



BRIDGEWATER TOWNSHIP POLICE DEPARTMENT

Operation Blue Angel Application

Last Name: _____ First Name: _____ Middle Initial _____

Home Address: _____

City: _____ State: _____ Home Phone: _____

Other Phone #: _____ Date of Birth: _____

REASON FOR APPLICATION:

I am 65 years of age or older and live alone or may be alone for extended periods of time on a regular basis, and have a medical condition that could lead to incapacitation, or a person with medical conditions that could lead to incapacitation and live alone or are alone for extended periods of time on a regular 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: _____

LIVINGWILL INFORMATION:

Do you have a living will or Do Not Resuscitate (DNR) Form? Yes No

If yes, where is it located? _____

PET INFORMATION:

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

Cat(s) Yes No If Yes how many? _____

Location: (INTERNAL USE ONLY)		
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Shackle Code:	Key Door Code:	Entered in QED:
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Please return completed applications to:

Bridgewater Police Department
100 Commons Way
Bridgewater, NJ 08807