

Alzheimer's Identification Information Sheet

First Name

Last Name

Address

DOB

Height

Weight

Hair Color

Eye Color

Telephone Number

Spouse's Name

Cell Number

Second Contact

Relationship

Cell Number

Hospital Preference

Primary Caretaker

Primary Telephone

Alternate Telephone

Alternate Caretaker

Primary Telephone

Alternate Telephone

Favorite locations in town

Additional information

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.