



DIANA L. QUAST, TOWN CLERK
MASTER MUNICIPAL CLERK
363 UNDERHILL AVENUE
YORKTOWN, NY 10598
(914)962-8152

SENIOR IDENTIFICATION PROGRAM APPLICATION

DATE: _____

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: ____/____/____ AGE: _____

ADDRESS: _____ TOWN: _____ ZIP CODE: _____

PHONE NUMBER: _____

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____ BLOOD TYPE: _____

MEDICAL CONDITIONS: _____

ALLERGIES OR OTHER
VITAL INFORMATION: _____

PHYSICIAN INFORMATION:

NAME: _____ PHONE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP _____ PHONE: _____

1. _____

The Applicant is the ONLY one with the record when completed—**WE DO NOT KEEP ANY DATA.**