

# Columbus County Special Needs Registry

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ (NC) Zip Code: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Special Need (Explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Doctor Name: \_\_\_\_\_

Primary Doctor Phone Number: \_\_\_\_\_

Family/Emergency Contact Name: \_\_\_\_\_

Family/Emergency Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family/Emergency Contact Phone Number: \_\_\_\_\_

Family/Emergency Contact Cell Number: \_\_\_\_\_

Mail completed form to  
Columbus County Emergency Services  
608 N. Thompson St Whiteville NC, 28472  
Attention Special Needs Database

Form can also be faxed to 910-640-1241  
Complete information can be e-mailed to [emergencyservices@columbusco.org](mailto:emergencyservices@columbusco.org)