

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: Acevedo JESUS ✓
Last First MI
Phone: 323) 301-9884 Cell: (523) 8306220
Home: acevedoleonel74@yahoo.com
Home Email Address: 2015 2ND AVE #305 LA CA 90018
Address: Street City State Zip Code

Primary Emergency Contact Name: Acevedo LEONEL
Last First
Relationship: BROTHER

Phone: (951) 297-9409 Cell: 323) 301-9884 Work: (818) 335-9499
Home:

Secondary Emergency Contact Name: Acevedo KARLA
Last First
Relationship: SISTER N LAW

Phone: (951) 297-9409 Cell: 951) 442-4584 Work: ✓
Home:

Preferred Local Hospital: _____

Insurance Information:

Company: ANTHEM Policy #: _____

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

Signature: Jesus Acevedo Date: 1/16/18

MÉXICO
MATRÍCULA CONSULAR - CONSULAR ID CARD

NOMBRES / GIVEN NAMES
JESUS

APELLIDOS / SURNAMES
ACEVEDO TAFOYA

DIRECCIÓN / ADDRESS
2015 2ND AVE # 305
LOS ANGELES, CA,
90018

**LUGAR Y FECHA DE NACIMIENTO /
PLACE OF BIRTH AND BIRTH DATE**
DGO., MEX
24 12 1972

FECHA DE EMISIÓN / DATE OF ISSUE
23 01 2017

AUTORIDAD / AUTHORITY
CONSULMEX LOS ANGELES

FECHA DE EXPIRACIÓN / DATE OF EXPIRY
23 01 2022

JESUS ACEVEDO TAFOYA

SRE
SECRETARÍA DE
RELACIONES EXTERIORES

202434754

