

CALIFORNIA DRIVER LICENSE



DL **F5435942**

EXP **10/31/2017**

LN **HERNANDEZ PARIENTE**

FN **JAVIER**

6500 MALABAR ST APT B
HUNTINGTON PK, CA 90255

DOB **10/31/1989**

RSTR NONE



10311989

Javier Hernandez Pariente

SEX M

HAIR BLK

EYES BLK

HGT 5'-05"

WGT 128 lb

ISS

DD 04/26/201357630/C9FD/17

06/12/2013

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 MANABAR 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: REVELRY 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

[Handwritten mark]