

SNOHOMISH COUNTY SHERIFF'S OFFICE

FAMILY QUESTIONNAIRE PERSONAL NOTIFICATION FORM

Your Name		
Today's Date:	Revision Date:	Revision Date:
In the event of serious injury, whom do you prefer to inform your immediate family?		
In the event of serious injury, whom do you prefer to inform in your immediate family?		
Name of Person	Relationship	
Street Address		
City, State, Zip		
Home Phone	Work Phone	
Does individual require medical or mental professional in attendance at the time of notification? YES NO		
ALTERNATE CHOICE:		
Name of Person	Relationship	
Street Address		
City, State, Zip		
Home Phone	Work Phone	
Does individual require medical or mental professional in attendance at the time of notification? YES NO		
In the event of death, whom do you prefer to inform your immediate family?		
In the event of death, whom do you prefer to inform in your immediate family?		
Name of Person	Relationship	
Street Address		
City, State, Zip		
Home Phone	Work Phone	
Does individual require medical or mental professional in attendance at the time of notification? YES NO		
ALTERNATE CHOICE:		
Name of Person	Relationship	
Street Address		
City, State, Zip		
Home Phone	Work Phone	
Does individual require medical or mental professional in attendance at the time of notification? YES NO		
Do you wish to be considered as an organ donor? YES NO		
Do you have a personal letter in this sealed packet that you request to be hand delivered to your spouse or significant other at time of death? YES NO		

Print Name _____ Signature: _____