

DIOCESE OF TUCSON
EMERGENCY INFORMATION SHEET

Date: _____

Employee Name: _____

Address: _____

Home Ph. #: _____ Cell Ph. # _____

Alternate #: _____

PRIMARY EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Home Ph. #: _____ Alternate #: _____

SECONDARY EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Home Ph. #: _____ Alternate #: _____

PLEASE RETURN THE FORM TO THE HUMAN RESOURCES OFFICE