



Personal Information for Document Service

REGISTRY FILE NUMBER

REGISTRY LOCATION

Instructions: Please complete this form to assist Sheriffs with the service of your document. If available, please attach photographs of the person and/or copies of ID cards (i.e.: driver's licence). Once completed, please give this form to the registry or the Sheriff Office responsible for the service address.

Requestor information

Name: _____

Address: _____

Telephone number: _____ Email: _____

Date information form completed: _____

Information about the person to be served or arrested

Full name: _____

Home address: _____

Age (approximate): _____ Date of Birth: _____

Cell phone number: _____ Home phone number: _____

Email address: _____

Occupation: _____ Work telephone number: _____

Work address: _____

Other contact information (if available): _____

Ethnicity: _____ Gender: _____

Complexion: _____ (fair, medium, dark)

Height: _____ Weight: _____

Hair colour: _____ Hair style: _____

Facial hair: _____ Glasses: Yes No

Scars, birthmarks, tattoos, etc.: _____

Other distinguishing features: _____

Vehicle: _____
(make) (model) (year) (colour) (licence number)

Additional Information (Social Media Names/Handles, Etc.): _____