

Disaster Information Card

First Name _____

Last Name _____

Street _____

Address _____

City _____ State _____ Zip _____

Primary Phone ____ - ____ - _____

2nd Phone ____ - ____ - _____

Whom to notify in case of
emergency _____

Relationship _____

Phone _____

Special needs: (such as diabetic, O2) _____

Resources: (such as 4-wheel drive, generator, truck,
chainsaw)

Number in household _____

Names _____

Today's Date _____

Email _____

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