

Malta McConnellsville Fire Department

Division of Emergency Medical Services

EMERGENCY NEXT-OF-KIN CONTACT FORM

CONTACT # 1

NAME: _____

YOUR CONTACT ADDRESS _____

TELEPHONE NUMBERS:

HOME

WORK

CELL

OTHER

RELATIONSHIP TO YOU _____

OTHER INFO _____

CONTACT # 2

NAME: _____

YOUR CONTACT ADDRESS _____

TELEPHONE NUMBERS:

HOME

WORK

CELL

OTHER

RELATIONSHIP TO YOU _____

OTHER INFO _____

Hang In A Conspicuous Place