www.LakesideEmergencyInfo.weebly.com

Personal Emergency Information

| | | Today's Date: |
|---|------------------------------|--|
| Your Full Name: | | P |
| Mexico Street Address | | |
| Mexico City and State: | | |
| E-mail Address 1: | | |
| E-mail Address 2: | | |
| Mexico Mail Box: e.g., Mailboxes, etc. Handymail, etc. | Provider/Box Number: | |
| | Street Address: | |
| | City, State, Postal Code: | |
| Home Phone (Mexico): | | Home Phone (Vonage or similar; specify country): |
| Cell Phone (Mexico): | | Cell Phone (non-Mexico; specify country): |
| FM2 (Inmigrant | e) FM2 Number: | es and enter corresponding number) : |
| FMT (Tourist) | FMT Number: | |
| Mexican Citizen | | |
| O Other | Specify: | |
| | 0,000.1 | |
| Religious Affiliation: | | |
| Pastor/Priest/Counselor: | | Telephone: |
| lf you have you made ' | post-life planning" arrangem | ents, check the box that applies: |
| Lake Chapala | Society Funeral Home | (Name/Telephone): |
| lf you have a will: | | |
| Describe where it i (e.g., desk drawer u drawer of bedroon | inder computer; bottom | |
| Executor 1 Name: | | Telephone: |
| Executor 2 Name: | | Telephone: |
| Notes: | | |
| | | |
| | | |

1. Personal Information