



WYLIE POLICE DEPARTMENT

SPECIAL NEEDS REGISTRATION FORM



When people become disoriented and/or lost, they sometimes have difficulty remembering very basic personal information. Identification then comes down to descriptive information. Please complete as much information as possible.

PERSON TO BE REGISTERED

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY #
ADDRESS	STREET	APT #	CITY ZIP
ADDRESS 2	STREET	APT #	CITY ZIP
PHONE 1	PHONE 2	PHONE 3	PHONE 4
RACE (circle one)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN
HISPANIC	WHITE	OTHER (describe):	
SEX (M / F)	COMPLEXION (circle one)		
	FAIR	LIGHT	MEDIUM DARK
HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
DRIVER'S LICENSE / ID #		STATE	
SCARS / MARKS / TATTOOS / BIRTHMARKS (list and describe all that apply)			
ACCESSORIES (GLASSES, HEARING AIDS, MEDICAL BRACELETS) (list and describe all that apply)			
MILITARY BRANCH	ID #	BIRTH CITY	BIRTH STATE
EDUCATION LEVEL		SCHOOL(S)	

EMERGENCY CONTACT INFORMATION

NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO REGISTERED PERSON	
ADDRESS	STREET	APT #	CITY	ZIP
ADDRESS 2	STREET	APT #	CITY	ZIP
PHONE 1	PHONE 2	PHONE 3	PHONE 4	
RACE (circle one)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	
HISPANIC	WHITE	OTHER (describe):		
SEX (M / F)	DATE OF BIRTH	DRIVER'S LICENSE / ID #	STATE	

EMERGENCY CONTACT INFORMATION

NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO REGISTERED PERSON	
ADDRESS	STREET	APT #	CITY	ZIP
ADDRESS 2	STREET	APT #	CITY	ZIP
PHONE 1	PHONE 2	PHONE 3	PHONE 4	
RACE (circle one)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	
HISPANIC	WHITE	OTHER (describe):		
SEX (M / F)	DATE OF BIRTH	DRIVER'S LICENSE / ID #	STATE	

EMERGENCY CONTACT INFORMATION

NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO REGISTERED PERSON	
ADDRESS	STREET	APT #	CITY	ZIP
ADDRESS 2	STREET	APT #	CITY	ZIP
PHONE 1	PHONE 2	PHONE 3	PHONE 4	
RACE (circle one)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	
HISPANIC	WHITE	OTHER (describe):		
SEX (M / F)	DATE OF BIRTH	DRIVER'S LICENSE / ID #		STATE

EMERGENCY CONTACT INFORMATION

NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO REGISTERED PERSON	
ADDRESS	STREET	APT #	CITY	ZIP
ADDRESS 2	STREET	APT #	CITY	ZIP
PHONE 1	PHONE 2	PHONE 3	PHONE 4	
RACE (circle one)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN	
HISPANIC	WHITE	OTHER (describe):		
SEX (M / F)	DATE OF BIRTH	DRIVER'S LICENSE / ID #		STATE

RELEASE

I, the undersigned, for myself and the above named registered person, do hereby authorize the Wylie Police Department to release the above information in response to emergency calls, including missing person incidents, regarding the registered person and do further agree to indemnify and hold harmless the Wylie Police Department and its employees from any and all claims (other than willful misconduct) arising out of participation in the Special Needs Registration Program or the release of the above information. Furthermore, I hereby represent and warrant to the Wylie Police Department that I have full power and authority, as the duly authorized representative of the registered person named above, to enroll and act on his or her behalf.

(PRINT) NAME OF REPRESENTATIVE

SIGNATURE OF REPRESENTATIVE