



Raymond J. Hayducka  
Chief of Police

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Deputy Chief of Police

## Operation Blue Angel Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### LIVINGWILL 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? \_\_\_\_\_

\_\_\_\_\_

Location: (INTERNAL USE ONLY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shackle Code:

Key Door Code:

Entered in Enforsys:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed applications to:

**South Brunswick Police Department**

**ATT: Community Services Division**

**540 Ridge Road**

**Monmouth Junction, NJ 08852**