

BLM UTAH EMERGENCY NOTIFICATION INFORMATION

The information you provide will **ONLY** be used in the event of a serious injury or death in the Line-of-Duty. Please take the time to fill it out fully and accurately because this data is critical in the timely notification of your loved ones. Return this form to your Supervisor upon completion.

REQUIRED INFORMATION

PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MIDDLE NAME(s)		
Physical Address		City	State	Zip Code
Home Phone		Cell Phone		

EMERGENCY CONTACT INFORMATION					
Primary Contact					
1.	Name	Relationship	Cell Phone	Work Phone	
	Physical Address		City	State	Zip Code
Employer Name	Work Address		City	State	

Secondary Contact					
2.	Name	Relationship	Cell Phone	Work Phone	
	Physical Address		City	State	Zip Code
Employer Name	Work Address		City	State	

OPTIONAL INFO

NOTIFICATION					
Identify those whom you would like to assist with the notification, if possible. This could be anyone, pastor, co-worker, family friend, Support Officer, etc....					
1.	Name	Relationship	Cell Phone	Work Phone	
	Employer Name	Physical Address		City	State

2.	Name	Relationship	Cell Phone	Work Phone	
	Employer Name	Physical Address		City	State

FUNERAL PREFERENCES

Are you a veteran of the U.S. Armed Forces? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, which branch of service? _____
Are you entitled to a military funeral? If so, do you wish to have one?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If applicable, do you wish to have a fire service or law enforcement funeral?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please list your membership in any groups or organizations that may provide assistance to your family	
Please provide any additional information you would like us to be aware of	

MEDICAL INFORMATION

Family Doctor	Doctor Name:			
	Address:			
	Office Phone:			
Are you covered by an insurance plan? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, plan name: _____		
ALLERGIES	MEDICATIONS NEEDED		BLOOD TYPE	

PERSONAL INFORMATION

Children	Name	Birth Date	Name	Birth Date

RELIGIOUS PREFERENCES

Religion	Place of Worship	Address

Signature _____ **Date** _____

This information is being collected pursuant to Title 5 U.S.C. Section 7901, which provides for the establishment of procedures to deal with emergency situations. The information in this form will be used only in an emergency to speed the provision of medical care and/or to notify a relative(s) or other person(s) specified of an accident or injury. This form will not be used for any other purposes. Except for fire and law enforcement employees, the disclosure of this information is strictly voluntary and there will not be any adverse effects on your employment status if you do not complete this form.