



**CANAL FULTON POLICE DEPARTMENT**  
 1165 LOCUST STREET, CANAL FULTON, OHIO 44614  
 Voice: 330-854-2926 Fax: 330-854-0618



## Vulnerable Persons Registry:

Date: \_\_\_\_\_

NAME commonly used: \_\_\_\_\_

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Person Address: \_\_\_\_\_  
 \_\_\_\_\_



Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**HEALTH ISSUE:** Alzheimer's  Dementia  Autism  Other

If "other" please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Wandering behaviors or habits (directions of travel): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Favorite attractions or locations where person may be found, if missing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Likes/Dislikes (include approach, touch and de-escalation techniques): \_\_\_\_\_

\_\_\_\_\_

Identification worn (jewelry, medic alert, clothing tags, ID card, tracking monitor): \_\_\_\_\_

\_\_\_\_\_

Method of communication, if non-verbal (sign language, pictures, written word): \_\_\_\_\_

\_\_\_\_\_

Any further information that may be pertinent if contact is made with this person (if adding to a specific questions, please indicate which question you are providing further information for):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below I, \_\_\_\_\_, give permission to the Canal Fulton Police Department to release any and all pertinent information related to the care or well being of \_\_\_\_\_ to any other agencies such as, but not limited to, the Canal Fulton Fire Department and Emergency Medical Services.

\_\_\_\_\_  
SIGNATURE (PARENT/GUARDIAN/SPOUSE)

Date: \_\_\_\_\_

**Mail or drop of completed form to:**

Canal Fulton Police Department  
1165 S. Locust Street  
Canal Fulton, OH 44614