

CALIFORNIA

IDENTIFICATION CARD



ID **D8821953**
EXP **07/10/2022**
LN **TAPIA MAYA**
FN **MIGUEL**
322 S COMMONWEALTH AVE APT 2
LOS ANGELES, CA 90020
DOB **07/10/1981**

07101981

SEX **M**
HAIR **BLK**
EYES **BRN**

Miguel Tapia

HT **5'07"** WT **250 lb**
DOB **04/19/20165780718BFD21** ISS **04/19/2016**

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: Tapia Miguel _____
Last First MI

Phone: _____
Home: 323-704-7663 Cell: _____

Home Email Address: _____

Address: 3225 Commonwealth Ave Los Angeles CA 90020
Street City State Zip Code

Primary Emergency Contact Name: Mendoza Rejika
Last First

Relationship: Partner

Phone: _____
Home: _____ Cell: (323) 489-2138 Work: _____

Secondary Emergency Contact Name: Rodriguez Joel
Last First

Relationship: Friend

Phone: _____
Home: _____ Cell: (213) 858-9178 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: Miguel Tapia _____ Date: _____