

**TOWN OF NORFOLK
EMERGENCY CONTACT INFORMATION FORM**

The Town of Norfolk asks that you provide this information in case of an emergency. Please complete this form to the best of your ability, so that if the Town should need this information, it is readily available for them. Please print clearly.

Personal Information			
Name: _____	Date of Birth: _____		
Home Address: _____	City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____		
Mailing Address: _____	City: _____	State: _____	Zip Code: _____
<small>(if different from above):</small>			
Known Allergies: _____			

Emergency Contact Person			
Name: _____	Relationship: _____		
Address: _____	City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____		

Emergency Contact Person			
Name: _____	Relationship: _____		
Address: _____	City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____		

Signature

Date