



FIRE RESCUE

ALBEMARLE COUNTY

460 Stagecoach Road, Suite F Charlottesville, VA 22902-6489
 Voice: 434-296-5833 FAX: 434-972-4123

www.ACFireRescue.org

EMERGENCY NOTIFICATION DATA SHEET

PERSONAL INFORMATION				
Legal Name:				
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
Home Address:	<i>Mailing</i>		<i>Physical</i>	
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Telephone Number(s):	<i>Home</i>		<i>Work/School</i>	<i>Mobile</i>

Please list at least three (3) emergency contacts. These individuals should be friends or family that you would like to have contacted in the event of injury and/or death. If the contact is a minor, please include the name of the adult to be contacted. You may list additional contacts if desired; please use the back of this form to do so.

CONTACT INFORMATION					
CONTACT 1	Name:				
	Relationship:				
	Home:	<i>Mailing</i>		<i>Residential</i>	
		<i>City</i>		<i>State</i>	<i>ZIP Code</i>
	Work:	<i>Name of Employer</i>		<i>Address</i>	
		<i>City</i>		<i>State</i>	<i>ZIP Code</i>
	Telephone Number(s):	<i>Home</i>		<i>Work/School</i>	<i>Mobile</i>
	Special Considerations (health, age, etc.):				

“ We will provide the highest quality services to protect and preserve the lives, property, and environment of our community.”

CONTACT INFORMATION (continued)				
CONTACT 2	Name:			
	Relationship:			
	Home:			
		<i>Mailing</i>	<i>Residential</i>	
		<i>City</i>	<i>State</i>	<i>ZIP Code</i>
	Work:			
		<i>Name of Employer</i>	<i>Address</i>	
		<i>City</i>	<i>State</i>	<i>ZIP Code</i>
	Telephone Number(s):			
		<i>Home</i>	<i>Work/School</i>	<i>Mobile</i>
Special Considerations (health, age, etc.):				
CONTACT 3	Name:			
	Relationship:			
	Home:			
		<i>Mailing</i>	<i>Residential</i>	
		<i>City</i>	<i>State</i>	<i>ZIP Code</i>
	Work:			
		<i>Name of Employer</i>	<i>Address</i>	
		<i>City</i>	<i>State</i>	<i>ZIP Code</i>
	Telephone Number(s):			
		<i>Home</i>	<i>Work/School</i>	<i>Mobile</i>
Special Considerations (health, age, etc.):				

Please list the name and date of birth for all your children and/or dependents.

CHILDREN/DEPENDENTS	
Name:	
Date of Birth:	
Name:	
Date of Birth:	
Name:	
Date of Birth:	
Name:	
Date of Birth:	
Name:	
Date of Birth:	

Please list the names of department personnel that you would like to assist with notification.

NOTIFICATION PERSONNEL	
Name:	
Name:	
Name:	
Name:	

Please list the name of any other person (outside the department) that you would like to accompany department personnel when notification is made (pastor, minister, friends, family, etc.).

NOTIFICATION ACCOMPANIMENT			
Name:			
Relationship:			
Home:	<i>Mailing</i>		<i>Residential</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Work:	<i>Name of Employer</i>		<i>Address</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Telephone Number(s):			
	<i>Home</i>	<i>Work/School</i>	<i>Mobile</i>
Notes:			

If desired, please complete the optional information below.
Note: Make sure someone close to you knows this information.

OPTIONAL INFORMATION		
What is your religious preference?		
What is your preferred place of worship?		
Address:		
Contact Person:		
Religious Representative (priest, minister, rabbi, etc.):		
What is your funeral home of choice?		
Address:		
Who is your funeral director of choice?		
Are you a veteran of the United States Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are entitled to a military funeral, do you wish to have one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OPTIONAL INFORMATION (continued)			
Do you wish to have an emergency services funeral? <i>If no, skip remaining questions.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like department personnel to attend the service in full uniform?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like an Honor Guard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, when would you like the Honor Guard?		<input type="checkbox"/> During Visitation	<input type="checkbox"/> Before the Service
Would you like the traditional Bell Ceremony & Prayer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like department personnel to serve as active and/or honorary pallbearers?		<input type="checkbox"/> Active	<input type="checkbox"/> Honorary <input type="checkbox"/> Both
Please list the names of personnel you would like to serve as active pallbearers.			
Would you like the department to present a Resolution of Respect to your family during the service?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like department apparatus to lead the funeral procession?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like the casket to ride atop of department apparatus?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like crossed aerial ladders at the burial site?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list below any other special considerations or requests:			

Please sign and date below.

AFFIRMATION	
Name (print or type):	
Signature:	
Date:	