

# FAMILY LIAISON REFERENCE SHEET

EMPLOYEE'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

## PRIMARY NEXT-OF-KIN

SPOUSE'S NAME		Social Security ***
Address		
City, State		Zip Code
Phone No.	Cell Phone No.	Pager No.
NAME (CHILD/DEPENDENT)		Social Security ***
Phone No.	Cell Phone No.	Pager No.
NAME (CHILD/DEPENDENT)		Social Security ***
Phone No.	Cell Phone No.	Pager No.
NAME (CHILD/DEPENDENT)		Social Security ***
Phone No.	Cell Phone No.	Pager No.
NAME (CHILD/DEPENDENT)		Social Security ***
Phone No.	Cell Phone No.	Pager No.
NAME (CHILD/DEPENDENT)		Social Security ***
Phone No.	Cell Phone No.	Pager No.
FATHER'S NAME		Social Security ***
Address		
City, State		Zip Code
Phone No.	Cell Phone No.	Pager No.
MOTHER'S NAME		Social Security ***
Address		
City, State		Zip Code
Phone No.	Cell Phone No.	Pager No.

<b>STEPMOTHER'S NAME</b>		<b>Social Security ***</b>
Phone No.	Cell Phone No.	Pager No.
Address		Phone No.
City, State		Zip Code
<b>STEPFATHER'S NAME</b>		<b>Social Security ***</b>
Phone No.	Cell Phone No.	Pager No.
Address		Phone No.
City, State		Zip Code

**SECONDARY NEXT-OF-KIN**  
(Extended family, i.e., grandparents, live-in relatives)

<b>NAME</b>		<b>Social Security ***</b>
Phone No.	Cell Phone No.	Pager No.
<b>NAME</b>		<b>Social Security ***</b>
Phone No.	Cell Phone No.	Pager No.
Address		
City, State		Zip Code
<b>NAME</b>		<b>Social Security ***</b>
Phone No.	Cell Phone No.	Pager No.
<b>NAME</b>		<b>Social Security ***</b>
Phone No.	Cell Phone No.	Pager No.
Address		
City, State		Zip Code

\*\*\* The Social Security Number is requested for payment of travel expenses for Primary and Secondary Next-of-Kin. This will be explained in full detail later.

BACKGROUND

Graduated in \_\_\_\_\_ from \_\_\_\_\_ High School

in \_\_\_\_\_  
City State

Graduated in \_\_\_\_\_ BA/BS Degree in \_\_\_\_\_

Attended \_\_\_\_\_ College/University

=====

Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

=====

MILITARY EXPERIENCE

U.S. \_\_\_\_\_

Rank \_\_\_\_\_ DD214 Available Yes No

Job Title \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Served overseas in \_\_\_\_\_

Special Military Awards \_\_\_\_\_

=====

Fraternal Organizations (Rotary, Elks, Off-Road, NRA, Elks, Masonic, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

Personal interests (sporting, camping, hunting, fishing)

\_\_\_\_\_

\_\_\_\_\_

=====

FIREFIGHTER CAREER

Started \_\_\_\_\_ Position \_\_\_\_\_

No. of years involved in firefighting \_\_\_\_\_ Wildland position \_\_\_\_\_

No. of years in specialized field \_\_\_\_\_ as a \_\_\_\_\_

Other agencies/companies \_\_\_\_\_

Other agencies/companies \_\_\_\_\_

Present Position \_\_\_\_\_

#####

MEMORIAL/FUNERAL SERVICES

Where will the family be staying, or how can we reach the family, phone number, & etc,

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

=====

Any relatives or neighbors that can or have offered to assist during this time, running errands, answering the phone, special medications that need to be picked, children with sporting events, graduation ceremonies, doctor appointments, any unexpected issues that will need attention?

\_\_\_\_\_

=====

We will attempt to provide security during your absence for the viewing or service unless you have a relative to stand by in your absence. Yes need Security No

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Are there any families coming in from out of town, needing to be picked up at the airport? Yes, location, airline, flight number, number in party? Get full details!!!! No

\_\_\_\_\_

=====

Does the family need to be picked up for the services Yes No

\_\_\_\_\_

=====

Viewing will be on \_\_\_\_\_

At \_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

Phone No. \_\_\_\_\_

For family from \_\_\_\_\_ For guests from \_\_\_\_\_

=====

Mass Service will be on \_\_\_\_\_

Reserved seating for the family needs to be \_\_\_\_\_

At \_\_\_\_\_

Address			
City	State	Zip Code	

Phone No. \_\_\_\_\_

=====

Date of Funeral Service \_\_\_\_\_ Open or Closed casket

Family only Yes No Public Invited Yes No

Reserved seating for the family needs to be \_\_\_\_\_

\*\*\*Who will be the recipient of the flag, or special presentations? \_\_\_\_\_

Any special way to recognize this individual? \_\_\_\_\_

Funeral Service will be at \_\_\_\_\_

Address			
City	State	Zip Code	

Phone No. \_\_\_\_\_

=====

Date of Memorial Service \_\_\_\_\_

Reserved seating for the family needs to be \_\_\_\_\_

Advise the family that we request they set in the front row for presentation.

\*\*\*Who will be the recipient of the flag, or special presentations? \_\_\_\_\_

Any special way to recognize this individual? \_\_\_\_\_

Memorial Service will be at \_\_\_\_\_

Address			
City	State	Zip Code	

Phone No. \_\_\_\_\_

=====  
Does the family have a priest, clergy, or pastor to conduct services?

If so, \_\_\_\_\_

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip Code

Phone No. \_\_\_\_\_

=====  
Does the family request flowers?

Church Yes No

Mortuary Yes No

Cemetery Yes No

If no, please deliver to \_\_\_\_\_

Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

=====  
A Trust Fund is set up;

Trust Fund for \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

=====  
Donations may be sent to;

In the name of \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

=====  
Prior to the service, there will music playing for guests entering, do you have any particular music selections that you would like played? (CD's, piano, organ, solo, etc.)

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

=====  
Who would you like to read the eulogy? \_\_\_\_\_

=====  
There may be a lot of photographers, news media, and reporters are you ok with this or do you request privacy?

Yes No Comments \_\_\_\_\_

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How many family members, relatives, or friends will be pallbearers?

Don't need names. Number \_\_\_\_\_

If none, would you like firefighters and or Honor Guard Detail to provide this service if available (not promising, will check and get back to the family)?

Yes \_\_\_\_\_

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Do you have any special cultural background issues that we need to be aware, so that will not conflict with your family's wishes?

\_\_\_\_\_

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Inform of the family of the Last Alarm, flag presentation, a possible fly-by, general overview of the program planned, & possible power point program which may be very emotional to some family members.

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Are there any family members with any special medical problems which we need to be aware in advance in case of emergency?

Who & condition \_\_\_\_\_

=====

Will anyone from the family, relatives or close friends be in the program?

Song selection(s) on CD, singing solo, or need special sound equipment?

\_\_\_\_\_

=====

Speakers (please advise limit time between 3 to 5 minutes)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

Do you have any memorabilia's, pictures, etc that require a table or easel stand?

\_\_\_\_\_

Please advise me as soon as possible so we can make arrangements.

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Reception will be at \_\_\_\_\_

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Address

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City State Zip Code

Phone No. \_\_\_\_\_

Food will be provided by \_\_\_\_\_

Does the family or relatives want to be involved in the reception? Yes No

Guests may bring a main, side dish or desert? Yes No

Strongly suggest to who ever brings a meal that it be in a throwaway container.

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Would any family or relatives like to help in the reception? Yes No Est. No. \_\_\_\_\_  
If so we will advise the proper personnel.

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Any language barriers or hearing impaired, which we need to be aware for the service?

\_\_\_\_\_

=====

After the services where does the family want the flowers taken to

\_\_\_\_\_

=====

When would be a good time to meet with agency personnel for going over financial documents, personnel records, and etc.? Possibly before the family leaves the area.

Day and time \_\_\_\_\_

=====

Personal affects delivered to and when would be a good time for delivery?

Day and time \_\_\_\_\_

=====

*If it is possible* would the family like to go to the site when it is safe?

Day and time \_\_\_\_\_

=====

\_\_\_\_\_ Supervisor's Office

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Address

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City State Zip Code

Contact person will be \_\_\_\_\_



PhoneNo. \_\_\_\_\_

Contact person will be \_\_\_\_\_

PhoneNo. \_\_\_\_\_

=====

\_\_\_\_\_ District Office

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

Contact person will be \_\_\_\_\_

PhoneNo. \_\_\_\_\_

Contact person will be \_\_\_\_\_

PhoneNo. \_\_\_\_\_