

REPÚBLICA DE GUATEMALA
IDENTIFICACIÓN CONSULAR
CONSULAR ID CARD

No. N050-424252-1229



Nombre/Name

JASON RAUL
MALDONADO BARRIOS

Dirección/Address

1926 W JEFFERSON BLVD APT 3
LOS ANGELES CA 90016

Fecha de Nacimiento/Date of Birth

OCT-25-1997

Lugar de Nacimiento/Place of Birth

GUATEMALA SAN MARCOS
SAN LORENZO

Sexo/Sex

M

Estatura/Height

5'8"

Peso/Weight

140

Emitido/Issued

AUG-25-2017

Vencido/Expires

AUG-25-2022

Firma/Signature

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: Maldonado Jason R.
Last First MI

Phone: _____
Home: _____ Cell: (323) 942-7458

Home Email Address: _____

Address: 1926 W Jefferson Blvd Lo.A.C.A 90018
Street City State Zip Code

Primary Emergency Contact Name: Maldonado Juissá
Last First

Relationship: Hermana

Phone: _____
Home: _____ Cell: (323) 742-3148 Work: _____

Secondary Emergency Contact Name: Ochoa Elder
Last First

Relationship: Cuñado

Phone: _____
Home: _____ Cell: (323) 7039480 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