

EL PARQUE REGISTRATION & EMERGENCY FORM (One for each person)

CASA# _____ Phone # 376 _____ Email: _____

Name: _____

Children and ages living with you: _____

Are you a homeowner? _____ Renter? _____ Duration of lease? _____

Cell number here in Mexico: _____ # outside of Mexico: _____

Pets and number: Cats _____ Dogs _____ Other _____

Vehicle: Model _____ Year _____ Color _____ License # _____

Emergency Contacts and phone numbers: _____

If case of your DEATH, who do we contact: _____

Who is responsible for your home during your absence? _____

Do they have a key to your house? _____ Cell: _____

MEDICAL INFORMATION Blood Type: _____ Allergies: _____

Primary Doctor: _____ Phone: _____

Doctor: _____ Phone _____

Do you have a Mexican Will? _____ Living Will? _____

Who has a copy of it? _____ Phone _____

Name of your Notario: _____ Phone _____

Are you registered at a local hospital? If yes where? _____

In case of your death, do you have a local funeral home arrangement? _____ If yes, the name of home? _____

Health insurance? _____ Name _____.

This information will help your loved ones to deal with this stressful situation.