

PERSONAL INFORMATION FORM

*** CONFIDENTIAL ***

DATE _____

Personal information

Name _____ DOB _____

Commission # _____ DPSST # _____ Badge # _____

Address _____

Home phone _____ Pager _____ Cell _____

Employment Date _____ Blood type _____

Remarks/special instructions

Spouse/Significant Other/Primary Emergency Contact

Name _____

Relationship _____

Home Address _____

Employer _____

Work Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Remarks/health issues/special instructions

Do you want a Department representative to contact your ex-spouse? Yes No

Name _____

Home Address _____

Employer _____

Work Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Remarks/health issues/special instructions

Name of preferred companion officer	Name of preferred Department member to do family notification
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Is there anyone else who you would want to accompany the Department representative when notification is made? If so, please provide their contact information:

Name _____

Home Address _____	Employer _____
_____	Work Address _____
Home Phone _____	_____
Cell Phone _____	Work Phone _____

Secondary Contacts (parents, children, other family, etc.) you would like to be notified by OSP

1. Name _____	2. Name _____
Relationship _____	Relationship _____
Home Address _____	Home Address _____
_____	_____
Work Address _____	Work Address _____
_____	_____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Remarks/health issues/special instructions	Remarks/health issues/special instructions
_____	_____
_____	_____

Secondary Contacts (continued)

3. Name _____
Relationship _____
Home Address _____

Work Address _____

Home Phone _____
Work Phone _____
Cell Phone _____
Remarks/health issues/special instructions

4. Name _____
Relationship _____
Home Address _____

Work Address _____

Home Phone _____
Work Phone _____
Cell Phone _____
Remarks/health issues/special instructions

Equipment

Glock serial # _____

Uniform sizes:

LS shirt _____ hat _____ jacket _____ SS shirt _____
boots _____ vest _____ pants _____

Remarks/Other

