

Employee Emergency Contact Information

Experience has shown repeatedly that when a line-of-duty death or serious injury occurs, up-to-date employee information is critical. Officials responsible for notification must have access to only the current and correct information.

The information that you provide will be used **ONLY** in the event of your serious injury or death in the line of duty. Please take the time to fill it out fully and accurately because the data will help the fire department take care of your family and friends.

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Home Address		
City	State	Zip
Daytime Phone Number	Evening Phone Number	
()	()	

CONTACT INFORMATION

Family or friends you would like the department to contact. Please list in the order you want them contacted. If needed, provide additional names on the back of this sheet. **NOTE:** If the contact is a minor child, please indicate the name of the adult to contact.

Name
Relationship
Home Contact Information:
Address:
Phone:
Work Contact Information:
Name of Employer:
Address:
Phone: ()
Pager/Cell Phone: ()
Special Circumstances, i.e. health, age, etc.

Employee Emergency Contact Information

Name
Relationship
Home Contact Information:
Address:
Phone:
Work Contact Information:
Name of Employer:
Address:
Phone: ()
Pager/Cell Phone: ()
Special Circumstances, i.e. health, age, etc.

List the department member(s) you would like to accompany a chief fire officer to make the notification.
Name: DOB:
Name: DOB:

List anyone else you would want to help make the notification, (Example, your minister):
Name
Relationship:
Home Contact Information:
Address:
Phone:
Work Contact Information:
Address:
Phone:

Employee Emergency Contact Information

List names and dates of birth of all of your children if applicable:	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

Name of school(s) your children attend:
Name:
Town:
Phone Number:
Name:
Town:
Phone Number:

Religious Preferences:
Religion:
Place of Worship:
Address:

Are you a Veteran of the U.S. Armed Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are entitled to a Military Funeral, do you wish to have one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you wish to have a fire service funeral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list your membership in fire service, religious, or community organizations that may provide assistance to your family:

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Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where is it located: _____	

Please list insurance policies:		
Insurance Carrier:	Policy Number:	Location:

Primary Physician Information:
Name:
Address:
Phone Number:

Primary Dentist Information:
Name:
Address:
Phone Number:

List Tattoos Scars or other identifying marks.
Location: Type: Description:
Location: Type: Description:
Location: Type: Description:

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Special Requests:

Directions To Your Home & Next of Kin. Please name NOK below and attach directions to there location, (i.e. MapQuest Directions).

Name:	State: _____
Out of State Info: _____	
Name:	State: _____
Out of State Info: _____	
Name:	State: _____
Out of State Info: _____	
Name:	State: _____
Out of State Info: _____	

Signature:

Date: