

RARITAN BOROUGH POLICE DEPARTMENT

**Operation Blue Angel**  
**APPLICATION**

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

Home Address:

\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**REASON FOR APPLICATION:**

- I am 55 years of age or older and I live alone or am alone on a frequent basis.
- I have a medical condition that is potentially incapacitating and I live alone or I am alone on a frequent basis.

**DESCRIBE YOUR MEDICAL CONDITION:**

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

**EMERGENCY CONTACT INFORMATION:**

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

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

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

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

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

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

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

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

**LIVING WILL INFORMATION:**

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

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

**PET INFORMATION:**

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

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

Do you have a duplicate key? Yes  No

Location: (INTERNAL USE ONLY)		
_____		
_____		
_____		
Lockbox Serial Number:	Key Door Code:	Date Entered in CAD:
_____	_____	_____
NOTE(S): _____		

**Please return completed applications to:**  
Raritan Borough Police Department  
20 First Street  
Raritan, New Jersey 08722  
Attention: Officer Kathleen Sausa