

KERR COUNTY SHERIFF'S OFFICE CERT PROGRAM
PERSONAL INFORMATION SHEET

Date: _____ Driver's License Number: _____

Last Name: _____ **First Name:** _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

EMAIL Address: _____

Do you speak another Language? If so, what language: _____

Do you have any special accommodations that you might need?:

Emergency Contact Information:

In case of emergency, person to contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Alternate Number: _____

Allergic to: _____

Physican: _____ Blood Type _____

Have you signed up for **CodeRED**? _____ (Required)

The Kerr County Sheriff's Cert Program will notify you by phone, email and/or through the
CodeRED System. Please update us if changes are made.