



2 Municipal Drive • Flemington, NJ 08822 • 908-782-8889

## 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: \_\_\_\_\_

### 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)		
_____		
_____		
_____		
Shackle Code:	Key Door Code:	Entered in QED:
_____	_____	_____

Please return completed applications to:

**Raritan Township Police Department**  
**2 Municipal Drive**  
**Flemington, NJ 08822**