

California USA **IDENTIFICATION CARD** FEDERAL LIMITS APPLY



ID **F5435942**
EXP **10/31/2024**
LN **HERNANDEZ PARIENTE**
FN **JAVIER**
6500 MALABAR ST APT B
HUNTINGTON PK, CA 90255
DOB **10/31/1989** 10311989

SEX M HAIR BLK EYES BLK
HGT 5'-05" WGT 145 lb ISS
DD 05/15/201957629/CCFD/24 05/15/2019

Javier H.

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: HERNANDEZ JAVIER
Last First MI

Phone: _____
Home: _____ Cell: 310-748 6272

Home Email Address: _____

Address: 6500 MANABAL ST. # B HUNTINGTON PARK CA 90255
Street City State Zip Code

Primary Emergency Contact Name: CORTEZ CHAVA
Last First

Relationship: FRIEND.

Phone: _____
Home: _____ Cell: 323 282 0658 Work: JEWELRY INC.

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: 11/27/17

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