



**Office of the Sheriff  
County of Franklin, Virginia  
MARCUS ALERT**

Date: \_\_\_\_\_

By submitting your information on this form, you agree to authorize its release to emergency responders, voluntarily.

**Please provide the information of the person submitting this form to the emergency needs database.**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Phone number Relationship

\_\_\_\_\_  
Email Address

**Please provide the information of the person identified for the Emergency Needs Database**

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Street Address (NO PO BOXES) City Loc/Apt

\_\_\_\_\_  
Home Phone Number Cell Phone Number Date of Birth

Male  Female

\_\_\_\_\_  
Email Address

Information you would like to voluntarily provide for First Responders in the event you call 911 for assistance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide emergency contact information below**

\_\_\_\_\_  
Contact First Name Contact Last Name Relationship type

\_\_\_\_\_  
Contact phone number 1 Contact phone number 2

\_\_\_\_\_  
Contact First Name Contact Last Name Relationship type

\_\_\_\_\_  
Contact phone number 1 Contact phone number 2

**Completed forms may be returned by one of the following methods.**

- Postal Mail- 70 East Court St, Rocky Mount, VA 24151  
ATTN: Marcus Alert
- Email: [sheriffmarcusalert@franklincountyva.gov](mailto:sheriffmarcusalert@franklincountyva.gov)
- Office: Drop off the paperwork at 70 East Court St, Rocky Mount
- Fax: 540-483-3023

**Completed forms must be renewed in one year from the date listed.**