



# **FITCHBURG FIRE RESCUE**

— EST. 1971 —

**CONFIDENTIAL**

**Emergency Planning Folder**

*for*

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# FITCHBURG FIRE DEPARTMENT

## Emergency Planning Sheet

To the next of kin of : \_\_\_\_\_

This is an expression of my preferences and desires regarding the disposition of my remains and other arrangements at the time of my death. Mortuary plans were accomplished to make things easier for my family and to make my thoughts known.

### At the time of death I prefer:

- |  |  |
|--|--|
| <input type="checkbox"/> Conventional Burial | <input type="checkbox"/> Organ or Tissue Donation  |
| <input type="checkbox"/> Cremation           | <input type="checkbox"/> Body for Anatomical Study |
| <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Refuse Anatomical Gift    |

### I feel it would be best if preparation, casketing, and transportation were handled by:

- You, working with the funeral home of your choice.
- You, working with: \_\_\_\_\_
  - *specify name and address of funeral home* \_\_\_\_\_

### My preference for a burial place or disposition of ashes is:

- Private Cemetery: \_\_\_\_\_
  - *specify cemetery address and plot if applicable* \_\_\_\_\_
- National Cemetery (*available to veterans contingent on availability of space*)
- Whatever you decide to be easiest for you.

**I desire the following services to be conducted:**

Church Services: \_\_\_\_\_

- *specify church and location* \_\_\_\_\_  
\_\_\_\_\_

Funeral Home Services

Memorial Services

Graveside Committal Services

Other, (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My preferences concerning:** (use additional sheet if necessary)

Clergy: \_\_\_\_\_

Military Benefits:  I am a Veteran       I am not a Veteran

Branch \_\_\_\_\_ Enlistment / Discharge \_\_\_\_\_

- Flowers, Memorials, or Contributions in Lieu of Flowers should be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Special Arrangements (organist, psalms, memorial card inscription, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Special Affiliations (fraternities, business associations, club memberships):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In the event that I should loose my life in the line of duty, I prefer:**

Fire Fighter Funeral  Yes  No

FFD Representatives to assist family with arrangements and benefits.

*In the event of a line of duty death, a liaison from the Fitchburg Fire Department and/or Wisconsin State Firefighter Memorial Funeral Guard will be assigned to help the family make funeral arrangements and acquire benefits.*

The following represents my concerns for privacy:

- Visitation open to public:  Yes  No
- Funeral Ceremony open to public:  Yes  No
- Burial open to public:  Yes  No

I would like for the following to be arranged:

- Pallbearers (Fire Fighters)  Color Guard
- Procession (with fire apparatus)  Bugler/ Pipe Band
- Buried in Uniform  Media Access to Ceremony
- Other, (explain):

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Additional Information Attached  Yes  No



# FITCHBURG FIRE DEPARTMENT

## Emergency Planning Sheet - *Biographical Information*

**Personal Information:**

Full Name: \_\_\_\_\_  
First Middle Last

Rank: \_\_\_\_\_ IAFF # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apartment #  
 \_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ Resident Since: \_\_\_\_\_

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

Social Sec. #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_  
First Middle Last

Name of Father: \_\_\_\_\_  
First Middle Last

Mother's (Maiden) Name: \_\_\_\_\_  
First Middle Maiden

**Names of Children:**

Name and D.O.B	Address or School District	Telephone

**Relatives and Friends to Notify:**

Name	Address	Telephone

**The following person/ people should accompany the Fire Department representative when notifying my immediate family:**

\_\_\_\_\_



# FITCHBURG FIRE DEPARTMENT

## Emergency Planning Sheet - *Financial Information*

**Will Information:**                     Yes, I have a will                     No, I do not have a will.

Will/ Living Will/ Trust Location: \_\_\_\_\_

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

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

Name of Attorney: \_\_\_\_\_

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

**Accounts:**

Name of Bank: \_\_\_\_\_

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

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

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

Yes, I have a Safety Deposit Box.                    Box Number: \_\_\_\_\_

Box Location: \_\_\_\_\_                    Number of Keys: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_

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

**Insurance Policies:**

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

Telephone Number: \_\_\_\_\_                    Policy Number: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_                    Policy Number: \_\_\_\_\_

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

**Securities:**

Investment Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_                    Account Number: \_\_\_\_\_

Investment Advisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_                    Portfolio Location: \_\_\_\_\_

List of other benefit entitlements (pension, union entitlements, social security, etc.) on additional sheet.

