

**EMPLOYEE EMERGENCY &
NEXT OF KIN CONTACT INFORMATION**

Employee's Name: _____
(Include Last, First and Middle)

Social Security #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell: _____

Emergency Information - individual(s) to be contacted in the event of an emergency

(1) Person's Name: _____ Relationship: _____

Same address and home phone as above – if not complete the information below

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

(2) Person's Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Next of Kin Information – individual(s) to be contacted in the event of death to discuss your personnel records, i.e., survivor benefits, beneficiary information, etc.

(1) **Same as # 1 above – if not complete the information below**

Person's Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

(2) **Same as #2 above – if not complete the information below**

Person's Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

Employee's Signature

Date