

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: _____

Relationship of Person Shown Above to Soldier: _____

What Hospital or Funeral Home is 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: _____

Leave Address Soldier Should Go To Is:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

The Soldier will Need About _____ Days to Resolve the Problem

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