

UNITED STATES OF AMERICA PERMANENT RESIDENT

Surname: LIMA
Given Name: LESVIA
USCIS#: 094-281-033
Country of Birth: GUATEMALA
Date of Birth: 08 DEC 1994
Sex: F
Card Expires: 07/10/27
Resident Since: 07/10/17

Category: W16

LIMA LESVIA 08 DEC 1994

08 DEC 1994 F

Lesvia Lima



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: Lima Lesvia
Last First MI

Phone: _____
Home: _____ Cell: 323-423-0055

Home Email Address: _____

Address: 2519 Lancaster Los Angeles 90033
Street City State Zip Code

Primary Emergency Contact Name: Elvira Rudi
Last First

Relationship: ESPOSO

Phone: _____
Home: _____ Cell: 323-629-2707 Work: _____

Secondary Emergency Contact Name: Amanda Ramirez
Last First

Relationship: Prima

Phone: _____
Home: _____ Cell: 209-2809000 Work: _____

Preferred Local Hospital: MAS CERCA

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: Lesvia Lima Date: 10-24-17