

IAFF Fallen Fire Fighter Family Support

Emergency Contact Information



The contact information you provide will only be used in the event of a line-of-duty death or serious injury. The information will remain confidential and will only be used to support your family and friends.

Personal Information		
[Name]	[Phone]	[Alternate phone]
[Home Address 1]	[City]	[State/Province]
[Home Address 2]	[Zip/Postal Code]	[Today's Date]
Spouse/Partner:		
[Name] [Relationship]	[Phone]	[Date of Birth]
Children:		
[Child 1]		[Date of Birth]
[Child 2]		[Date of Birth]
[Child 3]		[Date of Birth]
[Child 4]		[Date of Birth]
Designate family member(s) to be contacted (in order):		
Contact Information #1		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Home Address]	[City]	[State/Province]
[Employer's Name]	[Work Phone]	
[Employer Address 1]	[City]	[State/Province]
[Employer Address 2]	[Zip/Postal Code]	
In the event this person is contacted, list any special circumstances:		

Contact Information #2		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Home Address]	[City]	[State/Province]
[Employer's Name]	[Work Phone]	
[Employer Address 1]	[City]	[State/Province]
[Home Address 2]	[Zip/Postal Code]	
In the event this person is contacted, list any special circumstances:		
In the event of a line-of-duty death or serious injury, designate a primary and alternate member that you wish to serve as your family liaison		
[Primary Family Liaison]	[Phone]	[Alternate phone]
[Alternate Family Liaison]	[Phone]	[Alternate phone]
Designate individuals that you may want to assist your immediate family (family friend, clergy, neighbor, family advisor, lawyer, etc.)		
Additional Assistance Information #1		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Address 1]	[City]	[State/Province]
[Address 2]	[Zip/Postal Code]	
Additional Assistance Information #2		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Address 1]	[City]	[State/Province]
[Address 2]	[Zip/Postal Code]	

Additional Assistance Information #3		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Address 1]	[City]	[State/Province]
[Address 2]	[Zip/Postal Code]	
Additional Assistance Information #4		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Address 1]	[City]	[State/Province]
[Address 2]	[Zip/Postal Code]	
Additional Assistance Information #5		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Address 1]	[City]	[State/Province]
[Address 2]	[Zip/Postal Code]	
Additional Assistance Information #6		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Address 1]	[City]	[State/Province]
[Address 2]	[Zip/Postal Code]	
Additional Assistance Information #7		
[Name]	[Phone]	[Alternate phone]
[Relationship]		
[Address 1]	[City]	[State/Province]
[Address 2]	[Zip/Postal Code]	
[Address 2]	[Zip/Postal Code]	

Special Concerns and/or Requests