



MOUNT AIRY POLICE DEPARTMENT

Voluntary Alzheimer/Dementia / Autism Registry

<p>(PHOTO)</p> <p>Date Photo Taken:</p>	Name:						Date of Birth/Age:	
	Address:				City/State/Zip:			
	Emergency Contacts:							
Sex:	Race:	Skin Tone:	Height:	Weight:	Eye color:	Hair color:	Hair Style:	Scars/Marks/Tattoos:
Driver's License Number:				Driver's License State:		Social Security Number:		
Vehicles (List all):								
Make/Model:			Year:			Color:		License Plate #:
Make/Model:			Year:			Color:		License Plate #:
Medical Concerns (To be released if relevant/necessary):								

****Note: All information in RED will be released to the media if a disappearance should occur, as this information may help ensure a safe return****

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Alzheimer's Emergency Contact Form
Mount Airy Police Department

Places he/she might go to (example: frequent or familiar places, church, stores, etc.)

People he/she might go to visit or turn to

Other names he/she may go by

Vehicles he/she might have access to

Has he/she ever had this type of behavior before and if Yes, when

Any further information that you feel might be pertinent if he/she is lost or missing

Some helpful tips:

10 Signs of Alzheimer's

1. Memory loss that disrupts daily life.
2. Trouble planning or solving problems.
3. Difficulty completing familiar tasks.
4. Confusion with time or place.
5. Trouble with images and distance.
6. New problems with speaking or writing.
7. Inability to retrace steps.
8. Decreased or poor judgement.
9. Social withdrawal.
10. Changes in mood and personality.

There are various options that are available to track physical locations such as wristbands, cell phones, pocket finders and many more to keep your loved one safe.

Thank you for submitting your information. If any information changes or needs updated, please contact us at 301-829-1424 or you may email police@mountairymd.org.