

CALIFORNIA
IDENTIFICATION CARD

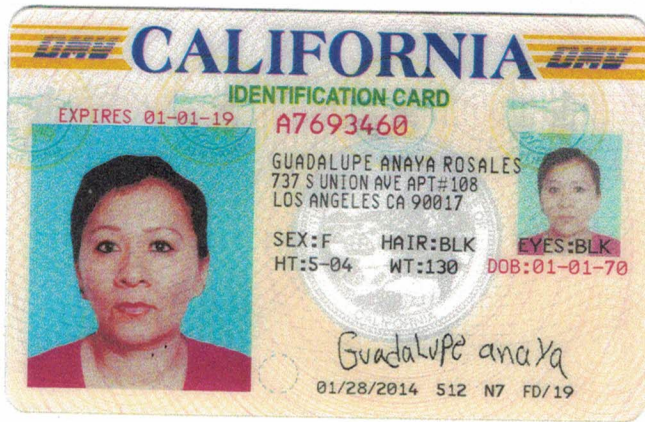
EXPIRES 01-01-19 **A7693460**

GUADALUPE ANAYA ROSALES
737 S UNION AVE APT#108
LOS ANGELES CA 90017

SEX:F HAIR:BLK EYES:BLK
HT:5-04 WT:130 DOB:01-01-70

Guadalupe anaya

01/28/2014 512 N7 FD/19



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: anaya Guadalupe GIA
Last First MI

Phone: _____
Home: _____ Cell: 213-713-1029

Home Email Address: _____

Address: 737 Sanion Ave ap#108 90017
Street City State Zip Code

Primary Emergency Contact Name: eluis lopez
Last First

Relationship: UO

Phone: _____
Home: _____ Cell: 323-613-6799 Work: _____

Secondary Emergency Contact Name: elisa avalos
Last First

Relationship: comadre

Phone: _____
Home: _____ Cell: 213-915-2325 Work: _____

Preferred Local Hospital: Sameritano

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: Guadalupe anaya Date: 10-24-17