

# Bedford County Department of Fire & Rescue



Date of Policy \_\_\_\_\_

## Fire & Rescue 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

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Home Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>		<b>DOB</b>
<b>Position</b>		<b>Date of Service</b>

### CONTACT INFORMATION

Family or friends you would like the department to contact. Please list the order you want them contacted. If needed, provide additional names on the back of this sheet.  
**NOTE: If the contact is a minor, please indicate the name of the adult to contact.**

<b>Name</b>	
<b>Relationship</b>	
<b>Home Contact Information</b>	<b>Color of House</b>

Address:
Phone:
<b>Work Contact Information</b>
Name of Employer:
Address:
Phone:
Pager / Cell phone:
<b>Special Circumstances- such as health conditions or need for an interpreter</b>

<b>Name</b>	
<b>Relationship</b>	
<b>Home Contact Information</b>	<b>Color of House</b>
Address:	
Phone:	
<b>Work Contact Information</b>	
Name of Employer:	
Address:	
Phone:	
Pager / Cell phone:	
<b>Special Circumstances- such as health conditions or need for an interpreter</b>	

<b>List names and dates of birth of all of your children. (attach additional names)</b>	
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:

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

Name:  
Name:

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

Name:  
Relationship:  
Address (home):  
Phone (home):  
Name of Employer:  
Address:  
Phone:  
Pager/cellphone:

**OPTIONAL INFORMATION**

Make sure someone close to you knows this information.

<p>Religious Preferences</p> <p>Religion: Place of Worship: Address:</p>											
<p>Funeral Preferences</p> <table border="0"> <tr> <td>Are you a veteran of the U.S. Armed Forces?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>If you are entitled to a military funeral, do you wish to have one?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Do you wish to have a fire service funeral?</td> <td>YES</td> <td>NO</td> </tr> </table>			Are you a veteran of the U.S. Armed Forces?	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
Are you a veteran of the U.S. Armed Forces?	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									
<p>Please list your membership in fire service, religious, or community organizations that may provide assistance to your family:</p>											

Do you have a will? <i>If yes where is it located or who should be contacted about it?</i>	YES	NO
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List all life insurance policies you have: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"><u>Company</u></td> <td style="width: 33%; border-bottom: 1px solid black;"><u>Policy Number</u></td> <td style="width: 33%; border-bottom: 1px solid black;"><u>Location of Policy</u></td> </tr> </table>	<u>Company</u>	<u>Policy Number</u>	<u>Location of Policy</u>
<u>Company</u>	<u>Policy Number</u>	<u>Location of Policy</u>	

Is all beneficiary information current? Accuracy of information may determine who gets Federal benefits.
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<b>Special Requests</b> If you are an organ donor, coordination with the medical officials will be necessary. List any requests in this section.
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