

**Midcoast Meeting of Friends**  
Damariscotta, Maine

**Emergency Contact Information**

To be kept in confidentiality under the Care of the Pastoral Care Committee

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone and e-mail \_\_\_\_\_

**Person(s) to Contact in case of Emergency:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone and e-mail \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone and e-mail \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone and e-mail \_\_\_\_\_

PLEASE RETURN TO CLERK OF PASTORAL CARE in person at the Meetinghouse or mail to Clerk of Pastoral Care, Midcoast Meeting of Friends, P.O. Box 714, Damariscotta, Maine 04543