

MEXICO MATRICULA CONSULAR CONSULAR ID CARD



Nombre/Name  
**RICARDO  
POLO-GARDUÑO**

Lugar y Fecha de Nacimiento/Place of Birth and Birth Date  
MEXICO  
D.F., MEX. 03 NOV 1982

Dirección/Address  
5245 WHITSETT AVE # 5  
VALLEY VILLAGE, CA 91607

Fecha de Emisión/Date of Issue      Fecha de Expiración/Date of Expiry  
**04 MAR 2014      04 MAR 2019**

Autoridad/Authority  
CONSULMEX      11454809  
LOS ANGELES



# 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: Polo Ricardo  
Last First MI

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: 8187997421

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

Address: 5245 Witsette av L.A C.A 91607  
Street City State Zip Code

Primary Emergency Contact Name: Canales Pacia  
Last First

Relationship: wife

Phone: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: 8183268219 Work: \_\_\_\_\_

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

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

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

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: 27/10/17