



**Town of Marion**  
**Police Department**

Lincoln W. Miller  
Chief of Police

**Reassurance Program**

Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Description: Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_

Date of Birth \_\_\_\_\_ Health \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle Make and Model \_\_\_\_\_ Reg. \_\_\_\_\_ Color \_\_\_\_\_

Own or Rent Home \_\_\_\_\_ Landlord Name and Phone \_\_\_\_\_

Spare Key Available \_\_\_\_\_ Location of Key \_\_\_\_\_

Religion \_\_\_\_\_ Clergyman \_\_\_\_\_

Pets \_\_\_\_\_

In case of an emergency notify: (Name, address, phone, relationship)

1. \_\_\_\_\_

2. \_\_\_\_\_

Legal next of kin (Name, address, phone, relationship)

1. \_\_\_\_\_

2. \_\_\_\_\_

Misc. Notes \_\_\_\_\_

Rev. 05/05/16 jbg