

**Housing Authority of the County of Dauphin  
Emergency Contact Sheet**

Tenant \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Persons to be Contacted in Case of Emergency:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person(s) responsible for removing belongings in case of death:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Funeral Dir/Cremation Soc \_\_\_\_\_ Telephone # \_\_\_\_\_

**Tenant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_