

NEXT OF KIN & INFORMATION FORM

Please fill out this form if you would like your local church, All Saints' with St. James', Brightlingsea, to hold information about you to act upon if you are unwell. Because this form will contain information about other people as well as you, please place the completed form in an envelope, write your FULL NAME and PHONE NUMBER plus the letters NOK clearly on the front then seal the envelope and deliver to The Vicarage, Richard Avenue, Brightlingsea CO7 0LP. We will only open it if you are unwell and it becomes necessary to contact people on your behalf.

Your name:

Your address:

Your telephone number:

Your email (if applicable):

First preferred Next of Kin contact:

Name:

Their address:

Their telephone number(s)

Their email (if applicable):

Their relationship to you:

Second preferred contact:

Name:

Their address:

Their telephone number(s)

Their email (if applicable):

Their relationship to you:

Please mark any of the following that apply to you:

I have pets that will need care if I am ill

Details:

I have other people whose welfare depends on me, who will need care if I am ill

Details:

Any other information you would like us to know about you:

_____ **signed**

_____ **date**