

CALIFORNIA IDENTIFICATION CARD

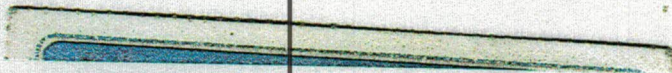


ID **F8596895**
EXP **11/28/2020**
LN **BACA ZEPEDA**
FN **WENDY JOEL**
8625 S WESTERN AVE
LOS ANGELES, CA 90047
DOB **11/28/1983**

11261983

SEX **M** HAIR **BLK** EYES **BLK**
HGT **5-03"** WGT **150 LB**
DD **03/02/2015** ISS **03/02/2015**

Wendy



Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Name: Mirza Rodriguez Joel Baca
Last First MI

Phone: _____
Home: _____ Cell: 424-223-3938

Home Email Address: _____

Address: 3301 W 104th Inglewood CA 90303
Street City State Zip Code

Primary Emergency Contact Name: Marco Zepeda
Last First

Relationship: Hermano

Phone: _____
Home: _____ Cell: 818-221-5429 Work: _____

Secondary Emergency Contact Name: Oscar Baca
Last First

Relationship: Papa

Phone: _____
Home: _____ Cell: 323-615-9834 Work: _____

Preferred Local Hospital: _____

Insurance information:

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information:

Signature: [Signature] Date: 01-31-18