



Aging Well

WEST ORANGE

An Age-Friendly Township

COVID-19 VACCINE PILOT PROGRAM

Registration and Transportation

REGISTRATION FORM

Important: Vaccine Registration is Non-Transferable. Only Registered Individual.

Please PRINT All Information

Name: _____ Date of Birth ____/____/____
(First) (Last)

Address _____
(Street) (City) (State) (Zip Code)

Phone (____) _____ email: _____

Sex: _____ Race: _____ Ethnicity: _____ (Hispanic or Non-Hispanic)

Do you require: _____ Cane _____ Walker _____ Wheelchair _____ None

Insurance Company or Medicare _____

Insurance Plan _____

Member Policy No. _____

Group Plan No. _____

For questions, call West Orange Department of Senior Services

Noelia at (973) 325-4106 or Laura at (973)-325-4105

Department of Senior Services