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**EMERGENCY NOTIFICATION INFORMATION**  
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**CURRENT DATE:** \_\_\_\_\_

**NAME OF EMLPOYEE:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**EMPLOYING INSTALLATION/LOCATION:** \_\_\_\_\_

It is most important that the names and information of persons to be contacted in case of emergency or death be kept on file with your supervisor and in your Official Personnel Folder. This form does not replace any beneficiary designations you may have on file. Please complete this form and provide a copy to your supervisor for retention. The original will be forwarded to the Northeast Civilian Personnel Operations Center. This information should be kept current, submit updates when necessary. (Use reverse side for additional contacts you wish to specify.)

<b>EMERGENCY CONTACT</b>	*	<b>NEXT OF KIN (if different)</b>
.....		
<b>NAME:</b> _____	*	<b>NAME:</b> _____
<b>ADDRESS:</b> _____	*	<b>ADDRESS:</b> _____
_____	*	_____
_____	*	_____
<b>PHONE:</b> _____	*	<b>PHONE:</b> _____
(daytime number)	*	(daytime number)
_____	*	_____
(evening number)	*	(evening number)
_____	*	_____
<b>RELATIONSHIP:</b> _____	*	<b>RELATIONSHIP:</b> _____

**SIGNATURE OF EMPLOYEE:** \_\_\_\_\_  
**WORK PHONE NUMBER WITH EXTENSION:** \_\_\_\_\_

**DISTRIBUTION: SUPERVISOR/CIVILIAN PERSONNEL/OFFICIAL PERSONNEL FOLDER**  
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Privacy Act Information  
 Authority: Executive Order 10561, September 13, 1954  
 Prescribing Directive: FPM 293  
 Principle Purpose: To provide current information for use by personnel offices to assist employees and survivors.  
 Routine Use: To notify persons designated of accident or death of employees and to assist in submitting claims for any death benefits due.  
 Disclosure: Disclosure is voluntary; failure to provide information could result in delay in notification and settlement of claims,