

MÉXICO

MATRÍCULA CONSULAR - CONSULAR ID CARD



NOMBRES / GIVEN NAMES  
JOSE

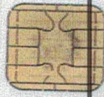
APELLIDOS / SURNAME  
ANTONIO GARCIA

DIRECCIÓN / ADDRESS  
3544 FOWLER ST  
LOS ANGELES, CA  
90053

LUGAR Y FECHA DE NACIMIENTO /  
PLACE OF BIRTH AND BIRTH DATE  
OAX, MEX  
09 02 1966

FECHA DE EMISIÓN / DATE OF ISSUE  
09 07 2017

AUTORIDAD / AUTHORITY  
CONSULMEX LOS ANGELES



FECHA DE EXPIRACIÓN / DATE OF EXPIRY  
09 07 2022

*Antonio Garcia*

FIRMA DEL INTERESADO /  
BEARER'S SIGNATURE

SRE

REGISTRAR /  
REGISTRAR ESTADOS



202804705

# 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: Antonio Garcia  
Last First MI

Phone: \_\_\_\_\_  
Home: 323 915 7528 Cell: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Emergency Contact Name: Glennia Godinez  
Last First

Relationship: Esposa

Phone: \_\_\_\_\_  
Home: 323 459 814 Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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: \_\_\_\_\_ Date 01-10-18