

East Franklin Fire Department SI-LODD Notification Form

INFORMATION ABOUT YOU (THIS PAGE IS MANDATORY)

Last Name	First Name	Middle Name
Address		
City	State	Zip Code

FD ID #	DOB (mm / dd / yyyy)	Place of birth (city, state)
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Date joined department	Highest rank achieved
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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)

WILL / POWER OF ATTORNEY / MEDICAL DIRECTIVES

Do you wish to donate your organs? Yes No

Do you have a Will? Yes No

If yes, where is your Will located?

Do you have a Durable Power of Attorney? Yes No

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

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

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