

# Alzheimer's Identification Information Sheet

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First Name	Last Name
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Address
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DOB	Height	Weight
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Hair Color	Eye Color
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Telephone Number
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Place Photo Here  
Or email [dispatch@seekonkpd.com](mailto:dispatch@seekonkpd.com)

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Spouse's Name	Cell Number
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Second Contact
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Relationship	Cell Number
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Hospital Preference
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Primary Caretaker	Primary Telephone	Alternate Telephone
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Alternate Caretaker	Primary Telephone	Alternate Telephone
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Favorite locations in town
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Additional information
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I, \_\_\_\_\_, give my permission to the Seekonk Public Safety Communications Department to retain this information and be kept on file for the purpose of identification and the assistance relative to Alzheimer's identification.