

CALIFORNIA IDENTIFICATION CARD



ID **C5774310**

EXP **08/12/2017**

LN **CRUZ**

FN **ROMANA**

4024 GELBER PL APT 7
LOS ANGELES, CA 90008

DOB **08/12/1962**



08121962

Romana Cruz

SEX F HAIR BLK EYES BRN
HGT 5'-00" WGT 180 lb
DD 10/21/201150243/AAFD/17 ISS 10/21/2011

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: CRUZ ROMANA
Last First MI

Phone: 323 295 8658 Cell: 323 861 1907
Home: 323 295 8658

Home Email Address: dmas0926@sbglobal.net

Address: 4024 Giber Pl #7 LA CA 90008
Street City State Zip Code

Primary Emergency Contact Name: CRUZ JOSE
Last First

Relationship: ESPOSO

Phone: 323 295 8658 Cell: 213 725 3029 Work: 323 589 9660
Home: 323 295 8658

Secondary Emergency Contact Name: CRUZ JOSE JR
Last First

Relationship: HUJO

Phone: 323 295 8658 Cell: 323 893 1658 Work: _____
Home: 323 295 8658

Preferred Local Hospital: CADILLAC / CIENEGA

Insurance Information:

Company: KAISER PERMANENTE Policy #: 0020713650

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

Signature: Romana Cruz Date: 10/25/17

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