



VULNERABLE PERSON REGISTRY APPLICATION & AUTHORIZATION

Please email this form along with a recent photo to: police@truro.ca or
MAIL/DELIVER TO:
Truro Police Service, 776 Prince Street, Truro, NS B2N 1G9

VULNERABLE PERSON	(Surname)	(Given 1)	(Given 2)
Answers to the name of			
Sex:	DOB:	Place of birth:	
Address:			Phone#
Employer/School			
Height:	Weight:	Build:	Race:
Hair Colour:	Length:	Style:	Facial Hair:
Eye Colour:	Photograph Included: Yes <input type="checkbox"/>		
May be wearing:	Prescription Glasses <input type="checkbox"/>	Sunglasses <input type="checkbox"/>	Contact Lenses <input type="checkbox"/>
Marks/Scars:		Tattoos:	
Dependancies (ie. Drugs, alcohol):			
MEDICAL CONDITION (check all that apply)			
Alzheimers <input type="checkbox"/> Autism <input type="checkbox"/> Emotionally Disturbed Person-EDP <input type="checkbox"/> Intellectual/Developmental Disability <input type="checkbox"/>			
Other: Specify-			
List Medications:			
Known to wander:	Explain		
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, where have they been found			
History of violence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe	
Access to Firearms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe	

APPLICANT/PRIMARY CONTACT		
Name		Relationship to Applicant
Address:		
Telephone	(Res)	(Bus)
Cellular		
Email		
Contact Authorization Signature		

SECONDARY EMERGENCY CONTACT		
Name		Relationship to Applicant
Address:		
Telephone	(Res)	(Bus)
Cellular		
Email		

TO BE COMPLETED BY APPLICANT/LEGAL GUARDIAN

The information contained in this document is privileged and confidential. It is intended for the use of the Truro Police Service. This information may be disseminated, distributed, copied or conveyed by Truro Police to any other accredited police or health care agency involved in providing care of an emergent nature or under circumstances which, in my best interest, require such communications so as to expedite assistance by both policing and medical authorities. It is acknowledged by all that I retain the right to modify this information or cancel my authorization for the implementation and maintenance of this information file at any time by way of written notice delivered to Truro Police Service personally or by my guardian or legal representative.

Authorization Signature

Witness Signature

Dated: _____ at the Town of Truro, County of Colchester, Province of Nova Scotia.