

Family Name: _____

Lutheran Ministry in Christ Emergency Contact Information

	Name	Cell Phone Number	Email*	Alternate or Out of Area Number
Adult				
Adult				
Child				
Child				
Child				
Other				

Address: _____

Home Phone: _____

City: _____

Zip: _____

Major Cross Streets: _____

I/We live in a flood prone area:

I/We live in a mobile home:

I live alone:

I/We have physical limitations:

Other potential special needs: _____

** Your E-Mail address will only be used as part of the LMIC Emergency Contact procedures unless you specifically request that your name and email be included in the Church E-Mail Directory. Please see the reverse side of this sheet for details.*