

CALIFORNIA

USA

IDENTIFICATION
CARD



ID **D7514729**

EXP **05/16/2022**

LN **BARRERA**

FN **JESUS**

6137 SPRINGVALE DR
LOS ANGELES, CA 90042

DOB **05/16/1994**

05161994

Jesus Barrera

SEX **M**

HAIR **BLK**

EYES **BLK**

HGT **5'-06"**

WGT **130 lb**

DD **08/09/201661710/DDFD/22**

ISS

08/09/2016

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: Barrera Jesus
Last First MI

Phone: _____
Home: _____ Cell: (323) 345-8478

Home Email Address: D3505b3231mp@yahoo.com

Address: 6631 N. Figueroa st #208 LA CA 90042
Street City State Zip Code

Primary Emergency Contact Name: Granados Cristina
Last First

Relationship: Mother

Phone: _____
Home: (323) 338-1703 Cell: _____ Work: _____

Secondary Emergency Contact Name: Ne Vanessa
Last First

Relationship: Sister

Phone: _____
Home: (323) 210-5879 Cell: _____ Work: _____

Preferred Local Hospital: closes one

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: Jesus Barrera Date: 10-25-17