

## **BURLINGTON POLICE MEMORY CARE PACKET**

*A registry to assist caregivers with patients with memory issues*

Complete the form affix a picture and return the form to:

Burlington Police Department

Detective Lyn Reynolds

45 Center St.

Burlington, MA 01803

[lreynolds@bpd.org](mailto:lreynolds@bpd.org)

AFFIX PICTURE HERE

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

WHERE THEY GREW UP \_\_\_\_\_

Lives with \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Lives with \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**DO THEY WANDER** \_\_\_\_\_ **IF SO WHERE** \_\_\_\_\_

\_\_\_\_\_

**DO THEY SPEAK/UNDERSTAND ENGLISH** \_\_\_\_\_

**WHAT LANGUAGE DO THEY SPEAK/UNDERSTAND** \_\_\_\_\_

*RELEASE FORM*

I \_\_\_\_\_, give my permission to the Burlington Police Department to retain this information and to keep it confidentially on file for identification and assistance related to the Memory Care Packet effort and related investigative activities.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_