

CALIFORNIA

IDENTIFICATION CARD



ID **D7492013**

EXP **04/18/2020**

DOB **04/18/1995**

AGE 21 IN 2016

*Eric Rios*

04/18/1995

LN RIOS SALMERON  
FN ERIC  
2454 WABASH AVE  
LOS ANGELES, CA 90033



SEX M  
HAIR BLK EYES BRN  
HGT 5'-08" WGT 230 lb

DD04/30/2014 517D6/CCFD/20

ISS  
04/30/2014

# 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: Rios Eric  
Last First MI

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (323) 535-8729

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

Address: 1433 Miller Av 90063  
Street City State Zip Code

Primary Emergency Contact Name: Salmeron Eutemia  
Last First

Relationship: MOM

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (323) 270-2506 Work: \_\_\_\_\_

Secondary Emergency Contact Name: Rios Vale  
Last First

Relationship: prima

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: (323) 360-3453 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: Eric Rios Date: 1-12-18