

Emergency Contact Form

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. Please update anytime you feel it is necessary. This information is considered highly confidential and restricted for emergency use only.

Personal information

Last name: _____ First name: _____ Middle name: _____

Home address: _____

City: _____ State: _____ Zip: _____

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.

First contact

Name: _____ Relationship: _____

Home address: _____

City: _____ State: _____ Zip: _____

Name of employer: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

Special circumstances (health conditions or need for an interpreter): _____

Second contact

Name: _____ Relationship: _____

Home address: _____

City: _____ State: _____ Zip: _____

Name of employer: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

Special circumstances (health conditions or need for an interpreter):

List names and dates of birth of all of your children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Parental information:

Mother's name: _____ Father's name: _____

Brothers' and sisters' names and ages:

List the Department member(s) you would like to accompany a Chief Fire Officer to make the notification of the incident:

Name: _____

Name: _____

Name: _____

Name: _____

List anyone else you want to help make the notification: (For example, your minister)

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Work Contact Information (Volunteer Use or Secondary Employer):

Name of employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____

Religious Preferences:

None: _____

Religion: _____ Place of worship: _____

Address: _____

City: _____ State: _____ Zip: _____

Final resting choice (burial, cremation): _____ Location: _____

Make sure someone close to you knows this information.

Funeral Preferences :

Are you a veteran of the U.S. Armed Forces? 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 aid your family: _____

Do you have a will? Yes _____ No _____

If yes, where is it located or who should be contacted about it? _____

List all life insurance policies you have :

Company: _____

Policy number: _____

Location of policy: _____

Company: _____

Policy number: _____

Location of policy: _____

Is all information current? Beneficiary names, contact info, etc., this information may determine who gets Federal benefits. Yes _____ No _____

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

