



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):

I have a medical condition that is potentially incapacitating and I live alone or will be alone for extended periods of time.

I am 55 years or older and live alone or will be alone for extended periods of time.

I live with an individual who meets any of the above requirements.

DESCRIBE YOUR MEDICAL CONDITION:

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**

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