

## **Notice of Intent of Use**

**The sensitive and personal information contained in this document is being provided with the intent of assisting my family and department.**

**The information contained in the Employee Emergency Contact Information is intended for use ONLY in the event of an EXTREME Life Threatening event or in the event of my death.**

**Any staff member who uses or accesses this information for reasons OTHER than its intended use will be subject to disciplinary actions by the department which will result in disciplinary action no less than suspension of duties with the possibility of employment termination.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# **Employee Emergency Contact Information**

The information that you provide will **only** be used in the event of your serious injury or death in the line of duty, or within 24 hours of a duty day. 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**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<hr/>		
<b>Home Address</b>		
<hr/>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<hr/>		
<b>Phone Number</b>		
<hr/>		
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## **Contact Information**

Family or friends you would like the department to contact, *listed in the order you want them notified!*  
Please use the back of this form for additional information.  
*Please give all means of making contact with these persons.*

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

### **Home Contact Information:**

**Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone – Pager:** \_\_\_\_\_

### **Work Contact Information:**

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home Contact Information:**

**Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone – Pager:** \_\_\_\_\_

**Work Contact Information:**

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home Contact Information:**

**Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone – Pager:** \_\_\_\_\_

**Work Contact Information:**

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home Contact Information:**

**Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone – Pager:** \_\_\_\_\_

**Work Contact Information:**

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Home Contact Information:**

**Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone – Pager:** \_\_\_\_\_

**Work Contact Information:**

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Family Information**

**Spouse Name (Maiden Name if applicable)** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Children's Name(s)** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Parents Name(s)** \_\_\_\_\_ **Phone Number(s)** \_\_\_\_\_

**Sibling(s) Name(s)** \_\_\_\_\_ **Phone Number(s)** \_\_\_\_\_

**In-Law's Name(s)** \_\_\_\_\_ **Phone Number(s)** \_\_\_\_\_

**Departmental Notification Preferences**

Please list a department member you would like to accompany a senior officer to make any notifications:

**List anyone else you want to help make notifications (i.e.: Clergy or Minister)**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Access Information**

Provide any information that would allow people to access password controlled items.

<i>Item</i>	<i>User Name</i>	<i>Password</i>

**Additional Information that may be of assistance to the department or your family.**

**Funeral Preferences**

**Funeral Home Preference:** \_\_\_\_\_

**If a free or discounted funeral can be arranged, is it acceptable to utilize a different firm?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**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 \_\_\_\_\_

**If your hometown is a distance from your place of employment, would you consider services in both locations if it is possible to arrange?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Special Requests:**

**Personal Financials**

**Do you have a will?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Location of will:** \_\_\_\_\_

**Name of Attorney:** \_\_\_\_\_

**Life Insurance(s) information:**

**I understand that this information is being provided for use ONLY in the event of a life threatening illness or injury or in the event of my sudden death.  
Use of this information for any other reason is strictly prohibited.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Updated:** \_\_\_\_\_

**Updated:** \_\_\_\_\_