

your Next of Kin information:

- Online at http://bmv.ohio.gov.
- In person at any local Deputy Registrar.
- Mail completed form (see reverse side) to: **BUREAU OF MOTOR VEHICLES VERIFICATION SERVICES** DOCUMENT MANAGEMENT PO BOX 16520 COLUMBUS OH 43216-6520



Once your Next of Kin information is on file, you may change or remove it using any of the above methods.



Legislation to create the Ohio Next of Kin (N.O.K.) database was initiated by Ohioans who wanted to ensure Next of Kin can be notified as soon as possible if an emergency or any critical event occurs.

N.O.K. Program Initiators

Linda Wuestenberg



"My son, Steven Burge, was involved in a car accident in 2007. First responders searched eight hours before they found me. My son died from his injuries.

A large group of us worked with our legislators and the BMV to create the Ohio Next of Kin database. The effort invested to make this valuable tool available to all Ohio citizens has been a deeply personal and emotionally draining journey. I do it in loving memory of my son to honor his exuberant love of life. I'm proud to be your Mom, Stevie B."

Carmela A. Wiant

"My son, David Money, was on his way home from work when involved in an auto accident. The only source of contact information was his work badge. Three hours later, I



was told by the hospital chaplain David was dead. I was devastated.

There is never an easy way to notify someone of a loved one's death from an accident. Please list your emergency contacts on your driver license, so police can expeditiously locate your family. David, I'm so proud you are my son."











Through the Next of Kin Emergency Contact Information Program, Ohioans can identify the person they choose to be notified...

in the event they are involved in an accident or emergency leaving them unable to communicate with law enforcement or emergency medical responders.



The Next of Kin (N.O.K.) program allows Ohioans with a driver license, temporary permit, or state ID the option of adding emergency contact information to their Ohio driver license/ ID record. The program features are:

- It's free! There is no fee to add contact information to your driver license/permit/ID record.
- Contact information will be stored in a secure database which holds Ohio driver license/ID information, accessed only by the Bureau of Motor Vehicles and law enforcement.
- For Ohioans age 18 and older, the contact person can be a relative, friend, or co-worker.
- Those under age 18 are required to have a parent or legal guardian as their primary contact.
- With your approval, contact person(s) can share your up-to-date medical information with medical professionals providing emergency medical treatment, if you are ever involved in an emergency or otherwise unable to communicate.
- For children with an ID, under the age of 15, parents are encouraged to sign up for the Next of Kin Registry. Two emergency contacts can be added into the Next of Kin Registry to be used by law enforcement in the event the child becomes lost or is reported missing. If the child is ever involved in an emergency situation or otherwise unable to communicate, law enforcement will use the Next of Kin information to notify these emergency contacts. For more information regarding child ID's visit http://bmv.ohio.gov and click on ID R KIDS.



Next of Kin Program

Please select one of the following:							
Add		Change		Ren	Remove		
Yes, I want to add Next of Kin/Emergency Contact information to my Ohio Driver License or Identification Card record.		Please change the Next of Kin/Emergency Contact information on my Ohio Driver License or Identification Card record.		er Contact inf	Please remove all the Next of Kin/Emergency Contact information on my Ohio Driver License or Identification Card record.		
Your Information							
Last Name/First Name/M.I.:							
Street Address:							
City/State/Zip:							
Your Ohio Driver License# or Identification Card#: (Required Information)							
Your Next of Kin Contact Information: At least one phone number, with area code, or address is required.							
Contact #1	Last Name	Fi	rst Name			M.I.	
Relationship:	Telephone H	lome: ()	Cell: ()	Work: ()	
Street Address:							
City/State/Zip:							
Checking this box means that this person has accurate, detailed and up to date medical information about me that may be shared with any medical professional providing emergency medical treatment to me.							
Contact #2	Last Name	Fi	rst Name			M.I.	
Relationship:	Telephone H	Home: ()	Cell: ()	Work: ()	
Street Address:							
City/State/Zip:							
Checking this box means that this person has accurate, detailed and up to date medical information about me that may be shared with any medical professional providing emergency medical treatment to me.							
I understand by checking the box and providing contact information for person(s) with knowledge of my medical history, I am authorizing law enforcement to release my contact person's information to first responders and medical professionals.							
OHIO DL/ID CARD HOLDER'S SIGNATURE (REQUIRED)					DATE		

NOTE: If this form is not complete, Next of Kin information will not be updated nor will this form be returned for correction. Please ensure the information is accurate and current. The BMV is not responsible for any errors in provided information or for failure to provide current information. Pursuant to Ohio Revised Code §4501.81, the BMV will not be liable if contact cannot be made with a designated contact person in the event of an emergency. Any changes to this document will override any previous submissions to add or change the Next of Kin notification information.