



## PERSONAL DATA QUESTIONNAIRE

Emergencies by their very nature are unexpected and unpredictable. Because of this, time is of the essence when a persons with diminished capacity is lost or missing. For this reasons, we strongly encourage all forms associated with Project Lifesaver are up-to-date, complete and accurate. It's vital for our Search and Rescue Teams to have detailed information, on hand, to outline the framework for a successful search and rescue mission.

Client's Full Name:		Phone Number:	Cell Number:
Date of Birth: / /	Sex: <i>(circle One)</i> Male / Female	Race:	Complexion:
Facility or Organization:			
Person's Name Completing Form:		E-mail Address:	
Most Recent Address: <i>(Street, City, State, Zip-Code)</i>			Most Recent Occupation:
School/Day Care Program: <i>(If Applicable)</i>			
Family and Friend Information: <i>(Other people client may try to contact)</i>			
Person's Name:		Relationship:	Contact Number: ( )
Address: <i>(Street, City, State, Zip-Code)</i>			
Person's Name:		Relationship:	Contact Number: ( )
Address: <i>(Street, City, State, Zip-Code)</i>			
Person's Name:		Relationship:	Contact Number: ( )
Address: <i>(Street, City, State, Zip-Code)</i>			

Please add any additional information you may think is relevant to a search and rescue:

---



---



---