

CALIFORNIA IDENTIFICATION CARD

D1390978



EXP 12/15/2021  
LN CASTRO  
FN WAGNER E  
421 N HELIOTROPE DR APT 208  
LOS ANGELES, CA 90004  
DOB 12/15/1972

12151972

SEX M HAIR BLK EYES HZL  
HGT 5'-05" WGT 180 lb  
DOB 12/29/20115RB/DDFD/21 ISS 08/12/2015



# 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: Castro Wagner E.  
Last First MI

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

Cell: (323)861-0397

Home Email Address: \_\_\_\_\_

Address: 421 N. Heliotrope Dr. L.A. CA. 90004  
Street City State Zip Code  
Apt. #268

Primary Emergency Contact Name: Enriquez Sigrld  
Last First

Relationship: Wife

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

Cell: (323)828-5037 Work: \_\_\_\_\_

Secondary Emergency Contact Name: Arriaza Raquel  
Last First

Relationship: Mother in law

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

Cell: (323)916-1230 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: Wagner E. Castro

Date: 2/05/18