

## ROGERS REGISTRY

This information is supplied to the authorities that would be the first responders in case of emergency by residents that live alone and is given voluntarily.

NAME: \_\_\_\_\_  
          First                                      Middle Initial                      Last

Address \_\_\_\_\_

Phone: \_\_\_\_\_  
          House    Cell

Birth date \_\_\_\_\_

Emergency Contact: Name, Phone, Relationship:

1/ \_\_\_\_\_

2/ \_\_\_\_\_

Which of these contacts has a key to my residence and has my permission to enter:

#1      #2      Is there a key kept outside?      Where? \_\_\_\_\_  
    circle one    Y or N

Signed by person named above \_\_\_\_\_

If signed by someone else please state relationship \_\_\_\_\_

Date \_\_\_\_\_

### ATTENTION!

IT IS HIGHLY RECOMMENDED THAT YOU ALSO PARTICIPATE IN THE VIAL OF LIFE PROJECT. THOSE MATERIALS ARE ALSO AVAILABLE WHEREVER YOU CAN PICK UP THIS FORM.

Both forms should be updated at least once a year or oftener if there is any change in where you live, your emergency contact names and/or health information.

THANK YOU FOR HELPING US IN OUR EFFORT TO SAVE A LIFE - YOURS!  
The Seniors of Rogers-Hassan