



## Operation Blue Angel Application

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Other Phone #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**REASON FOR APPLICATION:**

I am 55 years of age or older and live alone or am alone on a frequent basis.

I have a medical condition that is potentially incapacitating and live alone, or I am alone on a frequent basis.

**DESCRIBE YOUR MEDICAL CONDITION:**

**Doctor's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name:	Name:
Relationship:	Relationship:
Home Address:	Home Address:
Home Number:	Home Number:
Cell Number:	Cell Number:

**Living Will Information:**

Do you have a living will or Do Not Resuscitate (DNR) Form?    Yes    No

If yes, where is it located? \_\_\_\_\_

**PET INFORMATION:**

Dog(s)            Yes            No    If Yes how many and what breeds? \_\_\_\_\_

Cats(s)            Yes            No    If yes, how many? \_\_\_\_\_

Location: (INTERNAL USE ONLY)		
_____		
_____		
Shackle Code:	Key Door Code:	Entered in QED:
_____	_____	_____

Please return applications to:

**Readington Twp. Police Department**  
**507 County Rt 523**  
**Whitehouse Station, NJ 08889**