

F.I.N.D.S. Registration Form
Plumstead Township Police Department

5186 Stump Road, PO Box 283
 Plumsteadville, PA 18949
 Office: 215-766-8741 Fax 215-766-8509

Date Form Completed _____

SECTION 1: PERSON BEING REGISTERED

Name (Last, First, MI)			Date of Birth:		
Full Address: Street		Apt #	Town/City	Zip	
Alternative Address: Street		Apt #	Town/City	Zip	
Phone:			Alternate Phone:		
Sex	Height	Weight	Eye Color	Hair Color	Language Spoken
Race (circle one) Asian Black White Hispanic Indian Other					
Complexion (circle one) Fair Medium Dark					
Regularly Wears (circle): Glasses Contacts Wig Hearing Aid Other: (explain on page 2)					
Registrant Has (circle): Beard Mustache Scars Moles Tattoos Birthmarks Other: (explain on pg 2)					
Typical clothing (Describe, if additional space needed use page 2)					
Other Medical Conditions (explain, if additional space needed use page 2)					

SECTION 2: PHOTOS OF PERSON BEING REGISTERED

Front View	Side View
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F.I.N.D.S. Registration Form (page 2)

SECTION 3: PRIMARY CONTACT PERSON

Name (Last, First, MI)		Relationship to Registrant:	
Full Address: Street	Apt #	Town/City	Zip
Home Phone:	Work Phone:	Cell:	

Please list two (2) additional contacts:

Name (Last, First, MI)		Relationship to Registrant:	
Full Address: Street	Apt #	Town/City	Zip
Home Phone:	Work Phone:	Cell:	

Name (Last, First, MI)		Relationship to Registrant:	
Full Address: Street	Apt #	Town/City	Zip
Home Phone:	Work Phone:	Cell:	

SECTION 4: Other Information (Detail any information you think would be helpful)

SECTION 5: RELEASE

I, the undersigned, for myself and the registrant named above do hereby authorize the Plumstead Township Police Department to release the aforementioned information in response to Emergency Calls (includes Missing Persons incidents) regarding the registrant and do further agree to indemnify and hold harmless the Plumstead Township Police Department and persons (placed) associated with it.

Print Name of Caregiver/Responsible Party

Signature of Caregiver/Responsible Party