



**ALBEMARLE COUNTY SHERIFF'S OFFICE**  
**Project Lifesaver**  
"Bringing Loved Ones Home"

411 East High St  
Charlottesville, VA 22902  
www.albemarleso.org

Chan Bryant  
Sheriff  
Office 434-972-4001  
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## CLIENT INFORMATION FORM

Freq. Assigned: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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

Race \_\_\_\_\_ DOB \_\_\_\_\_ Complexion \_\_\_\_\_ (circle) Glasses Cane Walker

Marks, Scars or Tattoos \_\_\_\_\_

Parent or Care Giver \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of nearest relative \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Other relatives/close friends in area \_\_\_\_\_

Phone \_\_\_\_\_

Physical Problems \_\_\_\_\_

Mental Problems \_\_\_\_\_

Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Attach picture, if available