



## CLINTON TOWNSHIP POLICE DEPARTMENT

1370 Route 31

Annandale, NJ 08801

(908) 735-6000

### Operation Blue Angel Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

#### REASON FOR APPLICATION (Check Box if Applicable):

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

#### DESCRIBE YOUR MEDICAL CONDITION:

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**Doctor's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Contact #1:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Other Phone: \_\_\_\_\_

Contact #2:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Other Phone: \_\_\_\_\_

**PET INFORMATION:**

Dog(s)? Yes ☐ No ☐ If Yes, how many and what breeds? \_\_\_\_\_

\_\_\_\_\_

Cat(s)? Yes ☐ No ☐ If Yes, how many? \_\_\_\_\_

**LIVING WILL INFORMATION:**

Do you have a living will or a Do Not Resuscitate (DNR) Order? Yes ☐ No ☐

If Yes, where is it located? \_\_\_\_\_

\_\_\_\_\_

**THIS SECTION FOR INTERNAL USE ONLY, DO NOT WRITE BELOW  
LINE**

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**LOCATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SHACKLE CODE:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATIONS TO:**

**CLINTON TOWNSHIP POLICE DEPARTMENT**

**ATTN: (OPERATION BLUE ANGEL PROGRAM COORDINATOR)**

**1370 ROUTE 31**

**ANNANDALE, NJ 08801**

**(908)735-6000 EXT.**

**EMAIL: [rvastola@ctpd.org](mailto:rvastola@ctpd.org)**