



# Southeastern Pennsylvania Synod

Evangelical Lutheran Church in America

## ROSTER MINISTER EMERGENCY CONTACT FORM

Date \_\_\_\_\_

Rostered Minister's Name

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Emergency Contact (Please indicate whether information you provide below is for):

SPOUSE    NEXT OF KIN

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cellphone \_\_\_\_\_

SPOUSE    NEXT OF KIN

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cellphone \_\_\_\_\_

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This form completed by (print name): \_\_\_\_\_

(signature): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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