



**CONFIDENTIAL PERSONAL INFORMATION  
FOR USE BY EMERGENCY MANAGEMENT SERVICES  
MUNICIPALITY OF EAST FERRIS ONLY**

(Please Print)

**Surname:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Civic Address with 911#:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Special Needs (if any) oxygen, wheelchair, etc...**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications and where do you normally keep them:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctors Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name, Address and phone number of relative or friend that may be called if required. Please put up to three names if at all possible.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Pets:**

**What kind:** \_\_\_\_\_

**Where would they hide if scared:** \_\_\_\_\_

**(Please use the back of this sheet if you have any additional information)**

**I acknowledge that my information will be placed in the Community  
Emergency Management Plan filed under surname and under street/road  
address.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Thank You  
Frank Loeffen  
Emergency Management Coordinator**