

# ST. PAUL FIRE DISTRICT



## TRAUMATIC INCIDENT INFORMATION PACKET

The information you provide on this form will be used **ONLY** in the event of a traumatic incident, serious injury or death in the line of duty. Please take the time to fill it out accurately because the data will be of extreme comfort to your family and the St. Paul Fire District in fulfilling your wishes.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

YOUR ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

YOUR HOME PHONE NUMBER: ( ) \_\_\_\_\_

ADDITIONAL CONTACT NUMBER: ( ) \_\_\_\_\_

Cell Phone  Pager  Other

Date of Information: \_\_\_\_\_

**NOTIFICATIONS:**

In the event of a traumatic incident, serious injury or my death, I wish the following person(s) to contact the family member(s) or person(s) I wish to be notified:

Chief    Chaplain    Other / Name: \_\_\_\_\_

**Please list the person(s) you would like contacted by a fire representative in case of a traumatic incident, serious injury or death in the line of duty. Begin with the first person you would like notified.**

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

Contact in person?  Yes  No

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

Contact in person?  Yes  No

3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

Contact in person?  Yes  No

Is there anyone you want to go with the fire department representative when the notification is made to your immediate family? If someone other than a St. Paul Fire District Officer, please include address and telephone number.

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

Is there anyone you would like contacted to assist your family, or to assist with funeral arrangements or related matters who is not listed above? This person should be knowledgeable concerning your life insurance representatives, location of your will, etc.

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

**FAMILY INFORMATION:**

SPOUSE / SIGNIFICANT  
OTHER'S NAME:

\_\_\_\_\_

ADDRESS AND TELEPHONE:  
(IF DIFFERENT FROM YOURS)

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

SPOUSE / SIGNIFICANT  
OTHER'S EMPLOYER, WORK  
ADDRESS AND TELEPHONE:

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

**NAMES AND DATES OF BIRTH OF YOUR CHILDREN:**

NAME _____	DOB _____
NAME _____	DOB _____
NAME _____	DOB _____
NAME _____	DOB _____
NAME _____	DOB _____
NAME _____	DOB _____

**EX-SPOUSE INFORMATION:**

If you are divorced, please provide information about your ex-spouse.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

**Do you want a fire representative to contact your ex-spouse?  Yes  No**

Please list the name, address, and telephone numbers of your children who are living outside the family home and any other key relatives (parents, siblings, in-laws, etc.) below:

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

3. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

4. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

5. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

6. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

7. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

8. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please list any preferences you may have regarding funeral arrangements. Include Name, Address, Phone Number and Contact Person:

Funeral Home: \_\_\_\_\_

Church or Synagogue: \_\_\_\_\_

Clergy Person: \_\_\_\_\_

Pre-Paid Burial Plan?  Yes  No Plan: \_\_\_\_\_

**SERVICE TYPE:** (one or more may apply)

\_\_\_\_: CLOSED TO MEDIA

\_\_\_\_: CLOSED TO PUBLIC

\_\_\_\_: Religious TYPE: \_\_\_\_\_

\_\_\_\_: Fire Procession

\_\_\_\_: Fraternal TYPE: \_\_\_\_\_

\_\_\_\_: Honor Guard

\_\_\_\_: Military BRANCH: \_\_\_\_\_

\_\_\_\_: Rifle Salute

\_\_\_\_: Bagpipes

\_\_\_\_: Other: \_\_\_\_\_

Are you a veteran of the United States Armed Services?  Yes  No

If you are entitled to a military funeral, as determined by the Department of Veterans Affairs, do you wish to have one?  Yes  No

Do you wish to have a fire service funeral?  Yes  No

**REMAINS:**

\_\_\_\_: Internment

\_\_\_\_: Entombment

\_\_\_\_: Cremation

**CEMETERY:**

Choice of Cemetery: \_\_\_\_\_

Previously purchased Lot: Y / N      In Name of: \_\_\_\_\_

Section: \_\_\_\_\_      Lot: \_\_\_\_\_      Block: \_\_\_\_\_

Location of Deed: \_\_\_\_\_

Double Burial w/ Significant Other:  Yes  No

Disposition of Ashes: \_\_\_\_\_

\_\_\_\_\_





**BIOGRAPHY**

Place of birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father: \_\_\_\_\_ Deceased: Y / N

Mother: \_\_\_\_\_ Deceased: Y / N

Siblings:

Name:	Sex:	Deceased:	Home Town / State
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**SCHOOLING:**

High School Graduated from: \_\_\_\_\_ Year: \_\_\_\_\_

Sports / Clubs / Activities / Honors

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

College / University: \_\_\_\_\_ Year: \_\_\_\_\_

Degree(s) Obtained: \_\_\_\_\_

Sports / Clubs / Activities / Honors

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College / University: \_\_\_\_\_ Year: \_\_\_\_\_

Degree(s) Obtained: \_\_\_\_\_

Sports / Clubs / Activities / Honors

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**MILITARY SERVICE:**

Branch:	Years of Service:	Final Rank:	Service#:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PREVIOUS EMPLOYMENT:**

Employer:	Position:	Date of Employment:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FRATERNAL ORGANIZATION MEMBERSHIP:**

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**COMMUNITY INVOLVEMENT:**

Group:

Time of Service:

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<hr/>	<hr/>
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**NON-DEPARTMENTAL AWARDS / HONORS:**

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Are there any special requests or directions you would like followed upon your death?

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Signature \_\_\_\_\_

Date \_\_\_\_\_