

SRE

MÉXICO

SRE

MATRÍCULA CONSULAR - CONSULAR ID CARD



JOSE MANUEL
APELLIDOS / SURNAMES
TEXTA ORTIZ

DIRECCION / ADDRESS
1748 N EASTERN AVE
LOS ANGELES, CA
90032

LUGAR Y FECHA DE NACIMIENTO /
PLACE OF BIRTH AND BIRTH DATE
GRO., MEX
21 07 1984

FECHA DE EMISION / DATE OF ISSUE
04 03 2015

AUTORIDAD / AUTHORITY
CONSULMEX LOS ANGELES



FECHA DE EXPIRACION / DATE OF EXPIRY
04 03 2020

Jose Manuel Texta O

SRE
SECRETARÍA DE
RELACIONES EXTERIORES



200421878

FIRMA DEL INTERESADO /
SEAFER'S SIGNATURE

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: Texta Jose Manuel
Last First MI

Phone: _____
Home: _____ Cell: (323) 532-3895

Home Email Address: _____

Address: 846 1/2 N. Bronnack Ave 1A CA 90063
Street City State Zip Code

Primary Emergency Contact Name: Lopez Josie
Last First

Relationship: Esposa

Phone: _____
Home: _____ Cell: (323) 532-3609 Work: _____

Secondary Emergency Contact Name: _____
Last First

Relationship: _____

Phone: _____
Home: _____ Cell: _____ 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: Jose M Texta Date: 11/27/17