

BERGEN COUNTY SHERIFF'S OFFICE  
GOLD STAR EMERGENCY IDENTIFICATION PROGRAM  
Michael Saudino  
SHERIFF

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical History: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

**Emergency Contact Number**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**Please make sure that all information on your card is correct when issued. We are not responsible for incorrect information.**