



Emergency Contact Information

This information will be used in the event of a serious injury or death in the line of duty. Please complete the form fully and accurately as this will ensure EFR's ability to assist your family and friends.

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Name:
Address:	City:	State/Zip:
Home Phone:	Cell Phone:	Other Phone:

PRIMARY CONTACT - Please list your primary contact in the event of an emergency.		
Name:	Relationship:	
Address:	City:	State/Zip:
Home Phone:	Other Contact Number:	

SECONDARY CONTACT - This person will be contacted if your Primary Contact cannot be reached.		
Name:	Relationship:	
Address:	City:	State/Zip:
Home Phone:	Other Contact Number:	