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: