



**FAIRFIELD POLICE DEPARTMENT**  
**SafeReturn Network Registration**  
 100 Reef Road, Fairfield, CT 06824  
 (203) 254-4800

Complete the form below and return to the above address

<u>OFFICE USE ONLY</u>	
Received On: _____	By: _____
Entered on: _____	By: _____

**Registrant Information**

First Name	<input type="text"/>	MI	<input type="text"/>	Last Name	<input type="text"/>
Street Address:	<input type="text"/>				
City	<input type="text"/>	State	<input type="text" value="CT"/>	Zip Code	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>	Email Address:	<input type="text"/>
Facebook Username:	<input type="text"/>	Twitter Username:	<input type="text"/>	Instagram Username:	<input type="text"/>
Other Social Media:	<input type="text"/>				
Date of Birth	<input type="text"/>	Gender	<input type="text"/>	Height	<input type="text"/>
Weight	<input type="text"/>	Race	<input type="text"/>		
Hair Color	<input type="text"/>	Eye Color	<input type="text"/>	Complexion	<input type="text"/>
Build	<input type="text"/>				

**Emergency / Primary Contact**

First Name	<input type="text"/>	MI	<input type="text"/>	Last Name	<input type="text"/>
Street Address:	<input type="text"/>				
City	<input type="text"/>	State	<input type="text" value="CT"/>	Zip Code	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>	Email Address:	<input type="text"/>
Relationship to Registrant:	<input type="text"/>				

**General Information**

Impairment or Disability:	<input type="text"/>
Verbal Ability	<input type="text"/>
Medical Conditions	<input type="text"/>
Medications	<input type="text"/>

Safety Concerns

[Empty text box for Safety Concerns]

Physical Characteristics: *Including facial hair, scars, tattoos, piercings, birthmarks, etc.*

[Empty text box for Physical Characteristics]

Hobbies

[Empty text box for Hobbies]

Fascinations

[Empty text box for Fascinations]

Frequent Locations

[Empty text box for Frequent Locations]

Other: *Any other information you believe is important. You may also include additional emergency contacts or information on the registrant's primary language if other than English.*

[Empty text box for Other information]

**Photographs**

Front Profile

**Attach or Upload Photo**

*Click here to upload if completing electronically*

Side Profile

**Attach or Upload Photo**

*Click here to upload if completing electronically*

**Release**

I, the undersigned, for myself and the registrant named above, do hereby authorize the Fairfield Police Department to input the above listed information into the SafeReturn Network database which is intended to assist emergency personnel with individuals prone to "wandering". I further authorize the Fairfield Police Department to release this information in response to Emergency Calls, including missing person incidents, involving the registrant and do further agree to indemnify and hold harmless the Fairfield Police Department and persons associated with it.

[Empty text box for Printed Name]

Printed Name

[Empty text box for Signature]

Signature

[Empty text box for Date]

Date

[Empty text box for Relationship to Registrant]

Relationship to Registrant

*Are you the Registrant's Legal Guardian?:*

Yes  No

*Do you hold Power of Attorney?:*

Yes  No