



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Scope (agency): _____

Fire Department: _____ **Local:** _____

Policy Contact Person: _____

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1. Contents of a Policy

Employee Personal Information File is to be utilized in fulfilling the last wishes of an employee in the tragic event of a line-of-duty death (LODD).

2. Definition

A Personal Information File is a document making others aware of the deceased employee's funeral wishes and any other legal papers that the family needs to know of.

3. Resources

A secure storage system that is accessible by a chief officer 24/7.

4. Procedures

Every employee will fill out a Personal Information File, and update and review when there is a life change.

Approved: _____

Last reviewed on: _____



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PERSONAL INFORMATION FILE

The information provided in this file will only be used in the event of your serious injury or death in the line of duty. This information will help the fire department take care of your family and friends. Please answer the questions completely and accurately.

Last Name

First Name

Middle Name

Home Address

City

State

Zip

Phone Number

Alternate Phone Number

CONTACT INFORMATION

Please list family and/or friends you would like the department to contact in the event of a serious injury or death, in the order you want them contacted. If needed, provide additional names on the back of this sheet.

Contact #1 — Name

Relationship

Home Contact Information

Address:

Phone:

Work Contact Information

Name of Employer:

Address:

Phone:

Special Circumstances — health conditions, need for interpreter, etc.



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Contact #2 — Name

Relationship

Home Contact Information

Address:

Phone:

Work Contact Information

Name of Employer:

Address:

Phone:

Special Circumstances — health conditions, need for interpreter, etc.

List names and dates of birth of all your children

Name:	M/F:	DOB:	/	/
Name:	M/F:	DOB:	/	/
Name:	M/F:	DOB:	/	/
Name:	M/F:	DOB:	/	/

List the department member(s) you would like to accompany a chief officer to make the notification and act as the Family Liaison

Name:

Name:



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List anyone else you want to help make the notification (e.g., your minister)

Name:

Relationship:

Home Contact Information

Address:

Phone:

Work Contact Information

Name of Employer:

Address:

Phone:

MILITARY

Are you a veteran of the U.S. Armed Forces?

Yes

No

If yes, list the branch:

If entitled to a military funeral, do you wish to have one?

Yes

No

Where is your DD 214 located?

FUNERAL

Do you wish to have a fire service funeral?

Yes

No

Religious preference, if any?

Would you like to be buried or cremated?

Would you prefer to be buried in uniform?

Yes

No

Are there any personal belongings you would like to be buried with?

Are there any personal belongings you would like to be buried with?

Any additional requests or comments regarding your funeral?

Are there any personal belongings you would like to be buried with?



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LEGAL MATTERS

Do you have a will?	Yes	No
If yes, who have you named as the executor?		
Relationship:	Phone:	
Where is your will (and other legal documentation) located?		
Are there any other legal documents your family should be made aware of? Please list insurance policies, bank accounts, etc., as well as the policy/account numbers.		
Are there any personal belongings you would like to be buried with?		

Special requests and/or last wishes

Employee Signature

Date