

NEXT OF KIN

HOMEOWNER(S) NAME _____

OCEANSIDE VILLAGE ADDRESS _____

HOMEOWNERS TELEPHONE

Daytime _____

Evening _____

E-mail Address _____

(Please Print)

Owner #1 Name:

Owner #2 (Wife, Co-Owner, etc.)

Next of Kin Not Living with You

Next of Kin Not Living With You

Next of Kin Address

Next of Kin Address

E-Mail Address

E-Mail Address

(Please Print)

(Please Print)

Next of Kin Telephone Number

Next of Kin Telephone Number

Home (____)_____

Home (____)_____

Work (____)_____

Work (____)_____

Relationship to you_____

Relationship to you_____

Due to the need to update our records, please complete this form and return it to our office even if you have given this information in the past. It is very important that we have this information in the event of an emergency.