

Your Church Name UMC

First Name_____ Last Name_____

Street Address_____

City_____ State_____ Zip_____

Home Phone_____-_____-_____ Cell Phone_____-_____-_____

Whom to notify in case of emergency_____

Relationship_____ Phone_____-_____-_____

Special needs: (health: such as diabetic, need O2)_____

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

Number in household_____ Names in household _____

Today's Date_____ Email_____

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