

Date _

Field Service Group No.___

| Please Note: As your family considers its disaster preparedness plan, please ensure that your congregation secretary has your up-to-date contact information and an emergency contact. Each family head should ensure that the elders are provided with the following contact information: | | | | |
|---|---|----------------------------|--------------|--------------|
| | | | | |
| Family Head How many individuals live in vo | our household, including you? | | | |
| | | | | |
| Name | Address | Mobile | | Email |
| | | | | |
| | | | | |
| Members of the Household | <u> </u> | | | |
| List the names of all persons living in your household, not including yourself. Put a check 🗸 next to those with Special Needs. | | | | |
| Name | Phone | Email | Other: | |
| | | | | |
| | | | | |
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| | | | | |
| Emergency Contact(s) | | | | |
| | ir emergency contact's informat n will be shared with the elders | = | | |
| | | | _ | • |
| the emergency contact live out | one a publisher is likely to contact in th tside of the immediate area of the publis | sher so that the emergency | | |
| the same disaster. The emerg | ency contact does not have to be one c | of Jehovah's Witnesses. | | |
| Name | City/State | Phone | | Email |
| | | | | |
| | | | | |
| | | | | |
| | gency contact(s) that their contact infor | | | |
| emergency? Check one. Yes | No If "No" your em | ergency contact(s) inform | ation will n | not be used. |

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.