

T A R J E T A D E
IDENTIFICACION CONSULAR

CONSULAR ID CARD



LAX0112472

Nombre/Name

FAUSTINO

AJQUIY LASTOR

No. Pasaporte/Passport No.

110406533136257

Identificación/ID

53313625

Fecha Nac/Date of Birth

25-JUN-1967

Sexo/Sex

M

Expira/Expires

03-NOV-2019

REPUBLICA DE GUATEMALA

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: Ayqui FAUSTINO
Last First MI

Phone: _____
Home: _____ Cell: 626-626-9449

Home Email Address: _____

Address: 751 Normandie Los Angeles CA 90005
Street City State Zip Code

Primary Emergency Contact Name: Nehemias
Last First

Relationship: hijo

Phone: _____
Home: _____ Cell: 323) 592-8889 Work: _____

Secondary Emergency Contact Name: _____ Arnoldo
Last First

Relationship: familia

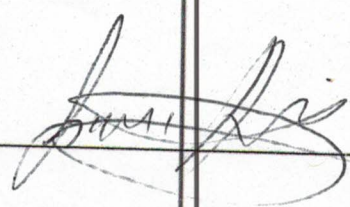
Phone: _____
Home: _____ Cell: 213) 820-3517 Work: _____

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:  _____ Date: 1-12-18