



Town of New Milford COVID-19 Vaccination Pre-Registration Form

Please fill out this form if you are a New Milford resident age 65 or older.

If you have any questions regarding this form, please call the Senior Center at 860-355-6075. Any information submitted in this form will be kept confidential. Completed forms should be dropped off at Town Hall or may be mailed to: Town of New Milford Mayor's Office, 10 Main Street, New Milford, CT 06776

Please check all of the following applicable factors:

- I am 65+ years of age
- I am 75+ years of age
- I am homebound

Name (First and Last):

Date of Birth:

Residential Address (Street, City, State, Zip):

Mailing Address if different (Street, City, State, Zip):

Primary Phone Number:

Cell Phone Number (If different than your primary phone number):

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Email Address:

To better serve our community, we ask that you provide the following information:

Is there anyone in the household that requires special medical attention in case of a power outage? :

- No
- Yes, someone in the household has the following needs (ex: Oxygen, Dialysis Machine, etc.)
