

High Priority Disaster Response Registry

for Vulnerable Seniors and Disabled Persons with Disabilities

- When the registration is received, you will be contacted to review the information to confirm your registration.
- Authorized release will only occur during an emergency to effect delivery of aid to the registered party or to verify registration.

I am registering :

- ☐ I am registering myself
- ☐ I am registering someone else on their behalf

Registrant Information :

Name : _____ Gender : _____

Date of Birth (MM/DD/YYYY): _____

Home Address : _____

Phone # : _____ First Language : _____

Building Contact / Landlord Information (if applicable) :

Emergency Contact Information :

Name of Emergency Contact : _____

Relationship to Registrant : _____

Phone (cell) : _____

Phone (home) : _____

Phone (work) : _____

Emergency Considerations

Please note any information that could be relevant to emergency responders if they are required in an emergency:

- ☐ Hearing Impairment
- ☐ Sight Impairment
- ☐ Service animals or pets
- ☐ Security system in place
- ☐ Mobility aids
- ☐ Critical medications

Other :

When the registration is received, you will be contacted to review the information to confirm your registration.

- ☐ I authorize the information to be maintained confidentially by the Fredericton Public Safety Communications Centre for use only during an emergency that may affect me in my home or to contact me to verify information for the registry.

*Authorized release will only occur during an emergency to effect delivery of aid to the registered part or to verify registration.

Mail completed form to :

City of Fredericton High Priority Disaster Registry
397 Queen Street
Fredericton N.B.
E3B-1B5
Attention : EMO Coordinator