

**TOWNSHIP OF VERONA**  
**EMERGENCY CONTACT REGISTRATION FORM**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_  
PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

**DOCTOR / HOSPITAL INFORMATION**

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PREFERED HOSPITAL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
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**EMERGENCY CONTACT INFORMATION**

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ADDRESS: \_\_\_\_\_  
PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_

**OTHER INFORMATION**

___ WHEELCHAIR BOUND	___ BEDBOUND	___ WALKER CANE
___ OXYGEN DEPENDANT	___ HEARING IMPAIRED	___ DEAF
___ VISUALLY IMPAIRED	___ BLIND	___ DEMENTIA
___ ALZHEIMERS	___ OTHER: (Please be Specific)	

Do you have Lifeline or other Emergency Alerting Device: \_\_\_ YES \_\_\_ NO

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Return completed form to  
Verona Health Department 880 Bloomfield Avenue, or  
Verona Police Department 600 Bloomfield Avenue.