

Member Emergency Contact Form

The Peer Ministry is preparing an Emergency Contact File for the members of The Good Shepherd Lutheran Church. This information would be used if and when an emergency should occur at the church, and we would need to get in contact with a member of the family. We would appreciate you filling out the form and placing it in the basket in the Narthex.

Date: _____

Name: _____ (Please use name you would use if you were admitted to the hospital.)

Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone Number: _____

Mobile Telephone Number: _____

EMERGENCY NUMBER OF NUMBERS YOU WOULD LIKE TO CONTACT.

Contact # 1

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone Number: _____

Mobile Phone Number: _____

Contact # 2

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone Number: _____

Mobile Phone Number: _____