

**IDAHO DEPARTMENT OF CORRECTION  
CRC Inmate Emergency Data Form**

***Please Print Clearly***

Name: \_\_\_\_\_ IDOC #: \_\_\_\_\_  
Last, First, Middle

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Marital Status (married, divorced, single): \_\_\_\_\_ # of Dependents (if any): \_\_\_\_\_

Do you have a pending crisis in your family? (yes/no) \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special considerations (deaf, non-English speaking, non-reader, etc.) that you have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your religious preference? (optional) \_\_\_\_\_

What was your last place of residence? \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City, state, zip

What was your most recent occupation? \_\_\_\_\_

Did you serve in the military? (yes/no) \_\_\_\_\_

If so, branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Vietnam vet? (yes/no) \_\_\_\_\_

**Persons to be Contacted in Case of an Accident or Emergency**

Person #1

Person #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

I understand that if there are any changes to this information, it is my responsibility to contact facility records staff or my case manager at my current housing facility to have this information updated.

\_\_\_\_\_  
Inmate's Signature

\_\_\_\_\_  
Date