency responders during an incident or encounter with the individual(s) listed.