

EMPLOYEE INFORMATION

Last Name: _____ First Name: _____ MI: _____

Employee Number: _____ Birth Date: _____ / _____ / _____

Hire Date: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

By checking this box I give permission for (AGENCY NAME) to release the information needed by the MN EMS Honor Guard in case of serious injury, illness or death.

*I **Do Not** wish this information to be released.*

Signature: _____ Date: _____ / _____ / _____

EMERGENCY CONTACT

Primary Contact

Last Name: _____ First Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Secondary Contact

Last Name: _____ First Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Special Instructions (If you have any special requests, wishes or directions that you would like in the event of a LODD or serious injury. Please list them here.)

Date Form Completed: _____ Review Date: _____

DO NOT TURN IN – FOR YOUR RECORDS ONLY

** Make sure your family knows where this form, as well as the forms referenced on this sheet are located. **

GENERAL INFORMATION

	YES	NO	COMMENT
Veteran?			Branch: _____
Location of Military Discharge Papers? (DD214) _____			Serial #: _____
Are you entitled to a military funeral?			
Do you request a military funeral?			
Do you request an EMS Honor Guard Funeral?			
Do you wish to have a Chaplain take part in the service?			
Do you desire to have the American Flag on your casket?			
Are you an organ donor?			
Do you have Life Insurance?			Does your family know where the policy is located?
Do you have a will established?			Make sure your family knows where the will is located and who the Executor is.

Any other comments or wishes you have, use the space below.

--

