

Please Note: As your family considers its disaster preparedness plan, please ensure that your congregation secretary has your up-to-

Date ___

Field Service Group No.____

mily Head			
•	ur household, including you?		
Name	Address	Address Mobile	
embers of the Household -			
the names of all persons livi	ng in your household, not including yo	urself. Put a check 🗸 next t	to those with Special Needs.
Name	Phone	Email Other:	
nergency Contact(s)			
	r emergency contact's informat will be shared with the elders		
emergency contact is someo	one a publisher is likely to contact in th	e event of a disaster or anot	her emergency. It is preferred th
emergency contact live outs	ide of the immediate area of the publis ncy contact does not have to be one o	her so that the emergency c	
same disaster. The emerge	mey contact does not have to be one o	T Jenovan's vvidiesses.	
Name	City/State	Phone	Email

Please provide this completed list to your Field Service Group Overseer who will, in turn, ensure that the secretary has this

information for the records.