



**HAVERHILL  
POLICE DEPARTMENT  
40 Bailey Blvd.  
Haverhill, Massachusetts 01830**

Alan R. DeNaro  
Chief of Police

TEL. (978) 722-1502  
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## **RETURN HOME**

### **Registrant Information**

### **Contact information of Primary Caregiver:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Locations he/she frequents or has wandered to in the past:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Race: \_\_\_\_\_

Tattoos, Birthmarks, moles, etc.:

Other Contact Information:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Medical condition(s) & critical medications:

*Check the appropriate:*

Cane Walker Glasses Hearing Aid

Other \_\_\_\_\_