

**WOODBIDGE POLICE DEPARTMENT
SAFE AND SOUND PROGRAM**

WPD #: _____

Today's date: _____

REGISTRANT INFORMATION

Last name: _____ First name: _____ Middle initial: _____

Street address: _____ Apt. # _____

City: _____ State: _____ Zip code: _____ Phone #: _____

Social security #: _____ Date of birth: _____

Sex: ____ Height: _____ Weight: _____ Glasses: Yes ____ No ____ Aides: _____

Complexion: (circle one)

Albino

Black

Dark

Fair

Freckled

Jaundiced

Light

Medium

Olive

Pale

Race: (circle one)

American Indian/Alaskan

Asian/Pacific Islander

Black

Hispanic

Blonde/Strawberry/

Mid-Eastern

Unknown

White

Hair:(circle one)

Bald

Brown

Black

Gray/Partly Gray

Red/ Auburn

Sandy

Unknown

White

Eyes: (circle one)
one)

Black

Blue

Brown

Gray

Green

Hazel

Maroon

Multi-colored

Pink

Unknown

Facial: (circle one)

Beard

Goatee

Mustache

Sideburns

Language: (circle

Chinese

English

Filipino

French

Hindu

Italian

Polish

Russian

Spanish

**WOODBIDGE POLICE DEPARTMENT
SAFE AND SOUND PROGRAM**

Scars/Tattoos:

Medical Information:

Comments (likes, dislikes, etc.):

APPROX. DATE OF PHOTO: _____

Photo # _____

**WOODBRIIDGE POLICE DEPARTMENT
SAFE AND SOUND PROGRAM**

PRIMARY CONTACT INFORMATION

Relation to registrant: _____

Last name: _____ First name: _____

Address:

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____

Cell phone #: _____ Pager #: _____

Relation to registrant: _____

Last name: _____ First name: _____

Address:

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____

Cell phone #: _____ Pager #: _____

Relation to registrant: _____

Last name: _____ First name: _____

Address:

City: _____ State: _____ Zip: _____

Home phone #: _____ Work phone #: _____

Cell phone #: _____ Pager #: _____

**WOODBRIIDGE POLICE DEPARTMENT
SAFE AND SOUND RELEASE**

I, the undersigned, for myself and on behalf of the above named registrant, and on behalf of his/her successors, heirs and assigns, do hereby authorize the Township of Woodbridge Police Department and its Safe & Sound Program (collectively, "Woodbridge Police Department") to release the above information in response to emergency calls regarding the safety, health, welfare and/or whereabouts of the above named registrant and do further agree to release, indemnify and hold harmless the Woodbridge Police Department, its Safe & Sound Program, and their respective employees, agents, officers, officials, contractors and representatives, and the Township of Woodbridge and its employees, agents, officers, officials, contractors and representatives, from any and all claims which, in any way, arise out of, or are based upon, related to, or connected with participation in the Safe & Sound Program and the release of the above information.

Furthermore, I hereby represent and warrant to the Woodbridge Police Department that I have full power and authority as the duly authorized representative of the above named registrant to register and act on his/her behalf.

Contact Signature
(Signature/Consent required for registration)

Date

 **Please Return This Form to:**
Community Affairs
Woodbridge Police Department
1 Main Street, Woodbridge, NJ 07095
732-726-2318
