

CALIFORNIA

IDENTIFICATION CARD



ID **F8118916**

EXP **10/05/2021**

DOB **10/05/1997**

AGE 21 IN 2018

Handwritten signature

LN **NANDINO-OZUNA**
FN **AUBERT RYAN**
6018 ENCINITA AVE
TEMPLE CITY, CA 91780

SEX **M**
HAIR **BRN** EYES **BRN**
HGT **5'-07"** WGT **144 lb**

DD **12/31/2015** 550921/AAFD/21

ISS
12/31/2015

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: Nardino-Ozuna Aubert Ryan
Last First MI

Phone: 626-236-2307 323-383-6049
Home: Cell:

Home Email Address: Aubert.nardino@yahoo.com

Address: 6018 Encinita Ave Temple City CA 91780
Street City State Zip Code

Primary Emergency Contact Name: Nardino-Hung Cristina
Last First

Relationship: Mom

Phone: 626-236-2307 818-489-0533 Superior court house
Home: Cell: Work:

Secondary Emergency Contact Name: _____
Last First

Relationship: _____

Phone: _____
Home: Cell: Work:

Preferred Local Hospital: _____

Insurance Information:

Company: Kaiser Policy #: 0013007641

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

Signature: _____ Date: _____