

SAMPLE ONLY
Emergency Contact Form
CONFIDENTIAL – RESTRICTED ACCESS

Instructions: Please complete parts A, B & C of this form with your spouse, family or other close relative. Once completed, Part A shall be submitted to your supervisor in a sealed envelope with your signature across the seal. *It will only be accessed in the event of an emergency involving you.* Keep a copy of parts A, B and C for yourself and place it in a safe, but easily accessed known location.
Optional: submit Part B with Part A to your supervisor in a sealed envelope.

PART A Primary Information

Last Updated _____

Full Name: _____	
Current Address: _____ _____	
Date of Birth: _____	Home Telephone Number: _____
Social Security Number: _____	Cell Phone Number: _____
Place of Birth (City, State): _____	Work number: _____
Are you an Organ Donor: YES <input type="checkbox"/> NO <input type="checkbox"/>	

Immediate family contact information:

Spouse/ Significant Other: _____	
Current Address: _____ _____	
Home Telephone Number: _____	Work Location: _____ Work Number: _____
Cell Phone Number: _____	Pager Number: _____
Children (Names & age only): _____ _____	

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Primary Information, continued

Parent(s) Name: _____	
Current Address: _____ _____	
Home Telephone Number: _____	Work Phone Number: _____
Cell Phone Number: _____	Pager Number: _____
Siblings (include name, address, and telephone number): _____ _____ _____	
Please have the following department members assist with any notifications: _____ _____ _____ _____	
Other Details/Special Requests/Needs (i.e.: interpreter, etc.): _____ _____ _____	

Signature _____

Date _____

End of Part A

(Please submit Part A to your supervisor in a sealed envelope with your signature across the seal.)

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PART B

**Funeral Arrangements/
 Requests**

Last Updated _____

Do you have any prearranged funeral plans? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, the location of those plans are: _____ _____	
Do you have autopsy restrictions? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Military-Style Funeral? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, what branch?
Emergency Services Style Funeral? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Church Contact: _____	
Funeral Home Contact: _____	
I wish to be buried: YES <input type="checkbox"/> NO <input type="checkbox"/>	I wish to be buried In my uniform: YES <input type="checkbox"/> NO <input type="checkbox"/>
I wish to be cremated YES <input type="checkbox"/> NO <input type="checkbox"/>	Cemetery of Choice: _____
I wish the following people be pallbearers: (please list last known contact information) _____ _____ _____	
The type of funeral service I choose is (i.e.: Eulogy, prayers, traditions, etc.): _____ _____ _____	
Special music request: _____ _____ _____	

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PART C Personal Information

Last Updated _____

My Primary Care Physician is:

My Dentist is:

My insurance company is:
 Health: _____
 Vehicle: _____
 Home: _____
 Life: _____

Retirement Account information:

Do you have a Will?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, the location of my Will is:
Do you have a Power Of Attorney (POA)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, the location of My POA is:
Do you have a DNR:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, the location of my DNR is:
Do you have a Health Care Proxy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, the location of my Health Care Proxy is:
Do you have A Lawyer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, my Lawyer is:
Do you serve in the Military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what Branch?

Signature _____

Date _____

End of Part C
 (Please keep this portion in a safe but secure location at your place of residence. DO NOT SUBMIT PART C TO YOUR SUPERVISOR)