

EMERGENCY NOTIFICATION INFORMATION

Soldier's Correct Full Name

Soldier's Rank and Pay Grade

Soldier's Social Security Number:

Soldier's Unit:

Soldier's Unit Address:

Name of Exercise soldier is on:

Full Name of ill, injured, or deceased person:

What hospital or funeral home is the person in:

Who is the doctor treating the person:

Family member who can provide additional information:

Telephone number

Family/Doctor wants soldier to: Be notified only: Come home:

Address Soldier should go to:

City/State/Zip:

Phone number:

The Soldier will need:

Number of days needed to resolve the problem

**THE ABOVE INFORMATION MAY HELP SPEED THE SERVICE MEMBER'S RETURN
AS YOU CONTACT THE RED CROSS OFFICE. BE SPECIFIC!**

PRIVACY ACT STATEMENT: Authority, Title 5. United States Code, Section 301. Principal purpose is to provide information to the American Red Cross Office in case of an emergency. Routine use is to supply the Red Cross necessary data to notify, and assist service member in the event of an emergency. Disclosure is voluntary.