

Family Support Checklist for Fatalities

This checklist is an example ONLY. Do not use it as an “interview” form – information may be collected over a period of several days under many different circumstances. Destroy (shred) the checklist and information when no longer needed to support the family.

EMPLOYEE’S NAME: _____

Primary Contacts

| | | |
|---------------------------------|----------------|--|
| Spouse/Significant Other Name | | |
| Address / City, State, Zip Code | | |
| Phone No. | Cell Phone No. | |
| Name (Children) | | |
| Phone No. | Cell Phone No. | |
| Name (Children) | | |
| Phone No. | Cell Phone No. | |
| Name (Children) | | |
| Phone No. | Cell Phone No. | |
| Phone No. | | |
| Father's Name | | |
| Address / City, State, Zip Code | | |
| Phone No. | Cell Phone No. | |
| Mother's Name | | |
| Address / City, State, Zip Code | | |
| Phone No. | Cell Phone No. | |

(**SSN may be needed if FS is providing commercial travel, or a GovTrip profile is being established; do not write down the SSN.)

Family Support Checklist for Fatalities, Continued

***Secondary Contacts
(Extended Family, i.e., Grandparents, Other Relatives)***

| | | |
|---------------------------------|----------------|--|
| Name | | |
| Phone No. | Cell Phone No. | |
| Address / City, State, Zip Code | | |
| Name | | |
| Phone No. | Cell Phone No. | |
| Name | | |
| Phone No. | Cell Phone No. | |
| Address / City, State, Zip Code | | |
| | | |

(**SSN may be needed if FS is providing commercial travel, or a Gov-Trip profile is being established; do not write down the SSN)

Employee's Background

Graduated in _____ from _____ High School in _____,

Graduated in _____ from _____ College

Degree in _____
=====

Church Affiliation _____

Address _____

City, State _____

Family Support Checklist for Fatalities, Continued

Military Experience

U. S. _____

Rank _____ DD214 Available Yes No

Job Title _____

From _____ to _____

Served overseas in _____

Special Military Awards _____
=====

Fraternal Organizations

=====

Personal interests

=====

Forest Service Career

Started _____

Position _____

No. of years in current position _____ No. years in prior position _____

No. of years in specialized field _____ as a _____

Other forests _____ National Forest

Family Support Checklist for Fatalities, Continued

Other forests _____ National Forest

Present Position _____

Special Awards for _____

#####

Memorial/Funeral Services

Where will the family be staying, or how can they be reached, phone number, etc.

=====

Any relatives or neighbors who can or have offered to assist during this time, running errands, answering the phone, special medications that need to be picked up, children with sporting events, graduation ceremonies, medical appointments, any unexpected issues needing attention?

We will attempt to provide security during your absence for the viewing or service unless you have a relative to stand by in your absence. Yes, need security No

=====

Are there any family members coming from out of town, who need to be picked up at the airport? Yes (location, airline, flight number, number in party?) No

=====

Does the family need to be picked up for the services? Yes No

Names

Location

Family Support Checklist for Fatalities, Continued

Will the family have a viewing? Yes No

Viewing will be on _____

At _____

Address

City, State Zip Code

Phone No. _____

For family from _____

For guests from _____

=====

Date of Funeral Service _____

Family only Yes No Public Invited Yes No

Reserved seating for the family needs to be _____

***Who will be the recipient of the flag or special presentations? _____

Any special way to recognize this individual? _____

Funeral Service will be at _____

Address

City, State Zip Code

Phone No. _____

=====

Would family like firefighters and or Forest Service Honor Guard Detail?

Family Support Checklist for Fatalities, Continued

provide pall bearer service or other Honor Guard service if available (not promising, will check and get back to the family)?

Yes _____
=====

Date of Forest Service Sponsored Memorial Service (if applicable)

Reserved seating for the family needs to be _____

Advise the family that we request they set in the front row for presentation.

***Who will be the recipient of the flag, or special presentations? _____

Any special way to recognize this individual? _____

Memorial Service will be at: _____

Address

City, State Zip Code

Phone No.: _____

=====

Does the family request flowers?

Church: Yes No Mortuary: Yes No Cemetery: Yes No

If no, please deliver to _____

Contact _____ Phone No. _____

After the services where does the family want the flowers taken? _____

=====

Family Support Checklist for Fatalities, Continued

Donations may be sent to:

In the name of

Address

City, State Zip Code

=====
There may be a lot of photographers, news media, and reporters. Would you prefer privacy?

Yes No Comments _____
=====

=====
Inform the family of the Last Alarm, flag presentation, a possible fly-by, Honor Guard, Color Guard, general overview of the program planned, & possible power point program which may be very emotional to some family members.

=====
Does family have any cultural information that we need to be aware of so we do not do anything to conflict with your family's wishes?

=====
Are there any family members with any medical considerations which we need to be aware of in advance in case of emergency?

=====
Who & condition _____
=====

=====
Will anyone from the family, relatives or close friends be in the program?
Song selection(s) on CD, singing solo, or need special sound equipment?

=====
Speakers (please advise to limit time to 3 to 5 minutes)

=====

Family Support Checklist for Fatalities, Continued

Does the family want any memorabilia or photos that require a table or easel stand?

Reception will be at _____

Address _____

City, State Zip Code _____

Phone No. _____

Food will be provided by _____

Does the family or relatives want to be involved in the reception? Yes No

Would any family or relatives like to help in the reception? Yes No Est. No. _____

If so we will advise the proper personnel.

Any language or communication needs or anyone who is hearing or vision impaired which we need to be aware of for the service?

When would be a good time to meet with agency personnel for going over financial documents and personnel records? Possibly before the family leaves the area?

Day and time _____

Contact for future communication needs _____

Personal affects delivered to and when would be a good time for delivery?

Day and time _____

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If it is possible would the family like to go to the site when it is safe?

Day and time _____

_____ Forest Service Office

Address _____

City, State Zip Code _____

Contact person will be _____

Phone No. _____
=====