

Evacuee Registration Form

Date of Registration: _____

List only those who are currently with you

Evacuee Name (Last / First)		Age	Special Needs
Others who are with you	Relationship	Age	

Permanent Home Address: _____

Cell/Phone _____

Email _____

Will you be staying in an evacuation centre?

Yes

No

If No, where will you be staying?

Address _____

Do you have a pet(s)? Yes

No

If yes, do you have a place or a plan to keep your pet(s) safe during the evacuation? Yes No

If No, must fill out Pet Information Record.

Pets are not allowed in evacuation centres.

Can we share any of the above information with others who may need it?

Yes

No

Evacuee Signature: _____

Total number of Evacuees on this sheet ⁷⁵ _____