



Warren Township Police Department

Serving the community since 1972



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 55 years of age or older and live alone or am alone on a frequent basis.
- I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent 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: _____

LIVING WILL 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? _____

Do you have a duplicate key? Yes No

Location: (INTERNAL USE ONLY)

Shackle Code:

Key Door Code:

Entered in CAD:

Please return completed applications to:

Attn: Lt. Paul Dziezic
Warren Township Police Department
44 Mountain Boulevard
Warren, NJ 07059