



Archdiocese of Grouard McLennan

Clergy Emergency, Family, and Repatriation Information Sheet

(Strictly Confidential – For Official Diocesan Use Only)

SECTION A: PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Nationality: _____

Country of Origin: _____

Passport No.: _____

Clergy Status: _____

Date of Ordination: _____

Date of Arrival in the Diocese of Grouard McLennan: _____

Present Assignment / Parish: _____

Address of Residence: _____

Phone: _____

Email: _____

SECTION B: FAMILY INFORMATION (PARENTS & SIBLINGS)

Father's Name: _____ ☐ Living ☐ Deceased

Contact (if living): _____

Mother's Name: _____ ☐ Living ☐ Deceased

Contact (if living): _____



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Total Number of SIBLINGS: _____

(Please indicate if deceased and provide current contact information if available):

1. Full Name: _____
 2. Status (Living/Deceased): _____
 3. Address / Country: _____
 4. Contact Number: _____
 5. Email Address: _____
-

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 4. Contact Number: _____
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SECTION C: EMERGENCY CONTACTS (LOCAL)

Primary Emergency Contact Person:

- Full Name: _____
- Relationship: _____
- Address: _____
- Phone (Home): _____
- Phone (Mobile): _____
- Email: _____

Secondary Contact Person (if primary unavailable):

- Full Name: _____
- Relationship: _____
- Address: _____
- Phone (Home): _____
- Phone (Mobile): _____
- Email: _____



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SECTION D: HEALTH & INSURANCE INFORMATION

Health Card / Insurance Provider: _____

Policy Number: _____

Known Medical Conditions / Allergies: _____

Family Doctor / Clinic (if applicable): _____

Doctor's Contact Number: _____

SECTION E: HOSPITAL / MORTUARY / REPATRIATION INSTRUCTIONS

(To be used in case of serious illness, hospitalization, or death)

Preferred Hospital (if any): _____

Preferred Funeral Home / Mortuary (if any): _____

Final Arrangements Preference: ☐ Burial in local parish cemetery

☐ Repatriation to home country ☐ Other (please specify): _____

Primary Family Contact for Funeral/Repatriation Coordination:

- Full Name: _____
- Relationship: _____
- Country: _____
- Phone: _____
- Email: _____



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SECTION F: ADDITIONAL INFORMATION

Any special instructions or pastoral/family wishes:

SECTION G: WILL AND LEGAL DOCUMENTS

Do you have a will? ☐ Yes ☐ No

If yes where is your will kept? _____

SECTION H: DECLARATION

I, Rev. _____, confirm that the above

information is accurate and complete to the best of my knowledge.

I authorize the Diocese of _____ to use this information solely
for official purposes related to medical emergencies, death, funeral, or repatriation
coordination.

Signature: _____

Date: _____

Witnessed by (Name & Position): _____

Signature: _____

Date: _____



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For Chancery Staff Use Only:

Received by: _____

Date Received: _____

Filed in: ☐ Clergy Personnel File ☐ Emergency Binder ☐ Digital Records