



Fountain Valley Police Department



Return Home Registry

REGISTRANT INFORMATION									
SUBJECT FULL NAME						DATE OF BIRTH		AGE	
SEX	GENDER	RACE	HEIGHT	WEIGHT	HAIR	EYES	NATIONALITY		
FACIAL HAIR		GLASSES		HEARING AID		RESIDENCE TYPE (HOUSE, APT, CARE FACILITY, ETC.)			
OCCUPATION/GRADE		DOES REGISTRANT DRIVE?				DRIVER'S LICENSE or ID #		STATE	
ALIAS(ES)									
EMAIL/SOCIAL MEDIA ACCOUNT(S)									
SCAR, MARK, OR TATTOO			LOCATION ON BODY		DESCRIPTION				
ADDRESS					CITY, STATE ZIP		COUNTRY		
HOME									
WORK									
SCHOOL									
PREVIOUS									
PHONE NUMBER									
HOME									
MOBILE									
OTHER									
LANGUAGE(S) SPOKEN									
TRACKING DEVICE(S) (TYPE, BRAND, ETC.)									

VEHICLE INFORMATION

PLATE NUMBER

STATE

YEAR

MAKE

MODEL

VEHICLE TYPE

BODY STYLE

COLOR

BICYCLE / BUS ACCESS / ADDITIONAL TRANSPORTATION INFORMATION**ADDITIONAL INFORMATION**

GONE MISSING BEFORE?

IF SO, WHERE WERE THEY FOUND?

CLOTHING STYLE**KNOWN HANGOUTS****INFORMATION SPECIFIC TO REGISTRANT (FAVORITE CLOTHING, ITEM ALWAYS WITH REGISTRANT, FASCINATION WITH SPECIFIC ITEMS OR LOCATIONS, SPECIAL INTERESTS, ETC.)****ADDITIONAL NOTES (INCLUDING MEDICAL CONCERNS) *NOTE: THIS IS NOT A HIPAA PROTECTED DOCUMENT. INFORMATION WILL BE SHARED WITHIN THE POLICE DEPARTMENT AND WITH ANYONE ASSISTING IN THE SEARCH FOR THE SUBJECT AS DIRECTED BY THE FOUNTAIN VALLEY POLICE DEPARTMENT**

EMERGENCY CONTACT #1 INFORMATION			
NAME		RELATIONSHIP TO REGISTRANT	
HOME ADDRESS		CITY, STATE ZIP	COUNTRY
PHONE TYPE	PHONE NUMBER	EMAIL ADDRESS	

EMERGENCY CONTACT #2 INFORMATION			
NAME		RELATIONSHIP TO REGISTRANT	
HOME ADDRESS		CITY, STATE ZIP	COUNTRY
PHONE TYPE	PHONE NUMBER	EMAIL ADDRESS	

****** PLEASE INCLUDE 2 PHOTOS OF THE REGISTRANT SUBJECT THAT ARE LESS THAN 30 DAYS OLD ******

THE FIRST PHOTO SHALL BE A PORTRAIT OF THEIR FACE FROM THE SHOULDERS AND HIGHER. THE SECOND PHOTO SHALL INCLUDE THEIR FULL BODY.

RETURN THIS DOCUMENT AND PHOTOS TO THE FOUNTAIN VALLEY POLICE DEPARTMENT FRONT DESK, OR DESIGNATED FVPD MEMBER.

The Return Home Registry (RHR) is a voluntary registration program. It is a tool to aid police officers in the identification and return of your loved ones. It does not make any guarantee for their safety, or the protection of their personal medical information from persons aiding in locating them should they become a missing person. The registration information submitted will be kept in the RHR database until the registering party requests its removal, or FVPD is notified the subject is deceased by the County Coroners Office.

Signature of Registrant (If Applicable-Or Responsible Party)

Date

Name of Person Completing Registration Form

Relationship