



BURLINGTON TOWNSHIP POLICE DEPARTMENT

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An Internationally
Accredited
Agency

NAME _____ **DATE OF BIRTH** _____

SEX _____ **RACE** _____ **EYE COLOR** _____ **BLOOD TYPE** _____

YEAR _____ **YEAR** _____ **YEAR** _____ **YEAR** _____

HEIGHT _____ **HEIGHT** _____ **HEIGHT** _____ **HEIGHT** _____

WEIGHT _____ **WEIGHT** _____ **WEIGHT** _____ **WEIGHT** _____

HAIR _____ **HAIR** _____ **HAIR** _____ **HAIR** _____

GLASSES Y/N **GLASSES Y/N** **GLASSES Y/N** **GLASSES Y/N**

BRACES Y/N **BRACES Y/N** **BRACES Y/N** **BRACES Y/N**

DENTIST NAME **DENTIST NAME** **DENTIST NAME** **DENTIST NAME**

SCARS _____ **SCARS** _____ **SCARS** _____ **SCARS** _____

DISIBILITIES **DISIBILITIES** **DISIBILITIES** **DISIBILITIES**

HOBBIES **HOBBIES** **HOBBIES** **HOBBIES**

OTHER **OTHER** **OTHER** **OTHER**

