



# WANDERING PERSONS REGISTRY

Last Name: _____	First Name: _____			
Middle Name: _____	Name Used: _____			
Current Address (Street/Apt.#/P.O. Box, R.R. No.) _____				
_____	City/Town: _____	Province: _____	Postal Code: _____	
Previous Home Address 1: _____		City/Town: _____	Province: _____	Postal Code: _____
Previous Home Address 2: _____		City/Town: _____	Province: _____	Postal Code: _____

Date of Birth: _____	Sex: _____	Height: _____	Weight: _____	Eye Colour: _____
Hair Colour: _____	Skin Colour: _____	Complexion: _____		
Languages Spoken: _____	Assisting Devices: _____ <i>glasses, dentures, walking aids, hearing aids, etc.</i>			
<input type="checkbox"/> ID Bracelet #: _____	Other ID: _____			
Other useful information ( <i>Distinctive features, behaviours, allergies, health concerns, lives alone, has access to car</i> ):  				

Previous Wandering History:  None  Repeat  Habitual

Places person might go wandering (*ie. previous place of employment*):

<b>Caregiver to be contacted:</b>			
Name: _____	Address: _____		
Relationship: _____	Phone 1: _____	Phone 2: _____	

*Pursuant to the Freedom of Information and Protection of Individual Privacy Act, you are hereby notified that personal information is being collected for the sole purpose of Hanover Police Service, in identifying, rendering assistance and reuniting lost or wandering persons with their caregiver. By signing, you acknowledge having read the above, and authorize the police to release whatever information deemed necessary to assist in the location of the registrant.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address/Tel.

\_\_\_\_\_  
Relationship