

# Identification Registry for Adults and Individuals with Special Needs

From time to time, El Segundo Police officers are called upon to assist with a lost senior citizen or a dependent adult. These individuals may be disoriented or suffer from memory loss, making it difficult for officers to identify and return them home safely.

Our officers also come in contact with individuals with special needs that stay at home while their parents work.

The El Segundo Police Department Adult Identification Registry is a FREE service available to any adult or person with special needs who resides in El Segundo. Registration is voluntary and information contained in the database is strictly confidential and for exclusive use by the El Segundo Police Department. Officers will use the database to quickly match characteristics of an individual to those registered in the system.

You can conveniently register a family member by completing the [Online Adult/Special Needs Registry Form](#). (LINK)

***\*To ensure identification of a registrant, please submit/upload a recent photograph with your completed form. It must be at least 2" x 3" in size.***

For questions or more information, call Crime Prevention Analyst Laurie Risk at (310) 524-2274 or [lrisk@elsegundo.org](mailto:lrisk@elsegundo.org).

**Identification Registry Adults and Individuals with Special Needs**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Home Telephone Number

\_\_\_\_\_  
Street Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Physician Name & Address                                      Physician's Telephone Number

Male  
 Female

\_\_\_\_\_  
Date of Birth                                      Gender                                      Race

**Emergency Contact Information**

\_\_\_\_\_  
Height                                      Weight                                      Hair Color                                      Eye Color

\_\_\_\_\_  
Next of Kin

Yes  
 No

\_\_\_\_\_  
Glasses                                      Complexion                                      Language(s) Spoken

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Allergies

\_\_\_\_\_  
Address

\_\_\_\_\_  
Pertinent Medical Information / Condition(s)

\_\_\_\_\_  
Telephone Number(s)

**Residential Information (if living at a care center)**

\_\_\_\_\_  
Special Aid Equipment

\_\_\_\_\_  
Residence Name

\_\_\_\_\_  
Comments

\_\_\_\_\_  
Residence Administrator

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**Please remember to attach a photo  
of the individual registered above**