

**NORTHERN KENTUCKY FIREFIGHTER'S ASSOCIATION  
EMPLOYEE EMERGENCY INFORMATION**

Please return this completed packet in a sealed envelope. The envelope will be unsealed **ONLY** in the event of **your serious injury or death in the line of duty**. Please take the time to fill it out completely and accurately with your spouse, family member or close relative. **Please type or print all responses.**



Name: \_\_\_\_\_ Nick name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ FFN: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Spouse**

Spouse's name: \_\_\_\_\_

Work address: \_\_\_\_\_ Suite: \_\_\_\_\_

Work phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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If divorced, should notification be made to your "ex" spouse? \_\_\_\_\_ If yes, please fill in this section.

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address, if known: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Ext. \_\_\_\_\_

**Children—Minors**

**Name:** \_\_\_\_\_ **Nick name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **School name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

Please list a person who is authorized to pick them up in an emergency:

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Nick name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **School name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

Please list a person who is authorized to pick them up in an emergency:

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Nick name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **School name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

Please list a person who is authorized to pick them up in an emergency:

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Please list the names and addresses of any children NOT living at home:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

**Work No:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

**Work No:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell No.:** \_\_\_\_\_

**Work No:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**Parents, Siblings, In-Laws**

Please list the names, addresses and phone numbers of family members below who you would like notified in the event of your serious injury or death. All effort will be made to make any notification face-to-face to immediate family members. (If more space is needed, place it on the back of this sheet or an additional page)

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

Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

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

Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

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

Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

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

Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

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

Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

With the notification, are there any special circumstances, such as health concerns with any family members? Please list their name(s) and special circumstances in the space below.

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Besides the Chief making the notification, is there anyone from the **Fire Department** you wish to be there, too. Please list their name (s) below:

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**Close Friends/Special People**

Is there anyone (family or close friend) else you would like to have accompany the Fire Department representative when notification is made? Please list their information below.

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

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

Phone No.: \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No.: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No.: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No.: \_\_\_\_\_

**Funeral Arrangements**

***In the event of your death, our department will offer to assist your family with funeral arrangements and to render departmental honors. If your death occurs "in the line of duty," it will be our desire and honor to render 'full professional honors' in recognition of your service and sacrifice. While such assistance and rendering of honors must be in accordance with the wishes of your family and within the scope of departmental policy, the following information will help guide us and them.***

Desired Department Member(s)

To act as Family Liaison \_\_\_\_\_

Do you wish to have a BURIAL \_\_\_\_\_ or CREMATION \_\_\_\_\_

Do you have a pre-arranged funeral service? \_\_\_\_\_ If so, where? \_\_\_\_\_

If not, do you have a funeral home preference? \_\_\_\_\_

Do you already have a burial plot? \_\_\_\_\_ If so, where? \_\_\_\_\_

If not, do you have a cemetery preference? \_\_\_\_\_

Are you now or have you been a member of the military? \_\_\_\_\_ Details / Comments \_\_\_\_\_

Are you a member of a house of worship? \_\_\_\_\_ Details \_\_\_\_\_

Requested Clergy to officiate \_\_\_\_\_

Additional Clergy or Second Choice \_\_\_\_\_

Other Speakers \_\_\_\_\_

Requested Pall Bearers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Music  
Selections \_\_\_\_\_

Preferred  
Readings \_\_\_\_\_

Preferred  
Poems \_\_\_\_\_

Preferred  
Burial attire:      Uniform \_\_\_\_\_ Civilian \_\_\_\_\_ Comments \_\_\_\_\_

Do you have a preferred charity for donations in lieu of flowers? \_\_\_\_\_

Special Requests /Other Preferences  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

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

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Significant past medical history: \_\_\_\_\_

\_\_\_\_\_

Blood type: \_\_\_\_\_ If a blood transfusion is necessary, do you wish to have one? \_\_\_\_\_

Are you an organ donor? \_\_\_\_\_ If yes, please give details \_\_\_\_\_

In the event of your death, do you wish to become an organ donor? \_\_\_\_\_

Do you wish to leave this decision with a family member? \_\_\_\_\_ If yes, please fill out below

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Cell No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

If you wish, feel free to enclose a copy of dental records for identification purposes should your body be severely disfigured.



**ALL INFORMATION IS CONFIDENTIAL. THIS ENVELOPE WILL NOT BE OPENED UNLESS YOU ARE SERIOUSLY INJURED OR DEATH OCCURS IN THE LINE OF DUTY.** For any changes to this packet, a written request needs to be submitted to the Fire Chief or Assistant Chief. It is recommended that you make a photocopy of this packet for your reference.

Please print and sign your name, date it, and place it in the envelope provided. Seal the envelope and then initial and date it across the sealed seam. The Fire Chief or Assistant Chief will initial next to your name.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Spouse or witness signature

\_\_\_\_\_  
Date