

Confidential Information Form

**Houston Fire Department**

*CONFIDENTIAL*

Name of employee: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Date of hire: \_\_\_\_\_

D.O.B: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Race: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cellular Phone: \_\_\_\_\_

\_\_\_\_\_

Station Assigned: \_\_\_\_\_

Division Assigned: \_\_\_\_\_

Other Place of Employment?

Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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**Notification**

Do you have anyone you would like to assist the Chief and Chaplain with notification?

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Would you like for your pastor to be contacted?  Yes  No

Pastor's name: \_\_\_\_\_

Church's name: \_\_\_\_\_

Church's Phone Number: \_\_\_\_\_

**Military Service**

Veteran?  Yes  No

If Yes, What Branch of Service? \_\_\_\_\_

Service Serial Number: \_\_\_\_\_

Date Entered Service: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Location of Military Discharge Papers (DD214): \_\_\_\_\_

\_\_\_\_\_

Highest Grade, Rank or Rating Received: \_\_\_\_\_

Wars/Conflicts Served: \_\_\_\_\_

Entitled to a military funeral?  Yes  No

Do you desire a military funeral?  Yes  No

Do you desire the American Flag on your casket?  Yes  No

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**Family Information**

Name of spouse or significant other:

\_\_\_\_\_ D.O.B. \_\_\_\_\_

Address if different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager/Cell Phone: \_\_\_\_\_

Specified visiting/calling hours? \_\_Yes\_\_ No

from \_\_\_\_\_ to \_\_\_\_\_

Name of child: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of child: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of child: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of child: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Name of mother: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of father: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact In-Laws: \_\_ Yes \_\_ No

Name of mother-in-law: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of father-in-law: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of sibling: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Name of sibling: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of sibling: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of sibling: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact ex-spouse:  Yes  No

Name of ex\_spouse: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Contact Other Individuals:  Yes  No

Other Individual(s) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Other Individual(s) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Other Individual(s) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Funeral Arrangement Information**

Do you have any prearranged funeral plans?  Yes  No

Location of prearrangements: \_\_\_\_\_

\_\_\_\_\_

Are there any prearranged cremation plans?  Yes  No

Location of prearrangements: \_\_\_\_\_

\_\_\_\_\_

Has a cemetery plot been purchased?  Yes  No

Plot Number: \_\_\_\_\_ Cemetery: \_\_\_\_\_

Location of cemetery: \_\_\_\_\_

\_\_\_\_\_

Is there a funeral home preference?  Yes  No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Is there a cemetery preference?  Yes  No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Do you request a fire department funeral?  Yes  No

Do you attend a local church regularly?  Yes  No

Denomination: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Pastor: \_\_\_\_\_

Are you a member of fraternal organization?  Yes  No

\_\_\_\_\_

If yes, is their participation requested?  Yes  No

Name of the person making arrangements if different from spouse/significant other:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Is there a preference?  Burial  Cremation

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If cremation is chosen, is there a preference for disposition of the ashes?

\_\_\_ Home \_\_\_ Cemetery \_\_\_ Scattering

Open casket? \_\_\_ Yes \_\_\_ No

Viewing: \_\_\_ Public \_\_\_ Private \_\_\_ None

Clothing preferences? \_\_\_ Uniform \_\_\_ Civilian

If uniform, \_\_\_ Class A \_\_\_ Class B \_\_\_ Class C

Uniform size: Shirt: \_\_\_\_\_ Pants: \_\_\_\_\_ Jacket: \_\_\_\_\_

Personal Accessories:

- Wedding Band                      Stays On \_\_\_\_\_ or Given to: \_\_\_\_\_
- Glasses                                      Stays On \_\_\_\_\_ or Given to: \_\_\_\_\_
- Other \_\_\_\_\_                      Stays On \_\_\_\_\_ or Given to: \_\_\_\_\_

Who will deliver the eulogy? \_\_\_\_\_

List preferences for pallbearers:

_____	_____
_____	_____
_____	_____
_____	_____

Do you desire flowers? \_\_\_ Yes \_\_\_ No

Are flowers to be omitted in lieu of a favorite charity, agency, or organization?

\_\_\_ Yes \_\_\_ No,

Name of organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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Favorite songs: \_\_\_\_\_

\_\_\_\_\_

Favorite poem: \_\_\_\_\_

\_\_\_\_\_

Favorite readings: \_\_\_\_\_

\_\_\_\_\_

Favorite Bible Verse: \_\_\_\_\_

\_\_\_\_\_

**Financial Information**

Do you have Will? \_\_ Yes \_\_ No      Date of Will \_\_\_\_\_

Location of Will: \_\_\_\_\_

Executor: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Prepared by (attorney): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

*Please list any insurance policies you have.*

Insurance Company: \_\_\_\_\_

Type of Police: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

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Insurance Company: \_\_\_\_\_

Type of Police: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Type of Police: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

***Please list any financial assets (mutual funds, stocks, bonds, vehicles)***

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_

***Loans, long-term outstanding bills***

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_

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Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_

Type/Description: \_\_\_\_\_

Location: \_\_\_\_\_

***Bank Account Information***

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Account: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Account: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**Medical Information**

I have had treatment for:

- Cancer: \_\_\_\_\_
- Tuberculosis: \_\_\_\_\_
- Kidney Disorder: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Circulatory Problems: \_\_\_\_\_
- Heart: \_\_\_\_\_
- Other: \_\_\_\_\_

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I am allergic to the following drugs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Field of Practice: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Field of Practice: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Field of Practice: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Are you an organ donor? \_\_Yes\_\_ No

Do you have any of the following?

- Scars: \_\_\_\_\_  
\_\_\_\_\_
- Tattoos: \_\_\_\_\_  
\_\_\_\_\_
- Surgical Implants: \_\_\_\_\_  
\_\_\_\_\_

Confidential Information Form

What are your wishes regarding life support measures?

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I have a living will:  Yes  No

Location of document: \_\_\_\_\_

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**Other Information**

Do you have an attorney?  Yes  No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Do you have any special requests, wishes, or directions that you would like to be cared for in the event of your death or serious injury?

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Confidential Information Form

This form will be confidential and sealed in your Personal Information Packet. In the event of your death or serious injury, this form will be utilized to ensure that you are cared for.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Next of Kin Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal

**CONFIDENTIAL FORM!**  
**NOT TO BE RELEASED EXCEPT UPON THE EVENT OF THE DEATH OR INJURY**  
**OF THIS INDIVIDUAL.**