

**MÉXICO**  
MATRÍCULA CONSULAR - CONSULAR ID CARD

**NOMBRES / GIVEN NAMES**  
GERONIMO

**APellidos / SURNAMES**  
AVILA CALDERA

**DIRECCIÓN / ADDRESS**  
1711 RIDGELEY DR  
LOS ANGELES, CA,  
90019

**LUGAR Y FECHA DE NACIMIENTO /  
PLACE OF BIRTH AND BIRTH DATE**  
JAL., MEX  
22 10 1981

**FECHA DE EMISIÓN / DATE OF ISSUE**  
03 02 2015




**AUTORIDAD / AUTHORITY**  
CONSULMEX LOS ANGELES

**FECHA DE EXPIRACIÓN / DATE OF EXPIRY**  
03 02 2020

**FRMA DEL INTERESADO /  
BEARER'S SIGNATURE**

**SRE**  
SECRETARÍA DE  
RELACIONES EXTERNALES

200406201



# 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: Geronimo Avila C.  
Last First MI

Phone: 323-354-9323 Cell: 323-354-9323  
Home:

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

Address: 1711 Ridgeley Dr. L.A CA 90019  
Street City State Zip Code

Primary Emergency Contact Name: Jose Avila  
Last First

Relationship: Brother

Phone: \_\_\_\_\_ Cell: 323-895-4308 Work: \_\_\_\_\_  
Home:

Secondary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Home:

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: [Signature] Date: 1-12-18