

FIREFIGHTER'S LAST WISH

(Personal Information Form)

PERSONAL INFORMATION

Name: _____

Date of Birth: _____ / _____ / _____ (First) (Middle) (Last)
Social Security #: _____ / _____ / _____

Date of Hire: _____ / _____ / _____ Employee ID #: _____

Address: _____
(Street Address)

City/Town: _____ Zip Code: _____

County: _____ Sex: Male Female

Race: White Black American Indian Asian Other: _____

Home Phone: _____ Other phone: _____

Place of Birth: _____
City State

County Country

Marital Status: Married _____ / _____ / _____ Never Married Widowed
Date
 Divorced

Usual Occupation: _____

Education: (highest grade completed)

Elementary/Secondary _____ College: _____
0-12 1-4 5+

Degrees: _____

Father's Name: _____
(First) (Middle) (Last)

Father's Date of Birth: _____ / _____ / _____

Mother's Maiden Name: _____
(First) (Middle) (Last)

Mother's Date of Birth: _____ / _____ / _____

NEXT OF KIN / FAMILY INFORMATION
(List those that you want us to contact)

Relation	Name	DOB	Address (If different than above)	Phone #
Spouse/ Significant Other				
Child				
Child				
Child				
Child				
Sibling				
Sibling				
Sibling				
Mother				
Father				
Mother-in-law				
Father-in-law				
Ex-Spouse				
Other _____				
Other _____				
Other _____				

[Redacted Box]

Contact: _____ Yes _____ No

Business: _____

Address: _____
(Street Address)

City/Town: _____ **Zip Code:** _____

Work Phone: _____ **Supervisor:** _____

GENERAL INFORMATION

ITEM	YES	NO	COMMENT
Veteran? Location of Military Discharge Papers (DD214)			Branch: Serial Number# _____
Entitled to a military funeral?			
Do you request a military funeral?			
Do you attend a local church/synagogue? Cleric: _____ Comment:			Denomination: Affiliation Name: Address: City: State: Zip: Phone #:
Is someone else making arrangements for your funeral different from your spouse/significant other?			Name: Address: City: State: Zip: Phone #:
Would you like your pastor/cleric to be contacted?			
Would you like your personal pastor/cleric to officiate the service?			
Would you like your personal pastor/cleric assist in the officiating of the service?			
Would you like the department's chaplain to officiate the service?			
Do you wish to have another person officiate at the graveside service?			Name: Address: City: State: Zip: Phone #:

ITEM	YES	NO	COMMENT
Member of a Fraternal Organization? Name: _____ If yes, is their participation requested?			Address: City: State: Zip: Phone #:
Burial Preference?			
Cremation Preference?			
Preference for whom to receive the ashes?			Name:
If cremation, is there a preference for disposition of the ashes?			Home: <input type="checkbox"/> Cemetery: <input type="checkbox"/> Scattering: <input type="checkbox"/>
Is there a cemetery preference? Name: _____			Address: City: State: Zip: Phone #:
Has a cemetery plot been purchased?			Plot Number: _____
Is there a funeral home preference?			Name: Address: City: State: Zip: Phone #:
Do you request a fire department funeral?			
Open casket?			
If open, type of clothing?			Uniform: <input type="checkbox"/> Civilian: <input type="checkbox"/>
Name of person to deliver the eulogy.			Name: Address: City: State: Zip: Phone #:
Do you want the Honor Guard to be pallbearers? COMMENTS:			If No – Please list preferences for pallbearers: _____ _____ _____ _____ _____ _____ _____
Do you desire flowers?			

ITEM	YES	NO	COMMENT
Are flowers to be omitted in lieu of a favorite charity, agency, or organization (s)? Name: _____ Name: _____			Address: City: State: Zip: Phone #: Address: City: State: Zip: Phone #:
Do you desire the American Flag on your casket? (VA Provided)			
Do you have a favorite song?			Name:
Do you have a favorite poem?			Name:
Do you have a favorite reading?			Reading:
Do you have a favorite Bible Verse?			Verse:
Do you have a will? Date of Will? ____ / ____ / ____ Location of Will: _____ _____ _____			Executor/Executrix: Name: Address: City: State: Zip: Phone #:
Do you have an attorney? Name: _____			Address: City: State: Zip: Phone #:
Are you an organ donor?			



ITEM (All gear is returned to the department)	PERSON
Helmet	
Badge	
Patches	List:
American Folded Flag (2 available)	



ITEM	YES	NO	COMMENT
Do you have any personal items to be placed in your casket?			List:
Do you have any personal items to be cremated with you? Comment:			List:

POSITION	NAME (Please list two people to act as a FLO)
Family Liaison Officer (s) (FLO) (To share responsibilities if needed)	Primary: Secondary:
Notification Officer (s) Do you wish to have anyone else accompany one of the Notification Officers? ____ Yes ____ No Name: Phone #:	Personnel designated to advise your spouse/significant other/family of death: Chief B. Gorski Chief P. Dezzi Chief T. Kehoe Chief S. Handra Department Chaplain.

Do you have any special requests, wishes, or directions that you would like in the event of your death?

List any significant awards, decorations, or achievements: _____

There are six sets of circumstances that the department has identified that entitle a member of the department or an individual affiliated with the department to receive a fire service funeral. With these circumstances and in the event of my death while employed by the Sarasota County Fire Department, I am requesting that the following information be utilized to assist my family in the coordination and planning of my funeral/memorial service.

I may update the information on an annual or on an as needed basis. The department will arrange to have a current picture of me placed with this request for the sole purpose of use for the media and during the funeral/memorial service.

I understand that the information contained herein is confidential and cannot be released except upon the event of my death.

Signature: _____

Date: ____/____/____

Spouse/ Significant other: _____

Date: ____/____/____

FINANCIAL ADDENDUM FORM

To assist in the processing of benefits and coordination of financial concerns for the Sarasota County Fire Department, Human Resource Department, and the Suncoast Firefighters and Paramedics Union Local 2546, I have completed a Financial Addendum form.

This form will be placed with the Firefighter's Last Wish form in a sealed envelope and can only be released upon the event of my death. I may update the information on an annual or on an as needed basis.

FORM COMPLETED: ____ Yes ____ No

Signature: _____

Date: ____/____/____

PLEASE MAKE A COPY OF THIS PACKET AND KEEP IT WITH YOUR OWN PERSONAL RECORDS.