

**Chester County**  
**Constable/Deputy Constable Information Sheet**

Constable  Deputy Constable  (check one)

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Municipality Elected: \_\_\_\_\_

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

PCCD Certification Number: \_\_\_\_\_

I'm a Deputy Constable for: \_\_\_\_\_

I have the following Deputy Constable(s): \_\_\_\_\_

\_\_\_\_\_

Number to be given out to the Public for contact purpose: \_\_\_\_\_

- **If any of the above information changes, please contact DJ Administration within 72 hours\***

I, the undersigned Constable/Deputy, verify that the statements made on this sheet are true and correct and in accordance with County policy. I understand that false statements made herein are subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Constable/Deputy Constable

\_\_\_\_\_  
Date

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detach

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security: \_\_\_\_\_

**This information is for Official use only; it is not for the public use or disclosure.**