



Hightstown Police Department
 415A Mercer Street
 Hightstown, New Jersey 08520
 609-448-1234/ Fax:609-443-0310

OPERATION BLUE ANGEL APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

REASON FOR APPLICATION

I have a medical condition that is potentially incapacitating and live alone.

DESCRIBE MEDICAL CONDITION:

Doctors Name: _____ Phone #: _____

EMERGENCY CONTACT INFORMATION:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Cell Number: _____	Cell Number: _____

PET INFORMATION:

Dogs(s) Yes No If yes, how many and breeds: _____

Cat(s) Yes No If yes, how many and breeds? _____

LIVING WILL INFORMATION:

Do you have a living will or Do Not Resuscitate (DNR) Form? Yes No
 If yes, where is it located? _____

Please return completed application to:
 Hightstown Police Department
 Attn: Office of the Chief of Police
 415A Mercer Street
 Hightstown, NJ 08520
 Email: Police@HightstownPD.Org

Internal Use Only: Lock Shackle Code: _____ Lock Door Code: _____