



**City of Midland Communications Center & Fire Department
Autism and Developmental
Disability Registry Form**

Fax completed forms to 432-685-7533 or email to abishop@midlandtexas.gov or awolf@midlandtexas.gov. **Please provide a current picture as well.**

Date: _____

Full name: _____

AKA: _____

Address: _____

_____ Zip: _____

Phone #: _____

Family Contact Information

Name: _____

Relationship: _____

Address: _____

_____ Zip: _____

Phone numbers

Home: _____ Work: _____

Cell: _____ Other: _____

Comments or extra information: _____

With my signature, I hereby authorize the City of Midland Public Safety Communications Center/Fire Department to utilize the information provided by me for the safety of this person.

Authorized Signature _____

Date _____



Personal Information

DOB _____

Sex _____

Race _____

Height _____

Weight _____

Hair Color _____

Eye Color _____

Facial Hair _____

Distinguishing Marks

(tattoos, scars, birthmarks)

Medical Diagnosis

Allergies: _____

Primary Physician

**Special Considerations/
Behavioral:**
