

Prince of Peace Lutheran Church
Member Emergency Contact Information

In case of emergency, please provide POP with contact information for friends or loved ones you'd like notified. All of your information will be kept private unless needed.

Your Name(s): _____ Date: _____

Preferred Phone(s): (____) _____ (____) _____ Other Phone: (____) _____

Address: _____

1st Emergency Contact

Name: _____ Relationship: _____

Preferred Phone: (____) _____ Other Phone: (____) _____

2nd Emergency Contact

Name: _____ Relationship: _____

Preferred Phone: (____) _____ Other Phone: (____) _____

3rd Emergency Contact

Name: _____ Relationship: _____

Preferred Phone: (____) _____ Other Phone: (____) _____