**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** |  |  |
| **( )** | | |

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: Normal Work Hours: | | |
| Pager/Cell Phone: | | |
| **Special Circumstances - such as health conditions or need for an interpreter** | | |
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**Employee Emergency Contact Information**

**CONTACT INFORMATION, con’t**

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
|  | | |
| **Relationship** |  |  |
|  | | |
| **Home Contact Information** |  |  |
| Address: | | |
| Phone: | | |
| **Work Contact Information** |  |  |
| Name of Employer: | | |
| Address: | | |
| Phone: Normal Work Hours: | | |
| Pager/Cell Phone: | | |
| **Special Circumstances - such as health conditions or need for an interpreter** | | |
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|  |  |
| --- | --- |
| **List the names and birth dates of all your children** |  |
| Name: | DOB: |
| Name: | DOB: |
| Name: | DOB: |

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

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

**Employee Emergency Contact Information**

**OPTIONAL INFORMATION**

Make sure someone close to you knows this information.

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| --- |
| **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 memberships in the fire service, and religious or community organizations that may provide assistance to your family: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
|  | | |
| Do you have a will? Yes No | | |
| *If yes, where is it located, or who should be contacted?* | | |
| Are you a designated organ donor? Yes No | | |
| *If yes, coordination with a medical examiner may be required.* | | |
|  | | |
| **List all life insurance policies you have** | | |
| Company | Policy Number | Location of Policy |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
|  | | |
| Is all information current? (beneficiary names, contact info, etc.) Yes No  *This information may determine who gets Federal benefits.* | | |

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| --- | --- | --- |
| **Special Requests** |  |  |
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Employee Signature Date