

Mississippi Fire Chief's Association

Fallen Emergency Service Personnel Program

Confidential Information Form

Name of employee: _____ Employee ID #: _____

Date of hire: _____ Date of Birth: _____ Social Security No: _____

Residence Address: _____ Home Phone No: _____

_____ Cell Phone No: _____

Station Assigned: _____

Battalion Assigned: _____

Other Place of Employment

Business: _____

Phone: _____

Supervisor: _____

Address: _____

Veteran ____ Yes ____ No If yes, what branch? _____

Entitled to military funeral Yes No

Do you desire a military funeral ____ Yes ____ No

Do you desire the American Flag on your casket ____ Yes ____ No

Family Information

Name of Spouse or significant other _____ Date of Birth _____

Address if different _____

Home Phone _____ Work Phone _____ Pager/Cell Phone _____

Specified visiting/calling hours _____ Yes _____ No _____ From _____ to _____

Name of Child _____

Date of Birth _____ Phone No _____

Address _____

Name of Child _____

Date of Birth _____ Phone No _____

Address _____

Name of Child _____

Date of Birth _____ Phone No _____

Address _____

Family Information Continued

Name of Mother _____ Phone No. _____

Address _____

Name of Father _____ Phone No _____

Address _____

Name of Mother-in-law _____ Phone No _____

Address _____

Name of Father-in-law _____ Phone No _____

Address _____

Name of Brother/Sister _____ Phone No _____

Address _____

Name of Brother/Sister _____ Phone No _____

Address _____

Name of Brother/Sister _____ Phone No _____

Address _____

Other Contact Information

Name of Ex-Spouse _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____

Contact Ex-Spouse ____ Yes ____ No

Contact In-Laws ____ Yes ____ No

Other Individual(s) Name _____

Phone No. _____ Relationship _____

Address _____ Contact Individual ____ Yes ____ No

Other Individual(s) Name _____

Phone No. _____ Relationship _____

Address _____ Contact Individual ____ Yes ____ No

Other Individual(s) Name _____

Phone No. _____ Relationship _____

Address _____ Contact Individual ____ Yes ____ No

Funeral Arrangement Information

Do you have any pre-arranged funeral plans ____ Yes ____ No

Are there any pre-arranged cremation plans ____ Yes ____ No

Has a cemetery plot been purchased ____ Yes ____ No

Plot No _____

Is there a cemetery preference ____ Yes ____ No

If yes—Name of Cemetery _____

Phone No. _____

Address _____

Do you request a fire department funeral ____ Yes ____ No

Do you request a service of the Chaplain ____ Yes ____ No

Do you attend a local church regularly ____ Yes ____ No

Church Name _____ Denomination _____

Address _____

Pastor _____

Would you like the Pastor to be contacted ____ Yes ____ No

Member of fraternal organization ____ Yes ____ No

If yes—is their participation requested ____ Yes ____ No

If Yes—Name of organization _____

Name of person making arrangements, if different from spouse/significant

Name _____ Phone No _____

Address _____

Funeral Arrangements Continued

Is there a preference ☐ Burial ☐ Cremation

If cremation, is there a preference for disposition of the ashes?

☐ Home ☐ Cemetery Scattering, Where _____

Open casket ☐ Yes ☐ No

If open, type of clothing ☐ Uniform ☐ Civilian

Who will deliver the eulogy _____

List preferences for pall bearers

Do you desire flowers? ☐ Yes ☐ No

Are flowers to be omitted in lieu of a favorite charity, agency, organization? ☐ Yes ☐ No

If yes, Name of organization(s) _____

Favorite songs _____

Favorite poem _____

Favorite readings _____

Favorite Bible Verse _____

Other Information

Do you have a Will ☐ Yes ☐ No

Location _____

Are you an organ donor ☐ Yes ☐ No

What are your wishes regarding life support measurements _____

Do you have a Living Will ☐ Yes ☐ No

Do you have an attorney ☐ Yes ☐ No

If yes, Name _____ Phone No _____

Address _____

Please list any insurance policies you have

Insurance Company

Policy No.

Location of Policy

Do you have any special requests, wishes or directions that you would like to be cared for in the event of your death or serious injury? _____
