



MARYSVILLE POLICE DEPARTMENT

316 6TH ST

MARYSVILLE, CA 95901

(530) 749-3900 PH (530)749-3990 FAX

RECORDS@MARYSVILLEPD.ORG

Are you concerned a loved one or a friend may tend to leave his/her surroundings without anyone's knowledge?

The Marysville Police Department's Return Home Registry is an innovative program designed to assist officers in locating lost or wandering persons when they go missing from their home or caregivers. Since these can be critical times, the program assists in getting vital information to law enforcement personnel to assist in locating your loved ones sooner. This voluntary program is offered at no cost to participants. The caregivers who wish to voluntarily register persons who may suffer from certain illnesses such as, Dementia/Alzheimer's, Autism, or other debilitating illnesses or children with special needs.

The goal of this registry is simply to reunite families as soon as possible. Time is critical in these incidents. Police Officers frequently respond to calls from citizens with requests for assistance in locating loved ones. This information will provide police officers with the vital information they need to locate and return your family members.

The Return Home Registry will be used in two ways:

1. A family member or caregiver can notify the police department when they realize that their loved one is gone, and information will already be on-hand. Patrol officers will have the details to better locate and return the individual home.
2. If an officer or other police department personnel observes an individual that appears to be lost or confused, they will have the information on hand to quickly identify the individual and get them home safely.

This program does not guarantee the safe return of your loved one, however, it will provide officers with additional resources to locate your loved ones and help them return home. For more information, please call (530) 749-3900 or email records@marysvillepd.org

AT RISK CITIZEN INFORMATION

NAME: _____

AGE/DOB: _____

PHYSICAL DESCRIPTION:

RACE: _____ HGT: _____ WGT: _____ HAIR COLOR: _____ EYE COLOR: _____

MEDICAL CONDITION: _____

SPECIAL CHARACTERISTICS (SCARS/TATTOOS): _____

COMMUNICATION ABILITIES (SPEECH IMPAIRMENTS OR LIMITATIONS):

PREFERRED LANGUAGE: _____

KNOWN TRIGGERS/BEHAVIORS THAT MAY BE EXHIBITED IN A STRESSED/CONFUSED STATE: _____

CARETAKER INFORMATION:

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

WORK ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE CONTACT PERSON: _____

PHONE NUMBER: _____

PLEASE ATTACH THE FOLLOWING PHOTOS OF YOUR LOVED ONE TO THIS APPLICATION AND DROP OFF AT 316 6TH ST OR EMAIL TO: records@marysvillepd.org

PHOTO OF FACE (CLOSE-UP) FULL BODY PHOTO

FOR OFFICIAL USE ONLY:

ENTRY MADE BY: _____ DATE: _____

PHOTOS UPLOADED