

# Elderly Find Form

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

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

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

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

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

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

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

Vehicle Info: \_\_\_\_\_  
Color      Year      Make      LP

## Family Contact Information

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*With my signature, I hereby authorize the City of Midland Public Safety Communications Center 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 (if any)

\_\_\_\_\_

SSN: \_\_\_\_\_

DL: \_\_\_\_\_

## Special Considerations/ Behavioral:

\_\_\_\_\_

\_\_\_\_\_