

EMPLOYEE EMERGENCY CONTACT 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 department take care of your family and friends.

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Home Address		
City	State	Zip
Phone Number		
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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 – such as health conditions or need for an interpreter

Name
Relationship
Home Contact Information
Address: Phone:
Work Contact Information
Name of Employer: Address: Phone: Pager/Cell phone:
Special Circumstances – such as health conditions or need for an interpreter

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

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

List anyone else you want to help make the notification. (for example, your minister)
Name:
Relationship:
Home Contact Information
Address:
Phone:
Work Contact Information
Name of Employer:
Address:
Phone:
Pager/Cellphone:

OPTIONAL INFORMATION

Make sure someone close to you knows this information.

Religious Preferences
Religion:
Place of Worship:
Address:

Funeral Preferences		
Are you a veteran of the U. S. Armed Services?	yes	no
If you are entitled to a military funeral, do you wish to have one?	yes	no
Do you wish to have a fire service funeral?	yes	no

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

Do you have a will?	yes	no
<i>If yes, where is it located or who should be contacted about it?</i> _____		

List all life insurance policies you have:		
<u>Company</u>	<u>Policy Number</u>	<u>Location of Policy</u>
Is all information current? (beneficiary names, contact info, etc. This information may determine who gets Federal benefits.)		

Special Requests
If you are an organ donor, coordination with the medical officials will be necessary. List any requests in this section.

Form last updated on _____

Reprinted from the National Fallen Firefighters Foundation's *Taking Care of Our Own*® materials.