

**OXFORD POLICE DEPARTMENT
REASSURANCE PROGRAM**

Full Name: _____ Telephone #: _____

Address: _____ Apartment #: _____

Date of Birth: _____ Sex _____ Height _____ Weight _____ Eyes _____ Hair _____

Health: _____ Ailments: _____

Doctor: _____ Telephone #: _____

Medication: _____ Dosage: _____ Kept Where: _____

IN CASE OF EMERGENCY NOTIFY

Name	Address	Telephone Number
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1. _____

2. _____

LEGAL NEXT OF KIN

Name	Address	Telephone Number
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1. _____

2. _____

Home: Own _____ Rent _____ Landlord: _____ Landlord's Phone: _____

Key Location: _____ Type of Heat: _____ Supplier: _____

Religion: _____ Clergy Person: _____ Telephone #: _____

Pets: _____ Care Of: _____

Vehicle Information: Make: _____ Color: _____ License Plate #: _____

MISCELLANEOUS INFORMATION