



RETURN HOME REGISTRY

REGISTRANT INFORMATION									
SUBJECT FULL NAME						DATE OF BIRTH		AGE	
SEX	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 #		DL STATE	
ALIAS(ES)									
EMAIL/SOCIAL MEDIA ACCOUNT(S)									
SCAR, MARK, OR TATOO		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.)	
ANY ADDITIONAL INFORMATION YOU FEEL WILL BE HELPFUL FOR OFFICERS TO KNOW TO AID IN SEARCHING AND LOCATING YOUR LOVED ONE.	

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

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NAME		RELATIONSHIP TO REGISTRANT	
HOME ADDRESS		CITY, STATE ZIP	COUNTRY
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****** PLEASE INCLUDE 2 PHOTOS OF THE REGISTRANT SUBJECT THAT ARE LESS THAN 30 DAYS OLD ******
THE FIRST PHOTO SHOULD BE A CLOSE UP OF THEIR FACE AND THE SECOND PHOTO SHOULD INCLUDE THEIR FULL BODY. RETURN THIS DOCUMENT AND PHOTOS TO THE IRVINE POLICE DEPARTMENT FRONT DESK, OR DESIGNATED IPD MEMBER FOR SPECIAL REGISTRATION EVENTS