Disaster Preparedness Information Form

Personal Copy

Keep this page for your records, in a secure place and take it with you if you evacuate

If any of this information change	es please contact your Bo	ok Study Overseer and fill	out a new forn	n		
Date:						
If it became necessary to evacua		uld vou go?				
First location out of city:	ne your nome, where wo	ala you go.				
Name and Relation	Full Address	Phone Number	(s)	Email(s)		
Name and Relation	Tull Address	r none number	(3)	Lilian(3)		
Second location out of city:						
Name and Relation	Full Address	Phone Number	(s)	Email(s)		
Please contact these AS POSSIBLE in an en Book Study Overseer:	nergency					
Name			Phone Number	<u>(s)</u>		
Assistant Book Study Overseer:						
Name		Phone Number(s)				
This is your local congregation in	nformation:					
Congregation Name:		Presiding Overseer:				
Kingdom Hall Address:			1			
Kingdom Hall Phone Number:		Secretary:				

Disaster Preparedness Information Form

Congregation Copy

Please Print Clearly

Date:										
Family Name		Home Address				Phone Number(s)				
						Land:				
						Cell:				
Total number of people livin	ng in your hon	ne:								
First and last name	Cell Pho	ne #	Age	Sex	Rant	ism date	Personal email			
Thist and last flame	Cell Filo	one # Age		Jex	Барс	isiii uate	reisonal email			
Please answer the questions the same on both pages. This will be another way of contacting you in case of an emergency. This page is for your Book Study Overseer and the other page is for your records. If it became necessary to evacuate your home, where would you go?										
First location out of city: Name and Relation	Eu	II Address		Pho	ne Numbe	ur(c)	Email(s)			
Name and Relation	ru	II Auuress		PIIC	one Numbe	:1(5)	Eman(s)			
Second location out of city:										
Name and Relation	tion Full Address			Pho	ne Numbe	er(s)	Email(s)			