

Manville Police Department

2 North Main Street
Manville, NJ 08835



908-725-1900
Fax 908-725-7677

Operation Blue Angel Application

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ Home Phone: _____

Other Phone: _____

REASON FOR APPLICATION:

_____ I am 55 years of age or older and live alone or am alone on a frequent basis.

_____ I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Address: _____	Home Address: _____
Home Number: _____	Home Number: _____
Cell Number: _____	Cell Number: _____

PET INFORMATION:

Dog(s) Yes No If Yes, how many and what breeds? _____
Cat(s) Yes No If Yes, how many? _____

LIVING WILL INFORMATION:

Do you have a living will or Do Not Resuscitate (DNR) Form? Yes No
If yes, where is it located? _____

LOCATION: (INTERNAL USE ONLY)

Schackle Code: _____

EACH RESIDENT (over the age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.

Signature of Program Participants:

Program Participant (Please Print)

Program Participant (Please Print)

Program Participant (Please Print)

Program Participant (Please Print)

Date: _____

NOTARY PUBLIC:

SWORN AND SUBSCRIBED BEFORE ME:

THIS _____ DAY OF _____, 20__

Signature Notary Public

Print Notary Public

MY COMMISSION EXPIRES: _____

Internal Use Only

Entered into CAD Date _____ Signature/ID _____