

A confidential information form is completed by each member of the department and kept in a **Sealed, Confidential** envelope in your personnel file. It is updated annually.

CONFIDENTIAL

Notification of Serious Injury or Death

Your Name (Last, First, M.) _____

The information you provide on this form will be used **ONLY** in the event of your serious injury or death. Please take the time to fill it out accurately. When complete, place it in the provided envelope and seal it.

Your Address _____

City _____

State _____ Zip Code _____

Your home telephone number () _____

Immediate Notification

Name _____

Relationship (spouse, parent, friend, etc.) _____

Medical Considerations _____

Address and telephone, _____
if different from above

Contact person's _____
employer, work _____
address and _____
phone number _____

Do you have a living will? () yes () no

Additional Notifications

Please list the name, address, and telephone numbers of persons you would like to be contacted by a police representative in case of your serious injury or death. Begin with the first person you would like notified. Please indicate special medical considerations (e.g. heart condition).

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Is there anyone you would like to accompany the police representative when the notification is made to your immediate family? If someone other than a police officer, please include their address and telephone number.

- 1. _____
- 2. _____

Please list names of department employees (in descending order of preference) that you would like to serve in the capacity of Family Liaison.

- 1. _____
- 2. _____
- 3. _____

Is there anyone you would like contacted to assist your family, or to assist with funeral arrangements, or related matters who is not listed above?

<u>Name</u>	<u>Address</u>	<u>Phone(H&W)</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Employee Internment Request

Funeral Home _____

Place of Internment _____

Do You Wish to be Cremated? () yes () no

Place of Service (funeral home, church, etc.) _____

Law Enforcement Funeral? () yes () no

Buried In Uniform? () yes () no

Do You Have A Will? () yes () no If so, where _____

Pall Bearers requested _____,

_____,

_____.

Special Musical Requests _____

Are there any other special requests or instructions you would like followed in the event of your serious injury or death?
