

**LINCOLN PARISH POLICE JURY  
PERSONNEL UP DATE INFORMATION**

**CHECK ONE:**

MARRIED: \_\_\_\_\_  
SINGLE: \_\_\_\_\_  
DIVORCED: \_\_\_\_\_

**PLEASE PRINT**

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

CURRENT ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ Zip \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME PHONE #. \_\_\_\_\_ (CELL #) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**SPOUSE INFORMATION (IF NOT APPLICABLE PRINT N/A)**

SPOUSE FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

BIRTH DATE: \_\_\_\_\_

**\*DEPENDENT INFORMATION (IF NOT APPLICABLE PRINT N/A)**

(\*Dependents are persons closely related to you that during the year you provide more than one-half their support. Other than your spouse. (Ex. Children, grandfather, mothers)

	<b><u>FULL NAME</u></b>	<b><u>BIRTH DATE</u></b>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**OTHER INSURANCE INFORMATION:**

GROUP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_