



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.**