

Register your family member with the  
Santa Monica Police Department's  
Adult Identification Registry.

Help the Police Department get you back  
home if you are ever lost or unable to  
communicate your identity to them.

Please fill out and send the form to the  
Police Department,  
include a current photograph.\*

Your information is always  
kept confidential.\*

- Photo must be at least wallet size  
(approx. 2"x3").

Please provide a photo (if one was  
not taken by SMPD staff).  
Photos will not be returned.

\*Access to the database is limited to  
the Santa Monica Police Department.

Your personal information will NOT  
be shared with any other entity.

Please complete and mail form with  
a photograph to the address below:

**Santa Monica Police Department  
Community Affairs Unit  
333 Olympic Drive  
Santa Monica, CA 90401  
(310) 458-8474**

**Access the form on our website:  
[www.santamonicapd.org](http://www.santamonicapd.org)**



**Santa Monica Police  
Department**

**Adult  
Identification  
Registry**

**Jacqueline A. Seabrooks  
Chief of Police**

**SANTA MONICA POLICE DEPARTMENT  
ADULT IDENTIFICATION REGISTRY INFORMATION**

Mail to: Santa Monica Police Department, Attn: Community Affairs Unit, 333 Olympic Drive, Santa Monica, CA 90401

**MUST include current photograph**

PLEASE PRINT CLEARLY

**Name of Registrant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_ **CA**  
Number Street Apt # City State Zip

Care Facility Name (if applicable): \_\_\_\_\_

Telephone (yours): \_\_\_\_\_

Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Male

Female

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Contact Person (family member or caretaker):** \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office Use Only:	WISE	_____
FC#	_____	ICIS Entry date: _____