



# City of Midland Communications Center & Fire Department Autism and Developmental Disability Registry Form

**Fax** completed forms to 432-685-7533 or email to [lmarquez@midlandtexas.gov](mailto:lmarquez@midlandtexas.gov)  
or [awolf@midlandtexas.gov](mailto:awolf@midlandtexas.gov). **Please provide a current picture as well.**

Date: \_\_\_\_\_

Full name: \_\_\_\_\_

AKA: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Family Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

### Phone numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Comments or extra information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*With my signature, I hereby authorize the City of Midland Public Safety Communications Center/Fire Department to utilize the information provided by me for the safety of this person.*

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_



### Personal Information

DOB \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_

Facial Hair \_\_\_\_\_

### Distinguishing Marks

(tattoos, scars, birthmarks)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical Diagnosis

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

### Primary Physician

\_\_\_\_\_

### Special Considerations/ Behavioral:

\_\_\_\_\_

\_\_\_\_\_