

Okehampton Police Office

Carers details: I am

Name

Address

Post code

Tel:

I care for:

Name

Current address

..... Postcode

Previous address

Postcode

Tel:

Date of birth

I confirm that the photograph below is of the above named person who suffers from Dementia/Alzheimer's and is vulnerable. I give consent for this information to be held at Okehampton Police Office. This is being held for the sole purpose of identifying him/her in the event of this person going missing or being found in the Okehampton policing area.

Age Concern Okehampton and Torrridge will call and take a picture free of charge if required. Please ring **01837 55838** to make suitable arrangements.

Please fix a photograph of the above-named vulnerable person here.

Carer I will inform the Police [call 101] if any of the above details change or I no longer wish for this information to be held by the police.

Signature

Date

**To be returned to Age Concern Okehampton and Torrridge
2 Crediton Rd. Okehampton. EX 20 1LU. Thank you.**