**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:** |
| **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** |
|  |
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|  |  |
| --- | --- |
| **List of names and dates of birth of all of your children** | |
| Name: | DOB: |
| Name: | DOB: |
| Name: | DOB: |

|  |
| --- |
| **List the department members(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/Cell Phone: |

**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 | | |
| *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 |
|  |  |  |
|  |  |  |
| Is all the 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 |