



DOWNEY POLICE DEPARTMENT

Return Home Registry Application



Please fill out this form as completely as possible. Attach two photos: one should be a picture of the registrant's face; the other should show the registrant's entire body. If possible, a picture of the registrant standing or walking is preferable.

Forms may be mailed, dropped off, faxed or e-mailed:

Downey Police Department
ATTN: Jennifer Burkhardt
10911 Brookshire Ave.
Downey, CA 90241
Fax: 562-904-1147
jpreda@downeyca.org

Registrant Name

Last Name	First Name	Middle Name	Suffix (Jr., II, etc.)
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Physical Description of the Registrant

Date of Birth	Gender	Race	Height	Weight
Eye Color	Glasses/Contacts	Hair Color	Hair Length	

Address/Phone Numbers

Street Address		
City	State	Zip Code
Primary Phone Number	Alternate Phone/Cell Number	

Driver's License/State Identification Card

Driver's License Number/Identification Card Number	State
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List any vehicles with which the registrant may be associated

License Plate Number	Year	Make	Model	Color
License Plate Number	Year	Make	Model	Color

Scars/Marks/Tattoos

**Additional information that may assist officers upon contacting the Registrant
(For example: memory loss)**

Who can we contact if we locate the registrant?

Name	Date of Birth	Phone Number	Alternate Phone Number
Address / City / State / Zip Code			
Name	Date of Birth	Phone Number	Alternate Phone Number
Address			
Name	Date of Birth	Phone Number	Alternate Phone Number
Address / City / State / Zip Code			

By filling out and submitting this application, I certify that I am an authorized family member or care giver for the applicant. I understand that this information may be given to police officers and civilians that may be involved in searching for and/or caring for the applicant.

Signature

Date

Relationship to Applicant