



SUTTER COUNTY SHERIFF'S DEPARTMENT

J. PAUL PARKER
SHERIFF - CORONER

Return Home Registry

Purpose: To help Law Enforcement locate lost persons and/or return home found persons who have a tendency to wander off and become lost and disorientated due to a medical condition.

Background: When people who have dementia, Alzheimer's, autism or head injuries are located by law enforcement, often they are unable to assist in locating their home or where they belong. Having access to a person's basic information enables officers to quickly return family members to their homes and caregivers. When a person is reported missing, this information expedites the process of searching for the missing person. Persons entered in this program can be from family referrals or from law enforcement contact.

Procedures:

1. When this service is desired by a family member or caregiver, they can either:
 - a. Obtain the form from the Sheriff's web site at
WWW.SUTTERSHERIFF.ORG
 - b. Request a form by mail.
 - c. Request a home visit by Sheriff's Citizen Volunteer personnel.
2. Forms should be filled out as completely as possible.
3. In addition to the information on the form, a recent photograph is also desirable. If the person does not have a recent photograph, Sheriff's personnel can take one if requested. If you do submit the form and photograph by mail, make sure to write the person's name on the back of the photo in case the form and photo become separated.
4. Please fill out the form as completely as possible in ink.
5. Add as much information as you wish in the bottom space marked "*Additional Information or Comments*". This can be the person's medical condition, habits or any other information that may assist in either identifying found persons or helping to locate lost persons.
6. Mail the completed form with photograph to the below address.

Sutter County Sheriff's Office
Attn: Citizen Volunteers
1077 Civic Center Blvd
Yuba City, CA 95991

Thank you for your assistance,

J. PAUL PARKER
SHERIFF-CORONER

Sutter County Sheriff's Department**Return Home Registry**

Information Form

Applicant's Information

Date:

(Remember to attach a photograph of the applicant.)

Last	First	Middle	Nickname
DOB:	CDL/Identification Card #		
Home Physical Address:	P.O. Box	City	Zip Code
Home Telephone #	Cell Phone #	Other	
Height	Weight	Hair: Color/Style	Eyeglasses: Y N
Scars/Marks/Tattoos/Characteristics			
Medications:			
Places/Social and Special Events known to frequent:			
Nearby Relatives/Friends:			
Prior Addresses:			
Vehicle: Color – Make – Model – Style – License:			
Contact Person		Contact Person	
Name:		Name:	
Address:		Address	
Phone:	Cell #:	Phone:	Cell #:
Work Phone	Pager	Work Phone	Pager
Relationship:		Relationship	
Medical Information/Additional Information/Comments. Use back if necessary.			