

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

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 _____