



OPERATION BLUE ANGEL APPLICATION

West Orange Police Department

66 Main Street ▪ West Orange, NJ 07052

TEL.: 973-325-4045/4038

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____

HOME PHONE: _____ CELL/ OTHER PHONE: _____

REASON FOR APPLICATION:

_____ I am 55 years of age or older and live alone or am alone on a frequent basis

_____ I have a medical condition that is potentially incapacitating and live alone or I am alone on a frequent basis.

DESCRIBE YOUR MEDICAL CONDITION: _____

DOCTOR'S NAME: _____ **PHONE NUMBER:** _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____ CELL NUMBER: _____

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____ CELL NUMBER: _____

PET INFORMATION:

DOG(s) (Circle) YES or NO If yes, how many and what breeds? _____

CATS(s) (Circle) YES or NO If yes, how many? _____

LIVING WILL INFORMATION: Do you have a Living Will or Do Not Resuscitate (DNR) Form? (Circle) YES or NO

If yes, where is it located? _____

LOCATION (INTERNAL USE ONLY): _____

*Optional: Shackle Code: _____

Please return completed applications to: West Orange Police Department, Attn: Community Policing,
66 Main Street, West Orange, NJ 07052.

Lock boxes made possible thanks to funding from the Partners for Health Foundation.