

East Franklin Fire Department SI-LODD Notification Form

INFORMATION ABOUT YOU (MANDATORY)

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
SS#	DOB (mm / dd / yyyy)	Place of birth (city, state)
Date joined department	Highest rank achieved	

INFORMATION ABOUT YOUR SPOUSE AND CHILDREN

Spouse's Name	Spouse's Maiden Name
Child's Name #1	Child's DOB (mm / dd / yyyy)
Child's Name #2	Child's DOB (mm / dd / yyyy)
Child's Name #3	Child's DOB (mm / dd / yyyy)
Child's Name #4	Child's DOB (mm / dd / yyyy)

Do you have a Durable Power of Attorney? Yes No

If yes, where is your Durable Power of Attorney located?

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Do you have a Living Will or Advanced Medical Directive Yes No

If yes, where is your Living Will or Advanced Medical Directive located?

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SI-LODD NOTIFICATION INFORMATION (MANDATORY)

List below the family members or friends you would like the department to contact in the order in which you would like them contacted. *Please do not list a minor child as a contact.* If the contact lives out of town or state, please list a phone number or name for the career fire department or law enforcement agency nearest your contact.

Contact #1		Relationship	
Address (include city, state & zip if out of town)			
Home Phone	Work Phone	Mobile Phone	
Special Circumstances (i.e. health, age, need for an interpreter, etc.):			
Out of town career Fire Department or Law Enforcement Agency contact information:			
Agency Name		Contact Number	

Contact #2		Relationship	
Address (include city, state & zip if out of town)			
Home Phone	Work Phone	Mobile Phone	
Special Circumstances (i.e. health, age, need for an interpreter, etc.):			
Out of town career Fire Department or Law Enforcement Agency contact information:			
Agency Name		Contact Number	

If you have other contacts, please list them on the back of this page.

List the department member(s) you would like to accompany a chief fire-line officer to make the notifications

Member #1
Member #2
Member #3

FUNERAL INFORMATION

(Please be sure a close family member or friend is aware of this information)

Are you a veteran of the U.S. Armed Services? <small>(If yes, please include a copy of your discharge papers)</small>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you are entitled to a military funeral, do you wish one?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wish to have a fire service funeral?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wish to have your casket on a Fire Engine Caisson or other?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Place of Worship		Religion	
Address			
City	State	Zip	
Phone number			

Preferred Funeral Home		
Address		
City	State	Zip
Phone number		
Donation in lieu of flowers to		

Final Disposition: Burial Cremation

Cemetery Name		
Cemetery Address		
City	State	Zip
Phone number		

Do you own a cemetery plot? Yes No

If yes, who holds the records (deed)?

YOUR INSURANCE/BENEFIT INFORMATION

Please list your membership in fire service, religious, or community organizations that may provide assistance to your family:

	Agency/Organization	Contact Name	Contact number(s)
1			
2			
3			
4			
5			

Do you have a Will?

Yes

No

If yes, where is your Will located?

Please list any insurances policies you have:

	Company	Policy Number	Location of policy documents
1			
2			
3			
4			
5			

Special Requests:

Signature: _____ Date: _____