



## Employee Emergency Contact Information

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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.

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### PERSONAL INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: (\_\_\_\_) \_\_\_\_\_

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### 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.**

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Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Contact Information: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work Contact Information: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Pager/Cell Phone: \_\_\_\_\_

Special Circumstances - such as health condition or need for interpreter:

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Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Contact Information: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work Contact Information: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Pager/Cell Phone: \_\_\_\_\_  
Special Circumstances - such as health condition or need for interpreter:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Contact Information: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work Contact Information: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Pager/Cell Phone: \_\_\_\_\_  
Special Circumstances - such as health condition or need for interpreter:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Contact Information: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work Contact Information: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Business Pager/Cell Phone: \_\_\_\_\_  
Special Circumstances - such as health condition or need for interpreter:

\_\_\_\_\_  
\_\_\_\_\_

**List the names and dates of birth of all your children: (Attach additional names as needed.)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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**List the department member(s) you would like to accompany a senior fire officer to make the notification(s), if possible.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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**List anyone else that you may want to help make the notifications, for example, your minister.**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Contact Information: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Work Contact Information: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

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**Optional Information**

(Make sure that someone close to you knows this information.)

Religious Preferences: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Place of worship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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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? \_\_\_\_\_  
Do you wish to have a fire service funeral? \_\_\_\_\_

Please list your membership in fire service, religious or community organizations that may provide assistance to your family:

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Do you have a will? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, where is it located or who should be contacted about it?*

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List all life insurance policies that you have:

Company	Policy Number	Location of Policy
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Is all information current? This information may determine who receives Federal benefits.**

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Special requests:

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

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**Form last updated on:** \_\_\_\_\_