

# **PROJECT "LIFE LINE"**

## **APPLICATION**

*Please answer all fields. Any fields that do not apply enter N/A  
(DO NOT LEAVE ANY FIELDS BLANK)*

### ***Your information:***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### ***Relative or friend to be notified in case of an emergency:***

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### ***Medical Information:***

Doctor's Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

List any special medication(s) you require.

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List any medical condition(s) and important information which we should be aware of:

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List name, address and phone number of anyone with a key to your residence.

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**PET INFORMATION:**

Dog(s) - (Circle): **Yes/No**

If yes, how many? \_\_\_\_\_

What breed(s): \_\_\_\_\_

Cat(s) -(Circle): **Yes/No**

If yes, how many? \_\_\_\_\_

**LIVING WILL or DNR INFORMATION:**

Do you have a living will or DNR (Do Not Resuscitate) form? (Circle): **Yes/No**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LOCK BOX LOCATION: (INTERNAL USE ONLY)

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Lock Box Code: \_\_\_\_\_

**Please return complete applications to:**

**OCEAN TOWNSHIP POLICE DEPARTMENT  
50 Railroad Avenue  
Waretown, NJ 08758**