UNITED STATES OF AVERICA PERMANENT RESIDENT MUNICIPAL FOR NONE Surname AVILA RODRIGUEZ Given Name FIDELINO ALEJANDRO Category 200-157-891 Country of Birth Grantsmala **S26** Card Expires 08/ 08/20/26 08/20/16 FIDELLNOAVILA

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Comments abscien

## **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: Rodriguez	Olga
Phone:	Cell: (323) 915 4446
lome Email Address:	
Address: 5314 Homeside Ave #	4 L. M. Calif. 900/6 City State Zip Code
Primary Emergency Contact Name:	
Phone: Cell: 213)	)2807471 Work:
Secondary Emergency Contact Name:	
Preferred Local Hospital:	
Insurance Information:	
Company:	Policy #:
Comments (include any special medical demergency care provider to know – or special	or personal information you would want an ecial contact information:
Signature:	Date: 05/2/2018
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