

St. Lucie County's Safeguard Our Seniors Program



Is this an update? Yes No

If yes, please enter your S.O.S. Decal number here

Personal Information (One Person Per Form)

Last Name _____ First Name _____

Street Address _____

City _____ Zip Code _____ Telephone _____

Date of Birth / / Race ___ Sex ___ Height ___ Weight ___ Hair ___ Eyes ___

Scars, Marks, Tattoos _____ Facial Hair _____ Glasses _____

Please circle any or all programs you participate in: Medic Alert Vial of Life Organ Donor

Do you have: (Please Circle) Pacemaker Diabetes Prosthesis

Do you have any permanent disabilities? (Please Circle) Yes No

If yes, please indicate. _____

Physician's Name _____ Telephone Number _____

Vehicle Information

Year _____ Make _____ Model _____

Color _____ Tag _____ State _____

Keyholder Information

Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

Home Telephone _____ Work Telephone _____

Emergency Contact Information

Is this a relative? (Please Circle) Yes No Relationship _____

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Funeral Arrangements? (Please Circle) Yes No Funeral Home _____

I authorize all law enforcement and rescue personnel within St. Lucie County to utilize the information provided herein if it is perceived that my health or safety is in question. Furthermore, I authorize the keyholder provided by me to release the key to my residence to a properly identified representative of the St. Lucie County Sheriff's Office, Fort Pierce Police Department, Port St. Lucie Police Department or St. Lucie County Fire District. I will not hold any of these agencies or any designee thereof liable for damages caused as a result of acts in determining my safety. I will notify the St. Lucie County Sheriff's Office if I no longer wish to participate. I promise to remove the S.O.S. decal. I understand that the information provided by me to the St. Lucie County Sheriff's Office will be considered confidential and only utilized for official purposes.

Signature _____ Date / /

PLEASE PRINT

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