

Date _____

NFCC Emergency Contact Information

Would you like the NFCC to have contact information for a loved one in the unlikely event that you fall ill while at church?

If so, please fill out the information below and return via email officenfcc@gmail.com or by mail to 155 Old Main Road, P.O. Box 403, North Falmouth MA 02556.

This is optional and your information will be in a secure location.

Your name (first and last): _____

Name of emergency contact: _____

Emergency Contact's Telephone Number: _____

Emergency Contact's Cell Phone Number: _____

Health Care Directive: Y or N

(If yes, please provide a copy)