NAME: **LAST** **FIRST** **MIDDLE**

_____

EULESS FIRE DEPARTMENT

Personal

Information

Packet

CONFIDENTIAL INFORMATION

The information that you provide in this packet will be used ONLY in the event of serious injury or death in the line of duty. Please take the time to fill it out accurately because the data will be of extreme comfort to your family and the Fire Department in fulfilling your wishes.

EULESS FIRE DEPARTMENT

Personal Information Packet

CONFIDENTIAL

Name of Employee: _____ Employee ID#: _____

Date of Birth: _____ Place of Birth: _____

S.S.N: _____ Driver's License: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Date of hire: _____ Rank: _____

Division Assigned: _____ Shift/Station Assigned: _____

Other Place of Employment? __ Yes __ No

Business Name: _____ Phone: _____

Address: _____

Supervisor: _____

****

Are you an organ donor? __ Yes __ No

What are your wishes regarding life support measures? _____

_____

****

Family Information

Marital Status: (Check One) **Single Married Divorced Widowed**

Spouse's Full Name: _____ D.O.B: _____

Address (if different): _____

Home Phone: _____ Work Ph#: _____ Cell Ph#: _____

Name of Child: _____ **D.O.B:** _____

Address: _____ **Phone:** _____

Name of Child: _____ **D.O.B:** _____

Address: _____ **Phone:** _____

Name of Child: _____ **D.O.B:** _____

Address: _____ **Phone:** _____

Name of Child: _____ **D.O.B:** _____

Address: _____ **Phone:** _____

Name of Child: _____ **D.O.B:** _____

Address: _____ **Phone:** _____

Name of Mother: _____ **Contact:** __ **Yes** __ **No**

Address: _____ **Phone:** _____

Name of Father: _____ **Contact:** __ **Yes** __ **No**

Address: _____ **Phone:** _____

Name of Mother-in-law: _____ **Contact:** __ **Yes** __ **No**

Address: _____ **Phone:** _____

Name of Father-in-law: _____ **Contact:** __ **Yes** __ **No**

Address: _____ **Phone:** _____

Name of Sibling: _____ **Contact:** __ **Yes** __ **No**

Address: _____ **Phone:** _____

Name of Sibling: _____ **Contact:** __ **Yes** __ **No**

Address: _____ **Phone:** _____

Name of Sibling: _____ **Contact:** __ **Yes** __ **No**

Address: _____ **Phone:** _____

Name of Sibling: _____ **Contact:** __ **Yes** __ **No**

Address: _____ **Phone:** _____

Name of Ex-Spouse: _____ Contact: __ Yes __ No

Address: _____ Phone: _____

Other Individuals to be Contacted

Name: _____ Relationship: _____

Address: _____ Phone: _____

Other Individuals to be Contacted

Name: _____ Relationship: _____

Address: _____ Phone: _____

Other Individuals to be Contacted

Name: _____ Relationship: _____

Address: _____ Phone: _____

****

Veteran? __ Yes __ No What Branch? _____

Grade and/or Rank: _____

Date Entered Service: _____ Date of Separation: _____

Entitled to a military funeral? __ Yes __ No

Do you desire a military funeral? __ Yes __ No

Do you desire the American Flag on your casket? __ Yes __ No

****

<u>Funeral Arrangement Information</u>

Name of the person making arrangements (if different from spouse): _____

Address: _____ Phone: _____

Is there a preference? __ Cremation __ Ground Burial __ Mausoleum __ Lawn Crypt

<u>If Cremation</u>:

Are there any prearranged cremation plans? __ Yes __ No

Preference for disposition of the ashes? __ Home __ Cemetery __ Scattering

Do you have any prearranged funeral plans? __ Yes __ No

Is there a funeral home preference? __ Yes __ No

Funeral Home Name: _____ Phone: _____

Address: _____

Is there a cemetery preference? __ Yes __ No

Cemetery Name: _____ Phone: _____

Address: _____

Has a cemetery plot been purchased? __ Yes __ No Plot Number: _____

Do you request a fire department funeral? __ Yes __ No

Do you request a Memorial Service? __ Yes __ No

If yes, location of Memorial Service? __ Funeral Home __ Church __ Graveside only

Church or Synagogue Name: _____

Denomination: _____ Pastor's Name: _____

Address: _____ Phone: _____

Pastor's Phone: _____ Contact: __ Yes __ No

Open casket? __ Yes __ No If open, type of clothing? __ Dress Uniform __ Civilian

Who will deliver the eulogy? _____

Preferences for pall bearers: _____ _____

_____ _____

_____ _____

_____ _____

Do you desire flowers? __ Yes __ No

Are flowers to be omitted in lieu of a favorite charity, agency, organization? __ Yes __ No

Name of Organization: _____

Hymns and/or Music: _____

Soloist and/or Choir: _____

Biblical Text Preference: _____

Favorite Poem: _____

Favorite Readings: _____

****

Member of Fraternal Organization? __ **Yes** __ **No**

If yes, is their participation requested? __ **Yes** __ **No**

Name: _____

****

<u>Other Information</u>

Do you have a will? __ **Yes** __ **No**

Location: _____

Executor's Name: _____ **Phone:** _____

Do you have an attorney? __ **Yes** __ **No**

Name: _____ **Phone:** _____

Address: _____

Please list any insurance policies you have.

Insurance Company **Policy#** **Location of**

_____

_____

_____

_____

****

Do you have any special requests, wishes, or directions that you would like to be cared for in the event of your death or serious injury?

_____

_____

_____

_____

_____

This form will be confidential and sealed in your Personal Information Packet. In the event of your death or serious injury, this form will be utilized to ensure that you are cared for.

Signature _____ Date _____

Next of Kin Signature _____ Date _____

CONFIDENTIAL FORM!

THIS PACKET WILL BE SEALED IN AN ENVELOPE BY THE PERSON FILLING OUT THE PACKET AND WILL NOT BE RELEASED EXCEPT UPON THE EVENT OF THE DEATH OR SERIOUS INJURY OF THIS INDIVIDUAL.

Supplemental

Fire Service History

Date of hire: _____

Division: _____

Shift: _____

Rank: _____

Promotions: **Rank** **Date**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Awards & Honors: _____

_____

_____

Previous Fire Experience:

Agency: _____ **Years of Service:** _____

Position(s): _____

Agency: _____ **Years of Service:** _____

Position(s): _____

Agency: _____ **Years of Service:** _____

Position(s): _____