

# Blue Envelope Registration

NOTICE: By submitting this form you affirm under oath that you are legally responsible for the person named below for whom you have provided information and that you consent to have this information shared among law enforcement personnel for enrollment in the Special-Needs Registry. Please keep a copy of this form for your records.

Please contact us annually to update the picture; if any information changes.

## Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Primary Language \_\_\_\_\_ Build \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Wears Glasses? Yes / No

Social Security Number \_\_\_\_\_ Driver's License / ID Number \_\_\_\_\_ State \_\_\_\_\_

Other Personal Characteristics (Tattoos, Piercings, Scars, Marks, etc.)  
\_\_\_\_\_

## Disability Information

Disability \_\_\_\_\_

Method of Communication:

Verbal \_\_\_ Non-Verbal \_\_\_ Sign Language \_\_\_ Written \_\_\_ Speech Assistance Device \_\_\_

Comment re: communication  
\_\_\_\_\_

## Vehicle Information

Type of Vehicle \_\_\_\_\_ License Plate \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact Information - Primary

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Contact phone number \_\_\_\_\_ Email address \_\_\_\_\_

Relationship to respondent \_\_\_\_\_

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## Emergency Contact Information - Alternate

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Contact phone number \_\_\_\_\_ Email address \_\_\_\_\_

Relationship to respondent \_\_\_\_\_

## Other Information for First Responders

Describe any of the registrant's life-threatening concerns (food or medical allergies / seizures / medications / etc.)

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If the registrant uses an Epi-pen, please provide location where it is stored

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Are there any triggers which affect the registrant? (loud noises / bright lights / etc.)

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Are there any calming methods used for the registrant?

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Does the registrant frequent or gravitate to any locations in particular? (water / playground / old house / etc.)

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Please add any additional information you may think will be helpful for first responders to know regarding the registrant

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