

UNITED STATES OF AMERICA PERMANENT RESIDENT

Surname  
**DE ALBA GONZALEZ**

Given Name

**MARIO**

USCIS#

**065-807-224**

Country of Birth

**Mexico**

Date of Birth

**04 SEP 1971**

Card Expires:

**05/20/17**

Resident Since:

**05/20/17**



Signature Waived



# 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: De Alba Mario  
Last First MI

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

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

Address: 2615 Grand Av. Alhambra. CA. 91801  
Street City State Zip Code

Primary Emergency Contact Name: Alicia Loxola  
Last First

Relationship: Esposa

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: 323-707-6384 Work: 323-221-9137

Secondary Emergency Contact Name: Marcia Marros  
Last First

Relationship: Amigo

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: 323-221-9137

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:  Date: 12/3/17