U.S. Department of State

FOREIGN SERVICE EMERGENCY LOCATOR INFORMATION

AUTHORITY: 2 FAM SECTION 190

PRINT EMPLOYEE NAME *(Last, First, Mi)*	SSN	DATE *(mm-dd-yyyy)*

EMPLOYEE LOCATION (Post, Base, Region, etc.)	AGENCY

NAMES OF ELIGIBLE FAMILY MEMBERS	SSN	ADDRESS IF DIFFERENT THAN EMPLOYEE	RELATONSHIP	PHONE

LIST BELOW CONTACTS FOR EMERGENCY PURPOSES

NAME OF CONTACTS FOR EMPLOYEE	ADDRESS *(Incl. ZIP code. List business address and phone for one.)*	RELATIONSHIP	PHONE
1.			
2.			
3.			
4.			
5.			
6.			

NAME OF CONTACT FOR SPOUSE	ADDRESS	RELATIONSHIP	PHONE
1.			

NAME OF SPOUSE *(If wife, give maiden name)*	SSN	HOMETOWN (Spouse)

REMARKS

PRIVACY ACT STATEMENT

Uses: For notification of next-of-kin in the event of an emergency or death of an employee. Information available on a need-to-know basis to personnel of the Department as required in the performance of official duties. Failure to provide the information required will result in delay or suspension of notification of next-of-kin in the event of an emergency or death of employee.

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