

LAURA A. GILLEN
SUPERVISOR



SYLVIA A. CABANA

TOWN CLERK

1 WASHINGTON STREET • HEMPSTEAD, NY 11550-4923

SENIOR IDENTIFICATION PROGRAM

Application Form - Please Print Clearly

Date: _____

First Name: _____

Last Name: _____

Date of Birth: _____

Address: _____

Apt #: _____

Town: _____

Zip Code: _____

Primary Phone #: _____

Gender: Male Female Blood Type: _____

Hair Color: _____

Eye Color: _____

Height: _____

Weight: _____

Medical
Conditions: _____

Allergies or Other Vital Information: _____

Physicians Name: _____

Phone #: _____

Emergency Contact 1: _____

Relationship: _____

Phone #: _____

Emergency Contact 2: _____

Relationship: _____

Phone #: _____

• More Space Provided on Back if Needed •

The Applicant is the Only One with the Record when Completed

WE DO NOT KEEP ANY DATA