Bountiful Neighborhood Emergency Preparedness Committee

Household Information Sheet

Fill out the following information for each household member and store in a safe location:

Name: _____

Date of Birth: _____ Phone Number: _____

Age: _____ Email: _____

Social Security #: _____

Social Media Profiles: _____

Work/School Addresses and Phone Numbers:

_____

_____

Medical Information (include pharmaceuticals):

_____

_____

Special Needs or Notes:

_____

_____

_____

Name: _____

Date of Birth: _____ Phone Number: _____

Age: _____ Email: _____

Social Security #: _____

Social Media Profiles: _____

Work/School Addresses and Phone Numbers:

_____

_____

Medical Information (include pharmaceuticals):

_____

_____

Special Needs or Notes:

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_____

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