



## LIVING ARRANGEMENT OF THE REGISTRANT

Alone       Institution

With Family       Other

Street No. and Street Name       Apt. No.

City       Province       Postal Code

Home Phone No. (   )

Business Phone No. (   )

## DESCRIPTION OF THE REGISTRANT

**Height**  
 Feet       Inches        or      CM

**Weight**  
 Lbs.         or      KG.

**Race**        W = White  
 NW = Non White

|  |  |  |   |       |   |  |   |
|--|--|--|---|-------|---|--|---|
| <b>Hair Colour</b><br><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> | <b>Hair Description</b><br><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>            | <b>Eye Colour</b><br><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>  | <b>Complexion</b><br><span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> |       |   |  |   |
| AUB = Auburn<br>BLD = Bald<br>BLK = Black<br>BLO = Blond<br>BRN = Brown<br>GRY = Grey<br>RED = Red<br>WHI = White                              | A = Curly<br>B = Wavy<br>C = Short<br>D = Long<br>E = Dyed<br>F = Ponytail<br>G = Brush Cut<br>H = Toupee/Wig<br>I = Other<br>J = To shoulders<br>K = Straight | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Left</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Right</td> </tr> <tr> <td style="padding: 5px;">                     BLU = Blue<br/>                     BRN = Brown<br/>                     GRN = Green<br/>                     HAZ = Hazel<br/>                     BLK = Black<br/>                     MRN = Maroon<br/>                     GRY = Grey<br/>                     GRB = Greenish blue                 </td> <td></td> </tr> </table> | Left  | Right | BLU = Blue<br>BRN = Brown<br>GRN = Green<br>HAZ = Hazel<br>BLK = Black<br>MRN = Maroon<br>GRY = Grey<br>GRB = Greenish blue |  | A = Dark<br>B = Light/Fair<br>C = Sallow<br>D = Ruddy<br>E = Freckled<br>F = Moles<br>G = Pimples/Pockmarked<br>H = Other |
| Left   | Right  |  |   |       |   |  |   |
| BLU = Blue<br>BRN = Brown<br>GRN = Green<br>HAZ = Hazel<br>BLK = Black<br>MRN = Maroon<br>GRY = Grey<br>GRB = Greenish blue                    |  |  |   |       |   |  |   |

|                           |                  |
|---------------------------|------------------|
| <b>Language(s) spoken</b> | <b>Preferred</b> |
|                           |                  |
|                           |                  |

**Walking Aid**  
 (if yes, describe)

**Hearing Aid(s)**      **Visual Aid(s)**      **Denture(s)**

Left       Right       Glasses       Contacts       Upper       Lower

## VISIBLE MARKS

**Example:**

Tattoo Scar Deformity Mark Amputation Location (see "Body Location Table below")

|   |   |   |
|---|---|---|
| 1 | 6 | 0 |
|---|---|---|

Description:

|   |   |   |   |   |  |   |   |   |   |  |   |   |  |   |   |   |   |   |  |
|---|---|---|---|---|--|---|---|---|---|--|---|---|--|---|---|---|---|---|--|
| B | I | R | T | H |  | M | A | R | K |  | O | N |  | C | H | E | E | K |  |
|---|---|---|---|---|--|---|---|---|---|--|---|---|--|---|---|---|---|---|--|

**Mark#1 (check only one)**

Tattoo Scar Deformity Mark Amputation Location (see "Body Location Table" below)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Description:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**Mark#2 (check only one)**

Tattoo Scar Deformity Mark Amputation Location (see "Body Location Table" below)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Description:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

### BODY LOCATION TABLE

| 100<br>HEAD  | 200<br>RIGHT ARM  | 300<br>LEFT ARM   | 400<br>FRONT TORSO | 500<br>LEFT LEG | 600<br>RIGHT LEG | 700<br>BACK TORSO |
|--------------|-------------------|-------------------|--------------------|-----------------|------------------|-------------------|
| 110 Forehead | 211 Upper Arm     | 311 Upper Arm     | 410 Shoulders      | 511 Thigh       | 611 Thigh        | 720 Upper Back    |
| 120 Eyes     | 213 Elbow         | 313 Elbow         | 420 Chest          | 513 Knee        | 613 Knee         | 730 Middle Back   |
| 130 Ears     | 215 Forearm       | 315 Forearm       | 430 Abdomen        | 515 Calf        | 615 Calf         | 740 Lower Back    |
| 140 Nose     | 220 Wrist         | 320 Wrist         | 440 Waist          | 520 Ankle       | 620 Ankle        | 760 Buttocks      |
| 150 Mouth    | 230 Hand          | 330 Hand          | 450 Hips           | 530 Foot        | 630 Foot         | 761 Rectal        |
| 160 Cheek    | 241 Thumb         | 341 Thumb         | 460 Pelvis         | 541 Large Toe   | 641 Large Toe    |                   |
| 170 Chin     | 242 Index Finger  | 342 Index Finger  | 461 Genitals       | 542 Toe         | 642 Toe          |                   |
| 175 Jaw      | 243 Middle Finger | 343 Middle Finger |                    | 543 Toe         | 643 Toe          |                   |
| 180 Neck     | 244 Ring Finger   | 344 Ring Finger   |                    | 544 Toe         | 644 Toe          |                   |
|              | 245 Little Finger | 345 Little Finger |                    | 545 Small Toe   | 645 Small Toe    |                   |

## BRACELET ORDER INFORMATION

Measure wrist and check box above appropriate size for bracelet  
Please allow an extra half-inch for comfort

|    |      |    |      |    |      |    |      |    |      |     |
|----|------|----|------|----|------|----|------|----|------|-----|
|    |      |    |      |    |      |    |      |    |      |     |
| 5" | 5.5" | 6" | 6.5" | 7" | 7.5" | 8" | 8.5" | 9" | 9.5" | 10" |

Language preferred for engraving:  English  French

## WANDERING HISTORY

None     Repeated (1 to 4 times)     Habitual (Over 4 times)

**Possible Locations:** Places where this person may wander to, for example: Previous addresses, previous employment, favourite stores, nearby mall, post office, etc. **(please specify)**

1.

2.

3.

## HEALTH CONCERNS (allergies, medical conditions)

## CAREGIVERS

**(All correspondence will be mailed to the individual identified as the FIRST CONTACT)**

Please ensure that ALL contacts are aware that the individual is registered.

### FIRST CONTACT

|                 |                     |                |  |
|-----------------|---------------------|----------------|--|
| Name            |                     | Relationship   | Language of Preference<br><input type="checkbox"/> Eng. <input type="checkbox"/> Fr. |
| Address         |                     | City/Province  | Postal Code  |
| Tel. No. (Home) | Tel. No. (Business) | Cell Phone No. | E-mail   |

### SECOND CONTACT

|                 |                     |                |  |
|-----------------|---------------------|----------------|--|
| Name            |                     | Relationship   | Language of Preference<br><input type="checkbox"/> Eng. <input type="checkbox"/> Fr. |
| Address         |                     | City/Province  | Postal Code  |
| Tel. No. (Home) | Tel. No. (Business) | Cell Phone No. |  |

### THIRD CONTACT

|                 |                     |                |  |
|-----------------|---------------------|----------------|--|
| Name            |                     | Relationship   | Language of Preference<br><input type="checkbox"/> Eng. <input type="checkbox"/> Fr. |
| Address         |                     | City/Province  | Postal Code  |
| Tel. No. (Home) | Tel. No. (Business) | Cell Phone No. |  |

## ACKNOWLEDGEMENT (Must be signed)

This information is provided voluntarily on the understanding that it shall be kept confidential at all times and only released to health care personnel and law enforcement agencies if the person is found wandering or reported missing.

Acknowledged by:  
(Please print name)

Signature:

Relationship:

Date (Y-M-D):