

Bamberg County Emergency Management Office 2893 Main Highway / Post Office Box 119 Bamberg, South Carolina 29003 Identification Card Information Form

Please fill out the following information to receive your Bamberg County Identification Card.

| Last Name: |
|--|
| First Name: |
| Middle Initial: |
| Birthdate (MM/DD/YYYY): / / |
| Organization: |
| Rank/Position: |
| Call Number: |
| Home Address: |
| City/State/Zip Code: / South Carolina / |
| Home Phone Number: |
| Work Phone Number: |
| Mobile Phone Number: |
| Emergency Contact Relationship: |
| Emergency Contact Phone Number: |
| Email: |
| Medical Information: |
| Allergies: |
| Physician Name: |
| Physician Contact Phone Number: |
| List any qualifications or certifications: 1. 2. 3. 4. |