



PISCATAWAY POLICE DEPARTMENT
TOWNSHIP OF PISCATAWAY
555 SIDNEY ROAD
PISCATAWAY, NEW JERSEY 08854
(732) 562-2300 Emergency Dial 9-1-1

Operation Blue Angel Application

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Home Address: _____

City: _____ **State:** _____ **Home Phone #:** _____

Other Phone #: _____

REASON FOR APPLICATION

_____ I have a medical condition that is potentially incapacitating and live alone.

DESCRIBE YOUR MEDICAL CONDITION:

Doctor's Name: _____ **Phone Number:** _____

EMERGENCY CONTACT INFORMATION:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Address: _____	Home Address: _____
Home Number: _____	Home Number: _____
Cell Number: _____	Cell Number: _____

PET INFORMATION:

Dog(s) (Circle) Yes / No If Yes how many and what breeds? _____

Cat(s) (Circle) Yes / No If Yes how many? _____

LIVING WILL INFORMATION:

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

If Yes, where is it located? _____

LOCATION: (INTERNAL USE ONLY)

Shackle Code: _____

Please return completed applications to:

**Amy Baumann
Piscataway Township Office on Aging
700 Buena Vista Ave.
Piscataway, NJ 08854**