

**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**