



Vulnerable Persons Registry

Please complete form and email to mailus@woodstockpolice.ca. If possible, please also attach a current photo.

BASIC INFORMATION

Surname: _____ G1: _____ G2: _____

Nickname(s): _____

Date of Birth: _____ Gender: _____

Language(s) Spoken: _____

Home Address: _____

PHYSICAL DESCRIPTION

Height: _____ Feet _____ Inches _____ Weight: _____ lbs

Eye Colour: _____ Hair Colour: _____

Race: _____

Complexion: _____

IDENTIFYING FEATURES

Hearing Aid(s): (left or right) _____

Visual Aid(s): (glasses or contact lenses) _____

Scars, birthmarks, tattoos, etc. (location and description):

MEDICAL INFORMATION

Medical conditions(s) (diagnosed or not): _____

Allergies: _____

Medications: _____

Result of Not Taking Medication: _____

Family Doctor's Name: _____

Doctor's Phone Number: _____

Other Doctor's Name (psychiatrist, psychologist,
etc.), their Location and Phone Number: _____

POTENTIAL PLACES TO LOOK

Places where the person may go. Example: Residence, previous address, store, library, park, etc.

1. _____
2. _____
3. _____
4. _____
5. _____

EMERGENCY CONTACT

Contact #1

Name: _____

Relationship to Person: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

Address: _____

Contact #2

Name: _____

Relationship to Person: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

Address: _____

Contact #3

Name: _____

Relationship to Person: _____

Home Phone: _____

Cell Phone: _____

Other Phone: _____

Address: _____

OTHER HELPFUL INFORMATION

(Example: Favourite toy or blanket that child carries with them, potential of becoming violent, scared of police, etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

PHOTOGRAPH