

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: _____