

CALIFORNIA ^{USA} IDENTIFICATION CARD



ID **D1971920**
EXP **09/02/2021**
LN **SAGASTUME**
FN **ELIAS**
2209 LINCOLN PARK AVE
LOS ANGELES, CA 90031
DOB **09/02/1981**



09021981

Eli Sagastume

SEX M HAIR BLK EYES BRN
HGT 6'-03" WGT 200 lb
DD 11/10/201661708/AAFD/21 ISS 11/10/2016

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: SAGASTUME ELIAS
Last First MI

Phone: _____
Home: _____ Cell: (323) 947-1644

Home Email Address: _____

Address: 2209 LINCOLN PARK AVE L.A CA 90031
Street City State Zip Code

Primary Emergency Contact Name: BALDERAS IRMA
Last First

Relationship: WIFE

Phone: _____
Home: _____ Cell: (323) 271-8026 Work: (626) 535-5416

Secondary Emergency Contact Name: _____
Last First

Relationship: _____

Phone: _____
Home: _____ Cell: _____ Work: _____

Preferred Local Hospital: KAISER PERMANENTE

Insurance Information:

Company: 00 0009980382 Policy #: _____

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

Signature: Elis Sagastume Date: 2-21-18