PERSONNEL DATA AND NOTIFICATION

Date Completed: _____

City Employee #_____ **WFRD#** _____ **Title:**_____

DOB_____ **SSN** (last 4)_____**Job Status** ☐ **Full Time** ☐ **Part Time** ☐ **Volunteer**

Name: _____
Last **First** **Middle**

Address:_____
Street **City** **State** **Zip**

Gender: ☐ **M** ☐ **F** **Marital Status:** ☐ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Widowed**

Ethnicity: ☐ **White** ☐ **Black** ☐ **Hispanic** ☐ **Asian** **American Disability:** ☐ **N** ☐ **Y** _____

Home #_____ **Cell#**_____ **Cell Phone Provider:**_____

Primary Contact# *(# you wish to be contacted at)* _____

Emergency Contact: _____ **Relationship:**_____

Emergency Contact Home # _____ **Cell#**_____ **Work#**_____

Name of Spouse:_____

Employee Signature:_____ **Date:** _____

Personal Information

Email Address: _____

Station Assigned/Member: _____

Battalion: _____ Rank: _____Date of Hire/Joined: _____

Emergency Contact Information

This following section is for your family and/or friends that you would like to have contacted in the event you are injured or killed in the line of duty.

- Please list contacts in the order that you want them to be contacted.
- Under "special circumstances", please note any health, age, or other issues the Department should be aware of.
- If a contact is a minor child, please indicate the name of an adult to contact as well. The adult will be contacted prior to notifying any minor child. No minor child will be notified without adult supervision.

Primary Contact

Name: _____ Relationship: _____

Home Address: _____
Number Street Apt. #

_____
City State Zip

Work Address: _____
Number Street Apt. #

_____
City State Zip

Home Number: ( ) _____ - _____ Work Number: ( ) _____ - _____

Cell Number: ( ) _____ - _____

Special Circumstances: _____

_____

Additional Contact # 1

Name: _____ Relationship: _____

Home Address: _____
Number Street Apt. #

_____
City State Zip

Work Address: _____
Number Street Apt. #

_____
City State Zip

Home Number: ( ) _____ - _____ Work Number: ( ) _____ - _____

Cell Number: ( ) _____ - _____

Special Circumstances: _____

_____

Additional Contact # 2

Name: _____ Relationship: _____

Home Address: _____
Number Street Apt. #

_____
City State Zip

Work Address: _____
Number Street Apt. #

_____
City State Zip

Home Number: ( ) _____ - _____ Work Number: ( ) _____ - _____

Cell Number: ( ) _____ - _____

Special Circumstances: _____

_____

Additional Contact # 3

Name: _____ Relationship: _____

Home Address: _____
Number Street Apt. #

_____
City State Zip

Work Address: _____
Number Street Apt. #

_____
City State Zip

Home Number: ( ) _____ - _____ Work Number: ( ) _____ - _____

Cell Number: ( ) _____ - _____

Special Circumstances: _____

_____

Additional Contact # 4

Name: _____ Relationship: _____

Home Address: _____
Number Street Apt. #

_____
City State Zip

Work Address: _____
Number Street Apt. #

_____
City State Zip

Home Number: ( ) _____ - _____ Work Number: ( ) _____ - _____

Cell Number: ( ) _____ - _____

Special Circumstances: _____

_____

Additional Contact # 5

Name: _____ Relationship: _____

Home Address: _____
Number Street Apt. #

_____
City State Zip

Work Address: _____
Number Street Apt. #

_____
City State Zip

Home Number: ( ) _____ - _____ Work Number: ( ) _____ - _____

Cell Number: ( ) _____ - _____

Special Circumstances: _____

_____

Department Notification Team

The following information will only be used in the event of serious illness/injury or death.

Please list any Department member(s) that you would like to accompany the Department's Notification Team.

Name: _____

Alternate: _____

Alternate: _____

Please list anyone outside of the department that you would like to accompany the Department's Notification Team (e.g., clergy).

Name: _____

Alternate: _____

Alternate: _____

Note: Alternate(s) will only be contacted if the first person listed is unavailable

Driving Directions to Contact Location

The following will give the notification team detailed driving directions to your Primary Contact. Please be as detailed as possible:

OPTIONAL by Personnel

Funeral/Burial Information

Religious Preferences

Religion: _____

Clergy Person: _____

Place of Worship: _____

Address: _____

Phone Number: _____

Do you want the above Clergy Person notified? Yes ☐ No ☐

Funeral Home/Cemetery Plots

Do you have a funeral home preference? Yes ☐ No ☐

If yes, name/address/phone number: _____

_____

Have you already purchased a cemetery plot? Yes ☐ No ☐

If yes, where is it located? _____

Military Service, Masonic Rights

Are you a veteran of the United States Armed Services? Yes ☐ No ☐

If yes, what branch? _____

Last Rank Held: _____

If you are entitled to a military funeral, do you wish to have one? Yes ☐ No ☐

Are you a mason? Yes ☐ No ☐

Do you wish to have Masonic Rights at your funeral? Yes ☐ No ☐

If yes, please list lodge number/location/phone number: _____

_____

Fire Department Funeral Protocols

If you are entitled to one, do you wish to have a fire department funeral? Yes ☐ No ☐

Please list the names of any Department Members you want to serve as an active pall bearer:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Please list the names of anyone you want to serve as an honorary pall bearer:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Do you wish to have an apparatus caisson? Yes ☐ No ☐

If yes, please list which unit you would like to be used: _____

Please check your preferred attire for burial:

Class A Uniform ☐
Military Uniform ☐
Civilian Clothing ☐

Please list any hymns or songs you want to be in the service: _____

_____

Of the following, please check any that you wish to have:

Apparatus Procession ☐
Bugler ☐
Department Eulogy ☐
Open Casket ☐
Bagpiper ☐
Closed Casket ☐
Folded American Flag ☐
Static Apparatus Display ☐
Bell Service ☐
Crossed Ladders ☐
Honor Guard ☐

Please note any additional requests: