Date: 01/26/05

Assassination Records

JFK ASSASSINATION SYSTEM IDENTIFICATION FORM

AGENCY INFORMATION

Released under the John

F. Kennedy

AGENCY : CIA

RECORD NUMBER : 104-10112-10093 Collection Act of 1992

RECORD SERIES : JFK (44 USC 2107 Note). AGENCY FILE NUMBER : 80T01357A Case#:NW 53294 Date:

₽6-14-2017 DOCUMENT INFORMATION

AGENCY ORIGINATOR : CIA

FROM : CONEIN, LUCIEN

TO:

TITLE : FORM: PERSONAL HISTORY STATEMENT OF CONEIN, LUCIEN EMILE

DATE : 09/25/1961

PAGES: 16

SUBJECTS : CONEIN, LUCIEN

DOCUMENT TYPE : PAPER

CLASSIFICATION : UNCLASSIFIED

RESTRICTIONS : 1A

CURRENT STATUS : RELEASED IN PART PUBLIC - RELEASED WITH DELETIONS

DATE OF LAST REVIEW : 07/22/93

COMMENTS: JFK41: F2: 1993.07.22.18:47:22:590390

					THIS DATE (F	ili In)
DO NOT USE THIS SPACE			CTAT	CMENT		•
SUED BY	PERSONAL	HISTORY	2 I A I	EMENI	25 Sep	tember 1961
-	- IN	STRUCTION	15		1 -2 - 2	
i i						
. Answer all questions comp known" only if you do not l end of form for extra detail	s on any question for	which you l	ave insu	fficient space	• • • • • • •	NA". Write "Un- blank space at
Type, print or write careful. Consider your answers car		4 44-0	of this to	om will cettit	v to their com	ectness. Carefu
 Consider your answers car completion of all applicab 	ole questions will per GENERAL PERS	mit tovio •	- ,		the best adva	intage.
ECTION I	GENERAL PERS		. AGE	L DATA	3	SEX
FULL NAME (Last-First-Middle)	3	-		· ·	X MALE	FEMALE
CONEIN, Lucien Em	ile 6. COLOR OF EYES	7. COLOR OF	LJ.y.	8. TYPE COMPL		9, TYPE BUIL
ราบ 1751bs	blue	brown	•	fair		medium
O SCARS (Type and Location)						
appendectomy, her	nia. rt. side of	body				
4 CTUED DISTINGUISHING PHYS!	CAL FEATURES				*	
first jointr rt.	index and middle	finger a	amputat	ed		
2. CURRENT ADDRESS (No., Stree	City Zone State and Co	ountry)	3. PERMA	MEMI WOOKESS	(No., Street, City	, Zone, State and
2. CURRENT ADDRESS (No., Sheet	, Ony, 20110, 2011		Country)	AND PHONE NO		
5011 Hanes Street			700	5 North 10	th Street	
McLean, Virginia				sas City,		
Elmwood 6-4811		A FYT	I FGAL	RESIDENCE (Sta	te, Territory or	Country)
14. CURRENT PHONE NO.	15. OFFICE PHONE NO.	. a EXI			• •	
Elmwood 6-4811	OXford 57742		. Na	NAMES YOU HA	VF USED	,
17. NICKNAMES						* .
Luigi			N.A		UESE NAMES	
Luigi 19. INDICATE CIRCUMSTANCES (1	including Length of Time)	UNDER WHICH	H YOU HAV	VE EAFH OPED I	HESE NAMES.	
	NA					
20. IF LEGAL CHANGE, GIVE PA	RTICULARS (Where and by	What Authorit	y). ·	::	J 6 57	•
20. 11 22012 51111		•				
,	NA.		7 . :	• •	: 3: }	
		POSITION D	ATA			
SECTION II 1. INDICATE THE TYPE OF WORL	OR POSITION FOR WHIC	H YOU ARE	PPLYING	. \		
Position commens	surate with past	training	and e	perience		
100101011						•
•				• •		
•						
				•		
				•		
				•		
2. INDICATE THE LOWEST ANNI	JAL ENTRANCE SALARY	YOU WILL	i	AVAILABLE FO		
	\$ 11,500.00 ×		1	October 196	61	
entrance salary).	4. INDICATE					
	cons	TANTLY	OTHE	R:		
OCCASIONALLY X FRE	QUENTLY CONST	NMENT IN Th	IF FOLLO	WING LOCATION	(Check (X) eac	h item applicable)
		AIN LOCATIO	NS ONLY	Specify):		
WASHINGTON, D.C. ANY	WHERE IN U.S. CERT	AIN LOCATIO				
Y OUTSIDE CONTINENTAL U.S	i			IDE THE WACUIL	GTON D.C. AR	EA.
X OUTSIDE CONTINENTAL U.S.	ONS YOU WOULD PLACE	ON ASSIGNME	NTS OUTS	IDE THE WASHIN	IG (OH, D.C. AN	
·			•	•		V
NONE	•					
				i,		
1				·		
	and 3 market of the state of					

The second secon					•	

FORM 444 USE PREVIOUS EDITION.

-1-

SECTION III CI	TIZENS	IIP					
1. DATE OF BIRTH 2. PLACE OF BIRTH (City, State, Cou	ntry)		i	3. PRESENT			
29 Nov 1919 Paris, France				U.S.		DTIESCATE	NO.
4. CITIZENSHIP ACQUIRED BY			1			KIIFICAIE	
BIRTH MARRIAGE X OTHER (Specify):	11	1 A	ugust 1/2	542652	.2		
7. COURT ISSUING NATURALIZATION CERTIFICATE			-				
District Court			Tacoma, Wa		<u> </u>		
			E OF COUNTR	Y			
X YES NO FY	ance,	(se	e above)				
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONAL	Liii v.						
Born France 1919, emmigrated U.S.	1925.			•	4		
			•				
i							
•	•		·				
					,		
YES	13. GIVE	PART	ICULARS				
12. HAVE YOU TAKEN STEPS TO CHANGE		MA	•			= -	
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT	IS PRESE	NT S	TATUS OF YOU	R APPLICAT	ION (First P	apers, Etc.)?	
NA							
15. DATE OF ARRIVAL IN U.S. 16. PORT OF ENTRY				17. ON PASS	PORT OF WI	AT COUNT	RY
Sept 1925 New York City	, New	Yor	k	Franc	-		
18. LAST U.S. VISA (No., Type, Place of Issue)		-		19. DATE V	ISA ISSUED		
unknown				unkr	10MJ		
SECTION IV	EDUCA						
1. CHECK (X) HIGHE	ST LEVEL	OF	EDUCATION AT	TAINED			
LESS THAN HIGH SCHOOL GRADUATE			OVER TWO YEA		EGE NO DE	GREE	
HIGH SCHOOL GRADUATE		1 1	BACHELOR'S D				
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUA	TE	۰	GRADUATE ST	JDY LEADING			
TWO YEARS COLLEGE OR LESS		1 - 1	MASTER'S DE	REE	DOCTOR	'S DEGREE	
2.	ELEMENT	ARY	SCHOOL		·		:
1. NAME OF ELEMENTARY SCHOOL		2. A	DDRESS (City,			• .	
Abbott Grade School			Kansas C	ity, Kans			
3. DATES ATTENDED (From-and-To)				4, GR	DUATE	 :-	
1926 to 1932		155.1.	Y ES	,	ПО		
	3. HIGH S		OL ADDRESS (City,	State Country	,)		
1. NAME OF HIGH SCHOOL		2. 6					•
Wyandotte High			BEEREA	City, Kar	DUATE		
3. DATES ATTENDED (From-and-To)				, 4. GRA	X NO		
1932 to 1934			YES ADDRESS (City,	State, Countr			
1. NAME OF HIGH SCHOOL	•	- '		•			
3. DATES ATTENDED (From-and-To)	-	+		4. GR/	DUATE		
S. DATES ATTENDED (From-and-10)			YES		NO		
4 COLL	EGE OR	UNIV	ERSITY STUDY			<u> </u>	
	SUBJ			ATTENDED	DEGREE	DATE	SEM/QTR HOURS
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	MAJOR	MING	DR FROM	то	REC'D	REC'D	(Specify)
	Mil						
University of Maryland	Sc		19/19	1953		· · · · · ·	77
	تان						
		·					
	1					·	
	1						
SECTIO	N IV CON	VTIN	UED TO PAGE	3	•	<u>:</u>	

	FROM PAGE 2	

5. IF A GRADUATE DEGREE HAS BEEN NOTED IN ITEM 4 WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

6. TR	ADE, COMMERCIAL AND SPECIALIZED SCI		· · · · · · · · · · · · · · · · · · ·	
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	то	MONTHS
NA				
		74 7,133 7		
7. MILITARY TRAINING (FULL TIME DUTY IN	SPECIALIZED SCHOOLS SUCH AS ORDNAN	CE, INTELLIGENC	E, COMMUNICATI	ONS, ETC.)
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	то	MONTHS
OCS, TIS, Ft Benning, Ga.	ocs	MAR 43	July 43	4
Special WarfareFt.Bragg	Special Forces	Nov 1956	Dec 1956	11/2
10 mm = 10 mm		-		

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

OSS and Agency Schools

SECTION V 1. LANGUAGE				co		TEN Read,	ICE W	- IN -Writ	ORD	ER L S-Sp	IST (eak	ΕD					HOW AC	QUIRED	
(List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or	A	QUIV LEN TO ATIV	T E	ову	UEN BUT /IOU: OREIG	SLY		QUA FOR SEAF			QU/ FOR AVE		K	MITE NOW EDG	!-	NATIVE OF COUNTRY	PRO- LONGED RES- IDENCE	CONTACT (with parents, etc.)	ACADEMIO STUDY (all levels)
Speak by placing a check (X) in the appropriate box(es).	R	w	s	R	w	s	R	w	s	R	w	\$	R	w	s				
French				X	x	X									ļ .	_ X			
													ļ	· 				-	
	<u> </u>																		
O TE VOIL HAVE CHECKED.								\ -		_							<u> </u>	05.05	

2. IF YOU HAVE CHECKED "ACADEMIC STUDY

NA

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EX-PLAIN YOUR COMPETENCE THEREIN. NA

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

-	IF YOU HAVE NOTED A PROF	ICIENCY IN LANGUA	AGE, WOULD YOU E	E WILLING TO USE THIS	ABILITY IN ANY	POSITION FOR WHICH	H
٠.	YOU MIGHT BE SELECTED?	YES .	□ NO				

none

SECTION VIII CONTINUED TO PAGE 5

	TINUED FROM PAGE 4
ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CE	RTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, MEDICAL TECHNICIAN, ETC.? YES NO
THE YOU HAVE ANSWEDED TYPES TO ABOVE INDICATE KIND	OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry
Number, N known).	or and
6. FIRST LICENSE OR CERTIFICATE (Year of Issue)	7. LATEST LICENSE OR CERTIFICATE (Year of Issue)
W. FIRST EIGENSE ON GENTLEMENT OF THE ST. 188265	· ·
8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (No Stories, Etc.).	OU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE on-Fiction or Scientific articles, General Interest subjects, Novels, Short
	•
	•
9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND S	TATE WHETHER OR NOT THEY ARE PATENTED.
·	•
r	
10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIE	NCE.
• ,	
;	
	IATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY
A MEMBER, LIST ACADEMIC HONORS YOU HAVE RECEIVED.	
·	
•	
· · · · · · · · · · · · · · · · · · ·	
/	
i'	
CECTION IV	MENT HISTORY
	The state of the s
including casual employment and all periods of unen	history of employment for past 15 years. Account for all periods inployment. Give address and state what you did during periods of reign Government, regardless of dates. In completing item 9, "Dely and provide meaningful, objective statements.
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF EMPLOYING FIRM OR AGENCY
U.S. Army Sept 1941 to pres.	U.S. Army
	U.D. Allily
3. ADDRESS (No., Street, City, State, Country)	•
Washington 25 D.C.	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
	M/Con John William
Military	M/Gen John Willems
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS. GRADE(II Federal Service)
Lt. Colonel	\$11,561.16PER year Lt. Col.
9. DESCRIPTION OF DUTIES	77
	o the Assistant Chief of Staff for Intelligence
10. REASONS FOR LEAVING	
IV. REASONS FOR LEAVING	
om matinian after Olima	amos Ili dave comica
am retiring after 2 lyrs	Dillos III nale sellates
· ·	
	· · · · -
	ONTINUED TO PAGE 6

	SECTION IX CONTIN	UED FROM PA	GE 5	
.	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF E	MPLOYING FIRM	OR AGENCY
			a i grece pre cue	
ĺ	3. ADDRESS (No., Street, City, State, Country)		•	*
ļ				
	4. KIND OF BUSINESS	5. NAME OF SU	PERVISOR	
				The state of the s
	6. TITLE OF JOB		OR EARNINGS	8. CLASS, GRADE (If Federal Service)
2	9. DESCRIPTION OF DUTIES	\$	PER	
	2. BESCRIP FIOR OF BUILDS			
Ì		2.		
İ				
ł	10. REASONS FOR LEAVING		·	-
		• •		
				· · · · · · · · · · · · · · · · · · ·
	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF E	MPLOYING FIRM	OR AGENCY
	3. ADDRESS (No., Street, City, State, Country)			
	4. KIND OF BUSINESS	5. NAME OF SI	JPERVISOR	
	4. KIND OF BUSINESS	3. MAINE OF 30		
	6. TITLE OF JOB	7 SALARY	OR EARNINGS	8. CLASS. GRADE (If Federal Service)
3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	PER	-
١	9. DESCRIPTION OF DUTIES			
į				
	10. REASONS FOR LEAVING			
	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF E	MPLOYING FIRM	OR AGENCY
	1. INCLUSIVE DATES (From and 10 - By mo. and 11.)	- 1		
	3. ADDRESS (No., Street, City, State, Country)	· /	.'	
		·	"	
	4. KIND OF BUSINESS	5. NAME OF SI	UPERVISOR	
	6. TITLE OF JOB	7. SALARY	OR EARNINGS	8. CLASS. GRADE (II Federal Service)
4		\$	PER	
	9. DESCRIPTION OF DUTIES	•	\	
		•		\
	10. REASONS FOR LEAVING			
				\
	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF E	MPLOYING FIRM	OR AGENCY
	,			
	3. ADDRESS (No., Street, City, State, Country)		•	· \
5		B NAME OF S	HREDVICOR	
	4. KIND OF BUSINESS	5. NAME OF S	OF ER VISUR	. \
	A CITY S OF IOR	7 041 457	OD EADNING	8. CLASS. GRADE (If Federal Service)
	6, TITLE OF JOB		OR EARNINGS PER	- CEASS. GRADE (II. I edelal Service)
	SECTION IX CONTI	NUED TO PAG		
	SECTION IX CONTI	NOED TO PAC	1	

SECTION IX	CONTINUED FROM PAGE 6	
9. DESCRIPTION OF DUTIES	• •	
· ·		
10. REASONS FOR LEAVING		,
N. K. A. S.		
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)	2. NAME OF EMPLOYING FIRM OR AGENCY	
	·	
3. ADDRESS (No., Street. City State, Country) -	***	
	5. NAME OF SUPERVISOR	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR	•
6. TITLE OF JOB	7. SALARY OR EARNINGS . 8. CLAS	SS. GRADE (II Federal
6. TITLE OF JOB	Servi	ce)
9. DESCRIPTION OF DUTIES	\$ PER	
10. REASONS FOR LEAVING	14	
	2. NAME OF EMPLOYING FIRM OR AGENCY	· · · · · · · · · · · · · · · · · · ·
1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		. जिल्हा - जिल्हा स्ट्रिकी
3 ADDRESS (No., Street, City, State, Country)		***
ADDRESS (No., Street, City, State, Country)		•• .
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR	
4. King of Standard		
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. SET	SS. GRADE (If Federal
۶	\$ PER	<u> </u>
9. DESCRIPTION OF DUTIES	3 1.20	: \
9. DESCRIPTION OF DUTIES	1,20	
· ·	3 1.2	
10. REASONS FOR LEAVING	T IS NOTED ABOVE, INDICATE THE	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN.	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION.	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
10. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
IO. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	
IO. REASONS FOR LEAVING IF PRIOR SERVICE WITH THE FEDERAL GOVERNMEN NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL HAVE YOU EVER BEEN DISCHARGED OR ASKED TO R HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCE IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS	T IS NOTED ABOVE, INDICATE THE SERVICE RETIREMENT, IF KNOWN. ESIGN FROM ANY POSITION. YES ES WHICH YOU DESIRE TO EXPLAIN? YES	

SECTION X					MILIT	ARY SER	/ICE			
• • • • •				1. C	URRE	NT DRAFT	STATUS			
1. ARE YOU REGIS THE UNIVERSAL SERVICE ACT O	L MILITARY	TRAINING A	T UNDER		NO	CATION	NA	CE CLASSIF		ECTIVE SERVICE NO
4. IF DEFERRED,							RAFT BOA	RD NO. OR	DESIGNATI	ON AND ADDRESS
USA	R Ret Re	eserves				NA. RY SERVIC	E DECORD			
		1. (TURRENT					MEMBERSH	ilP	
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AI FOR	R	COAST		1	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE (Specify):,
HAVE SERVED★					.					
.NOW SERVING	X									
2. BRANCH OR CO		OVE CHECK	ED ORGAN	IIZATI	ON(S)					
	para	achube i	nfantr,	у						
3. DATE SEPARAT	ED FROM E	XTENDED A	CTIVE DU	JTY (P	ast se:	rvice) 4. TO	OTAL LENG ORCES (Pas	STH OF EXT at and curren	rended act	TIVE DUTY IN U.S. ARMED
NA			· 		214161	- F T	TAL LENG	*** OF ACT		Ver 20vrs
5. DATE ENTERE ACTIVE DUTY	→	ERVICE	CURRE	ENT SE	KVICI	- 6, 6,	NIZATION		IVE DUTY I	N FOREIGH MILITART OR
		Sept 41		NA.		_		mos	LE NUMBER	(If now serving, provide cur-
7. RANK, GRADE (RATE	OR PAST S	ERVICE	1	ENT SE		rei	t number)			(II HOW GOLVING) PLOTING COL.
9. PRIMARY MILIT	ARY OCCU	PATIONAL		SERVI				01-32 c0ri	2769 RENT SERVI	CE
SPECIALTY (Mo	s or Designa	etor) AND TIT	ue ini							
10. SECONDARY M	UL OCCUPA	ATIONAL	PAST	715) SERVIC				CURI	15)12 RENT SERVI	CE /
SPECIALTY (M	ios of Desigi	nator) AND	{							
TITLE 11. BRIEF DESCR	IPTION OF	MILITARY DI	JTIES (Ind	1300 licate w	hether	r applicable	to past or o	current servi	2300	
THE DAVID OF SECON					•					
C	h ief o	f Milita	ry Lia	ison	Gro	up, ARI	ISH/MAA	G, APO	205 NY,1	IX ·
			•				•			÷
		·								•
		12	CHECK	(X) TY	PF OF	SEPARAT	ON FROM	ACTIVE DU	TY	
HONORABLE	DISCHARGE		RETIREME					1	UE HARDSH	IPS
RELEASE TO						MBAT DISA	BILITY		HER:	
RETIREMENT						YSICAL DI		- -''		NA
RETIREMENT						PONENT IN		U SERVED		
REGULAR	X RESERV	/E (Including							HER (Includia	ng AUS) AUS
								ROTC STA	TUS	
1. DO YOU NOW H	AVE X	YES 2. /	ARE YOU	NOW A	MEMB	EROFTH	1	S 3. AR	E YOU NOW	A MEMBER OF YES
RESERVE STAT	rus?	 1	NAT'L. GF	RD. OR	AIRN	IAT'L.	Х ио	T+	E ROTCI	X NO
4.				OITE	AS 1, 2	2 OR 3 AB	VE, CHEC	K COMPONI	NT MEMBER	RSHIP BELOW
	ARINE COR		TIONALGI			OAST GUA		AVY ROTC	INDIC	ATE ROTC CATEGORY NUM-
	AIR FORCE	AIR	NAT'L.G	JARD		RMY ROT	Α	IR FORCE F	ROTC	
5. CURRENT RAN	K, GRADE (DATE OF	APPOIN	NT ME	NT IN CURI			Oct 196	URRENT RESERVE OBLIGA-
B. CHECK (X) CU		ERVE CATE				RESERVE	STAND	BY(Active)		Y(Inactive) X RETIRED
9. PRIMARY MILI	TARY OCCU			Y (Mos	or De	# ig- 10. S	ECONDARY	MILITARY	OCCUPATIO	NAL SPECIALTY (Mos of Des-
nator) AND TIT	LE NA					"	AND	11166	NA	
11. BRIEF DESCR			ESERVE (OUTIES	i					
1	•	NA								
-	•									. 31
10 15 - 11 - 11		CEICHED OF	ATTACH		YES	13. IF YO	U HAVE AN	ISWERED "Y	ES" TO ITE	M 12, GIVE UNIT OR AGENCY
12. ARE YOU CUI TO A RESERV ING UNIT	RRENTLY A	GUARD OR R	OTC TRA	1N-	NO	AND	DDRESS			
14. HAVE YOU A	MILITARY I	MOBILIZATIO	ON ASSIGN	- A	YES NO	15. IF YO	U HAVE AN ADDRESS	iswereb "1 Na	ES" TO ITE	M 14, GIVE UNIT OR AGENCY
16. INDICATE TO	TAL MILITA	RYSERVICE	YEARS	MON	THS	17. WHER	E ARE YOU		RECORDS	(EPT)
FOR LONGEY	/ITY PURPO	SES INCLUD	24	2		ACS	•	4.5		•
110 40114			<u> </u>	<u>. </u>					•	

The same of \$100 to the last of the same

SELLIMIT AT		AL STATUS 🛫	
SECTION XI		¥ ÝES	02
ARE YOU ENTIRELY DEPENDENT. IF YOUR ANSWER IS "NO" TO T	HE ABOVE, STATE SOURCES OF	OTHER IN OME	
IF TOUR ANSWER IS NO TO !	•		
		.d€ €**	
-	Not Applicable	A STATE OF THE STA	•
		E VOIL HAVE ACCO	LINTS
5.	3. BANKING INSTITUTIONS WIT	7	
NAME OF IN	STITUTION		ESS (City, State, Country)
The Riggs Nat'l	Bank, Lincoln Br.	1 th & H Stree	t, N.W. Washington, D.C.
		The National Property of the National Property	
		The second	······································
HAVE YOU EVER BEEN IN, OR	PETITIONED FOR, BANKRUPTC	YES YES	XNO
. IF YOUR ANSWER IS "YES" TO	THE ABOVE, GIVE PARTICULAR	RS-INCLUDING COURT AND	DATE(S)
No semiliar	W		
	6. GIVE THREE CREDIT REFE		TATES
I.	AME A TOTAL	ADDRE	SS (No., Street, City, State)
S.W. Rice Co.		1342 G St. N.	W., Washington D.C
The First City B	ank & Trust	Fort Bragg,	North Carolina
The Guaranty Sta			., Kansas City Kansas
7. DO YOU RECEIVE AN ANNUITY ACT. PENSION, OR COMPENSA	FROM THE ULITED STATES OR TION FOR MILITARY OR NAVAL	DISTRICT OF COLUMBIA G	OVERNMENT UNDER ANY RETIREMENT ,
B. IF YOUR ANSWER IS "YES" TO	THE ABOVE QUESTION, GIVE C	OMPLETE DETAILS	
	•	· · · · · · · · · · · · · · · · · ·	
		na 🚶	
9. DO YOU HAVE ANY FINANCIAL	_ INTEREST IN, OR OFFICIAL CO OR BUSINESSES HAVING SUBSTA	NNECTIONS WITH NON-U.S	. CORPORATIONS OR BUSINESSES; OR IN
	(If answer "YES", furnish detail	ils on separate sheet.)	
YES X NO	·		
<u> </u>	MARIT	AL STATUS	
SECTION XII			MARRIED
SECTION XII 1. PRESENT STATUS (Single, Man	ried, Widowed, Separated, Divorced	, or <i>Annulled</i>) SPECIFY: DIVORCES OR ANNULMENT	MARRIED s
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement.	ried, Widowed, Separated, Divorced EASON FOR ALL SEPARATIONS, nique Pierre Veber, 2 Divorced from Carmo	or Annulled) SPECIFY: DIVORCES OR ANNULMENT DECEMber 1947, Pa en Gil. 26 Mar 157	MARRIED s uris, France. Divorce by Wyandotte County, Kansas
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement.	eied, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2 Divorced from Carmo	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57	MARRIED s uris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement WIFE, HUSBAND If you ha OR FIANCE: husband	eied, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2 Divorced from Carmo	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57 e - including annulments - all previous marriages. If	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement WIFE, HUSBAND If you ha OR FIANCE: husband	EASON FOR ALL SEPARATIONS, ique Pierre Veber, 2 Divorced from Carme ave been married more than once giving data required below for	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57	MARRIED s uris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last).
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First)	ried, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, ique Pierre Veber, 2. Divorced from Carme ave been married more than once giving data required below for the conformation for fince. (Middle) BROCHOT	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57 e - including annulments - all previous marriages. If (Maiden) BROCH OT	MARRIED s aris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONETN
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E	pried, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2: Divorced from Carme ave been married more than once giving data required below for the cion for fiance. (Middle) BROCHOT EVER USED INDICATED	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Including SE NAMES WERE USED. IF	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONEIN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you had OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E	ried, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2. Divorced from Carme ave been married more than once giving data required below for the find for the the company of	or Annulled) SPECIFY: DIVORCES OR ANNULMENT BECEMber 1947, Page of Gil, 26 Mar 157, and annulments all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. IF and by what authority). USE IN SECOND THIS IS	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 16
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E	pried, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2: Divorced from Carme ave been married more than once giving data required below for the form of the company of the separate of the company of th	or Annulled) SPECIFY: DIVORCES OR ANNULMENT BECEMber 1947, Page of Gil, 26 Mar 157, and annulments all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. IF and by what authority). USE IN SECOND THIS IS	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 16
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE	ried, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2. Divorced from Carme ave been married more than once giving data required below for the find for the the company of	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. IF and by what authority). USE IS FORM TO RECORD THIS IS State, Country)	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 16
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE 7. HIS (OR HER) ADDRESS BEFO	Divorced from Carme ave been married more than once giving data required below for the form that the first section for fiance. (Middle) BROCHOT EVER USED INDICATOR THIS SOUTH CARE MARRIAGE (No., Street, City, that care, contains the first sector of the first sec	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included Serior Country) State, Country) State, Country) Marne Seine Fra	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 15 NFORMATION.
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE 7. HIS (OR HER) ADDRESS BEFO 7 rue Docteur Ch	pried, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2: Divorced from Carme ave been married more than once giving data required below for the form of the company of the (Where a of this of this of this of the (Where a of this of the company).	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. IF and by what authority). USE IS FORM TO RECORD THIS IS State, Country) State, Country)	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropria (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 16 NFORMATION.
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE 7. HIS (OR HER) ADDRESS BEFO 7 rue Docteur Ch 8. LIVING	ASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2 Divorced from Carme ave been married more than once giving data required below for tion for fiance. (Middle) BROCHOT EVER USED INDICATOR THE (Where a OF THIS) 6. PLACE OF MARRIAGE (City, Dillon South Care MARRIAGE (No., Street, City, Carcot, Champigny sur 9, DATE OF DEATH	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. IF and by what authority). USE IS form TO RECORD THIS II State, Country) Olina State, Country) Marne, Seine, Fra 10, CAUSE OF DEATH	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 15 NFORMATION.
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE 7. HIS (OR HER) ADDRESS BEFO 7 rue Docteur Ch 8. LIVING	Ason for all separated, Divorced from Carme Pierre Veber, 2 Divorced from Carme ave been married more than once giving data required below for tion for fiance. (Middle) BROCHOT VER USED INDICATOR THE (Where a OF THIS) 6. PLACE OF MARRIAGE (City, Dillon, South Care MARRIAGE (No., Street, City, Charcot, Champigny Sur	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included Serior Country) State, Country) State, Country) Marne Seine Fra	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropria (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 16 NFORMATION.
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE 7. HIS (OR HER) ADDRESS BEFO 7 rue Docteur Cr 8. LIVING X YES NO	Ason for all separated, Divorced from Carme ave been married more than once giving data required below for cion for fiance. (Middle) BROCHOT EVER USED INDICATOR THE (Where a OF THIS) 6. PLACE OF MARRIAGE (City, Dilon South Care, RE MARRIAGE (No., Street, City, Carcot, Champigny surest address, if deceased)	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1917, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. If and by what authority). USE IS FORM TO RECORD THIS II State, Country) State, Country) Marne, Seine, France, Country 10. CAUSE OF DEATH 2	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 15 NFORMATION.
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you he OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE 7 rue Docteur Cr 8. LIVING Y YES NO 11. CURRENT ADDRESS (Give la 50 11 Hanes Street, I	iried, Widowed, Separated, Divorced EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2 Divorced from Carme ave been married more than once giving data required below for cion for fiance. (Middle) BROCHOT EVER USED INDICAT OF THE (Where a OF THE OF THIS OF THE OF THIS OF THE OF OF THE OF	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. IF ind by what authority). USE If its FORM TO RECORD THIS ITS State, Country) State, Country) Marne, Seine, Fra 10, CAUSE OF DEATH 2	MARRIED s aris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONEIN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 16 NFORMATION.
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you ha OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE 7. HIS (OR HER) ADDRESS BEFO 7 rue Docteur Cr 8. LIVING X YES NO 11. CURRENT ADDRESS (Give la 50 11 Hanes Street, 1	ied, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, Dique Pierre Veber, 2 Divorced from Carme ave been married more than once giving data required below for the cion for fiance. (Middle) BROCHOT EVER USED INDICATOR THIS 6. PLACE OF MARRIAGE (City, Dillon, South Care Where a control of the	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. IF ind by what authority). USE If its FORM TO RECORD THIS ITS State, Country) State, Country) Marne, Seine, Fra 10, CAUSE OF DEATH 2	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONETN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 16 NFORMATION.
SECTION XII 1. PRESENT STATUS (Single, Man) 2. STATE DATE, PLACE, AND RE Divorced from Mon mutual agreement. WIFE, HUSBAND If you he OR FIANCE: husband informat 3. NAME (First) Flyette 4. STATE ANY OTHER NAMES E NA 5. DATE OF MARRIAGE 7. HIS (OR HER) ADDRESS BEFO 7 rue Docteur Ch 8. LIVING X YES NO 11. CURRENT ADDRESS (Give la 50 11 Hanes Street, I	ried, Widowed, Separated, Divorced, EASON FOR ALL SEPARATIONS, inique Pierre Veber, 2: Divorced from Carme ave been married more than once giving data required below for citon for fiance. (Middle) BROCHOT EVER USED INDICATOR (Where a OF THIS (WHERE A OF TH	or Annulled) SPECIFY: DIVORCES OR ANNULMENT 3 December 1947, Pa en Gil, 26 Mar 57, e - including annulments - all previous marriages. If (Maiden) BROCH OT TE CIRCUMSTANCES (Included SE NAMES WERE USED. IF ind by what authority). USE If its FORM TO RECORD THIS ITS State, Country) State, Country) Marne, Seine, Fra 10, CAUSE OF DEATH 2	MARRIED s ris, France. Divorce by Wyandotte County, Kansas use a separate sheet for former wife or marriage contemplated, fill in appropriat (Last). CONEIN ing length of time) UNDER WHICH ANY LEGAL CHANGE GIVE PARTICULARS EXTRA SPACE PROVIDED ON PAGE 16 NFORMATION.

SECTION XI	I CONTINUED FI	ROM PAGE 9			
TRY 15.					
	New York C	ity, New Y	ork		
ies)7 17.	DATE U.S. CITIZI	ENSHIP 18. WHE	RE ACQUIRED	City, State, Country)	0.0.3
	îli Jüly 19	59 U.S.	Dist. Com	n for Pist o	I COT.
20.	PRESENT EMPLO	YER (Also give f	ormer employer, o	r if spouse deceased	or
1	imempioyed give la	si iwo employers	,	•	
	none				
(No., Street, City,	State, Country)				•
	id Yr.)				
					•
Mar	24. COUN	TRY WITH WHICH	H MILITARY SER	VICE AFFILIATED	

	FOREIGN	NA			
			<u> </u>		
			l d'arrenne	ADDRESS	
RELATIONSHIP	 	•	<u> </u>		
	1 1	(20年) アルファイン・オール			
son			USA		
	J 🖟	Fayettevi	lle		
son		A COUNTY OF THE PARTY OF THE PA	USA	McLean, Vir	ginda.
		Teh eran		11 11	n
don	16 Nov 15	9 Tran	USA.		
	li.	SA WEND			
	2.54				
		waren j			
		TOTAL PRODUCTION OF THE STATE O			
1					
•					
	3. NUMBER OF parents, step YOU FOR A CHILDREN SELF-SUPP	OVER 21 YRS. O	IDENTS (Including etc.) WHO DEPER THEIR SUPPORE AGE WHO ARE	NOT L	, 0
ame information,	3. NUMBER OF parents, step YOU FOR A CHILDREN SELFSUPP	OTHER DEPEN Phrente, sister, T LEAST 50% OF OVER 21 YRS. O ORTING	on a separate sh	eet)	
ame information,	3. NUMBER OF parents, step YOU FOR A CHILDREN SELF-SUPP	OTHER DEPEN Phrente, sister, T LEAST 50% OF OVER 21 YRS. O ORTING	on a separate sh	NOT L	
ame information,	3. NUMBER OF parente, etej YOU FOR A CHIL DREN. SELF; SUPP.	OTHER DEPEN phents, sister, T LEAST 50% OF OVER 21: YRS. O OVER 21: YRS. O	on a separate sh	eet) CAUSE OF DEATH	1
ame information,	3. NUMBER OF parente, step YOU FOR A CHIL DREN. SELF:SUPP. 2. LIVING	OTHER DEPEN POPULATION OF THE AST 50% OF THE AST 50	on a separate short DEATH 4	eet) CAUSE OF DEATH heart attack	t E HAS
ame information,	3. NUMBER OF parents, step YOU FOR A CHIL DREN SELF; SUPP 10. Step to their and their	OTHER DEPEN POPURES, 818167, T LEAST 50% OF OVER 21 YRS. O ORTING: dor Guardian Common Commo	on a separate short DEATH 4	eet) CAUSE OF DEATH heart attack e) UNDER WHICH H	E HAS
ame information,	3. NUMBER OF PAPER IN SEL FISUPE OF Step la Iner a living	OTHER DEPEN PARTIES OF THE AST 50% OF OPEN OPE	on a separate short description of the separate of the separat	eet) CAUSE OF DEATH heart attack	E HAS
ame information,	3. NUMBER OF PAPER IN SEL FISUPRIOR A CHILDREN SEL FISUPRIOR SEL FISUPRIOR A CHILDREN 2. LIVING 12. LIVING 14. LIVING 15. LIVING 16.	OTHER DEPEN PARTIES ASSETS AS OF CONTROL OF CHARLES AS DATE OF CONTROL OF CON	on a separate short description of the separate of the separat	eet) CAUSE OF DEATH heart attack e) UNDER WHICH H	E HAS
ame information,	3. NUMBER OF parents, of parents, of parents, of the control of th	OTHER DEPEN PARTIES OF STANCES (Included Names. If LID) THIS INFORMA	on a separate short dependent of the separate	eet) CAUSE OF DEATH heart attack e) UNDER WHICH H	E HAS
ame information,	3. NUMBER OF parents, of parents, of parents, of parents, of parents, of the parents of the pare	OTHER DEPEN PARTIES ASSETS AS OF CONTROL OF CHARLES AS DATE OF CONTROL OF CON	on a separate short DEATH 4 (2) Iding length of time EGAL CHANGE, (A SPACE PROVIE ATION.	eet) CAUSE OF DEATH heart attack e) UNDER WHICH H	E HAS
ss, if deceased (N	3. NUMBER OF parents, etc parents, etc parents, etc you FOR A CHILDREN. SELF SUPP. 2. LIVING 2. LIVING 2. LIVING EVER USEO THE EVER USEO	OTHER DEPEN PARTIES OF STANCES (Including MAMES. IF LID) LISE EXTROLOGY.	on a separate short DEATH 4 (2) Iding length of time EGAL CHANGE, (A SPACE PROVIE ATION.	heart attack heart attack b) under which h GIVE PARTICULARS	E HAS
ss, if deceased (N	3. NUMBER OF parents, of parents, of parents, of parents, of parents, of the parents of the pare	OTHER DEPEN PARTIES OF THE AST 50% OF OVER 21: YRS. OF OV	on a separate short DEATH 4 (2) Iding length of time EGAL CHANGE, (A SPACE PROVIE ATION.	eet) CAUSE OF DEATH heart attack O UNDER WHICH H SIVE PARTICULARS DED ON PAGE 16 OF	E HAS
ss, if deceased (N 8. PLACE OF Maux	3. NUMBER OF parente, ete; YOU FOR A CHILDREN. SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SELF, SELF	OTHER DEPEN PRINTERS OF STANCES (Included NAMES. IF LIE NA	on a separate short DEATH 4 (2) Iding length of time EGAL CHANGE, (A SPACE PROVIE ATION.	eet) CAUSE OF DEATH heart attack O UNDER WHICH H SIVE PARTICULARS DED ON PAGE 16 OF	E HAS
ss, if deceased (N 8. PLACE OF Maux	3. NUMBER OF parente, ete; YOU FOR A CHILDREN. SELF; SUPPLIOR SELF	OTHER DEPEN PARTIES ASSETS AS OF COUNTRY OF	on a separate short a s	eet) CAUSE OF DEATH heart attack O UNDER WHICH H SIVE PARTICULARS DED ON PAGE 16 OF	E HAS G (Where T HIS
ss, if deceased (N 8. PLACE OF Maux ENTRY (ies)7 13. DA	3. NUMBER OF parente, ete; YOU FOR A CHILDREN. SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SELF, SELF	OTHER DEPEN PARTIES ASSETS AS OF COUNTRY OF	on a separate short a s	eet) CAUSE OF DEATH heart attack e) UNDER WHICH H SIVE PARTICULARS DED ON PAGE 16 OF	E HAS G (Where T HIS
ss, if deceased (N 8. PLACE OF Maux ENTRY (ies)7 13. DA	3. NUMBER OF PARENTS, SEPRENTS, SEPR	OTHER DEPEN PARTIES OF THE ACT OF	on a separate short a s	not	E HAS G (Where T HIS
ss, if deceased (N 8. PLACE OF Maux ENTRY (ies)7 13. DA	3. NUMBER OF parente, ete; YOU FOR A CHILDREN. SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SUPPLIOR SELF; SELF, SELF	OTHER DEPEN PARTIES OF THE ACT OF	on a separate short a s	eet) CAUSE OF DEATH heart attack e) UNDER WHICH H SIVE PARTICULARS DED ON PAGE 16 OF	E HAS G (Where T HIS
ss, if deceased (N 8. PLACE OF Maux ENTRY (ies)7 13. DA 16. PR	3. NUMBER OF PAPERIES, SEE PROPERIES, SEE PROPERIES OF THE SEC PROPERIES OF THE SEE PROPERIES OF THE SEC PROPERIES	OTHER DEPEN PARTIES OF THE AST 50% OF OVER 21 YRS. OVER 2	on a separate short a s	not	E HAS G (Where T HIS
ss, if deceased (N 8. PLACE OF Maux ENTRY (ies)7 13. DA	3. NUMBER OF PAPERIES, SEE PROPERIES, SEE PROPERIES OF THE SEC PROPERIES OF THE SEE PROPERIES OF THE SEC PROPERIES	OTHER DEPEN PARTIES OF THE ACT OF	on a separate short a s	not	E HAS G (Where T THIS
ss, if deceased (N 8. PLACE OF MAUX ENTRY (ies)7 13. DA 16. PR	3. NUMBER OF parents, etc., et	OTHER DEPEN PARTIES. OS OF OVER 21: YRS.	on a separate short a s	eet) CAUSE OF DEATH heart attack e) UNDER WHICH H GIVE PARTICULARS DED ON PAGE 16 OF CITIZENSHIP french (City, State, Country deceased or unemplo	E HAS G (Where T HIS
ss, if deceased (N 8. PLACE OF MAUX ENTRY (ies)7 13. DA 16. PR	3. NUMBER OF PAPERIES, SEE PROPERIES, SEE PROPERIES OF THE SEC PROPERIES OF THE SEE PROPERIES OF THE SEC PROPERIES	OTHER DEPEN PARTIES. OS OF OVER 21: YRS.	on a separate short a s	not	E HAS G (Where T HIS
ss, if deceased (N 8. PLACE OF MAUX ENTRY (ies)7 13. DA AC 16. PR DR FATHER'S SU m-and-To) 19. BR	3. NUMBER OF parents, etc., et	OTHER DEPEN PARTIES. OS OF OVER 21: YRS.	on a separate short a s	eet) CAUSE OF DEATH heart attack e) UNDER WHICH H GIVE PARTICULARS DED ON PAGE 16 OF CITIZENSHIP french (City, State, Country deceased or unemplo	E HAS G (Where T HIS
ss, if deceased (N 8. PLACE OF MAUX ENTRY (ies)7 13. DA AC 16. PR DR FATHER'S SU m-and-To) 19. BR	3. NUMBER OF PARENTS, SEP PROPERTY, SEP PROP	OTHER DEPEN PARTIES ASSETS, SISTER, T LEAST 50% OF OVER 21 YRS. OF OVER 21 YRS	on a separate short a s	not	E HAS G (Where T HIS
	(No., Street, City, NA and to - 3y Mo. an NA SERVICE, U.S. OR CHILDREN ATION FOR ALL C RELATIONSHIP	15. PLACE OF ENTRY New York C 17. DATE U.S. CITIZE ACQUIRED 19 20. PRESENT EMPLO IMPORTAGE (No., Street, City, State, Country) NA and to - 3y Mo. and Yr.) NA CHILDREN AND OTHER DE ATION FOR ALL CHILDREN AND DI RELATIONSHIP DATE AND PL. Son 30 March Son 19 April don 16 Nov 15	New York City, New Y ies) 17. DATE U.S. CITIZENSHIP ACQUIRED 18. WHE ACQUIRED 1959 20. PRESENT EMPLOYER (Also give is timemployed give last two employers) NONE (No., Street, City, State, Country) NA and to - 3y Mo. and Yr.) NA CHILDREN AND OTHER DEPENDENTS ATION FOR ALL CHILDREN AND DEPENDENTS ATION FOR ALL CHILDREN AND DEPENDENTS RELATIONSHIP DATE AND PLACE OF BIRTH Son 30 March 50 Ger Fayettevi son 19 April 58 N.C. Teh eran don 16 Nov 159 Tran	15. PLACE OF ENTRY New York New York City, New York 17. Date u.s. citizenship 18. where acquired (Community) 20. Present employer (Also give former employer, of the timemployed give last two employers) 17. Date u.s. citizenship 20. Present employer (Also give former employer, of the timemployed give last two employers) 18. where acquired (Community) 20. Present employer (Also give former employer, of the timemployed give last two employers) 18. where acquired (Community) 20. Present employer (Also give former employer, of the timemployed give last two employers) 18. where acquired (Community) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employer (Also give former employer, of the timemployed give last two employers) 20. Present employed give last two employers) 21. Country with which military ser 22. Country with which military ser 23. Country with which military ser 24. Country with which military ser 28. Country with which military s	15. PLACE OF ENTRY New York New York 17. DATE U.S. CITIZENSHIP 18. WHERE ACQUIRED (City, State, Country) 14. July 1959 U.S. Dist. Combt for Dist of the state of the employer of

انت حرا	MOTHER (Give same i	nformation for St	tepmother of	n separate sheet)		
		2. LIVING	3.	DATE OF DEATH		4. CAUSE OF DE	HTA
1. F	ULL NAME (Lest-First-Middle)	L	70	NTA		NA.	i
	Estelle Leontine Conein			NA .	h of tin	ne) UNDER WHICH	SUE HAS
5. S	TATE OTHER NAMES SHE HAS USED	INDICATE CIRC	CUMSTANCE	S: IF LEGAL CH	NGE.	GIVE PARTICULA	RS (Where
		and by what auti	hority). USE	EXTRA SPACE	PROVI	DED ON PAGE 16	F THIS
	Estelle Leontine Elin (maiden)	FORM TO REC	ORD THIS IN	FORMATION.			İ
			et. City. Sta	ite, Country)			
6. (URRENT ADDRESS - GIVE LAST ADDRESS, IF DE	"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
•	150 Monterey Street, Brisbane	. Californi	<u>a</u>			1	
	ATE OF BIRTH 8. PLACE OF BIRTH	(City, State, Cou	intry)	•		9. CITIZENSHIP	
7						U.S.	
	6June 1893 Soengei, Du	CCII East III					
10, 1	BORN OUTSIDE U.S DATE OF ENTRY	11. PLACE OF					
	7010	New Y	ork Cit	y, New York	;		
	22 May 1948	DATE U.S. CITIZ	ZENSHIP	14. WHERE ACQU	IRED ((City, State, Country	y)
12. f	ORMER CITIZENSHIP(S) [Country(ies)] 13.	ACQUIRED	7050	Diet Cour	t. S	an Francisco	Cal.
	French	10 November	* 1959	DISC. COM	0, 5	ar rranozooc	,, , , , ,
		16. PRESENT	EMPLOYER	(Give last employ	er, if M	other is deceased o	r unemployed)
15.	DCCUPATION	i . NA					
	none :		-		, ·	-	
17.	MONE EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S E	USINESS ADDRES	SS IF SELF	EMPLOYED .	••		1
· · ·	NA			1.			
L	IND.	1 10 BBANCH	OF SERVICE	<u> </u>	·· ,	20. COUNTRY	
18.	DATES OF MILITARY SERVICE (From-and-To)	NTA	J. J	- 1		NA	ŀ
•	NA	NA.					
	TO TOWN TO TOWN TO THE USE OF THE	OR FOREIGN					
21.	DETAILS OF OTHER GOVERNMENT SERVICE, U.S	. 5., . 5., 2.,		,			
i .		 .TA		7,610 (17)	-		i
	- 1	VA.					
CE	TION XVI BROTHERS AND SISTERS (I	ncluding Half-, S	Step- and A	dopted Brothers	and Si	sters)	
	. FULL NAME (Last-First-Middle)	T	2. RELATIO	ONSHIP	3.	CITIZENSHIP (Con	untry)
-		•	Brot		i	French	1
	Conein, Maurice Rene				-+-		T
1	. CURRENT ADDRESS (No., Street, City, Zone, Stat	e, Country)				5. LIVING	6. AGE
	M	arne. Seine	. France	3	I A	YES NO	39
			2. RELATI	ONSUIP	3.	CITIZENSHIP (Cou	mtry)
	. FULL NAME (Last-First-Middle)		2. KELATI	ONSHIP			,,
[•					
2	S. CURRENT ADDRESS (No., Street, City, Zone, Stat	e, Country)			1	5. LIVING	6. AGE
1	CORRENT ADDRESS (MOI) SHOW SHOW					YES NO] i
					3	CITIZENSHIP (Con	mterr)
	1. FULL NAME (Lest-First-Middle)		2. RELATI	ONSHIP	-	CITIZENSKII (OOL	# <i>,,,</i>
1 1							
3	4. CURRENT ADDRESS (No., Street, City, Zone, Sta	te. Country)				5. LIVING	6. AGE
1	4. CURRENT ADDRESS (No., Salest, Chy, Build, St.					YES NO	1
1 1							
 	1. FULL NAME (Last-First-Middle)		2. RELATI	ONSHIP	3.	CITIZENSHIP (Con	witry), .
					1		
4		ta Country)				5. LIVING	6. AGE
] [4. CURRENT ADDRESS (No., Street, City, Zone, Sta	20001117)			- }	YES NO	┥ !
1							
-	1. FULL NAME (Last-First-Middle)		2. RELAT	IONSHIP	3.	CITIZENSHIP (Co	untry)
1			J		- 1	•	
5			<u> </u>		-+	5. LIVING	6. AGE
	4. CURRENT ADDRESS (No., Street, City, Zone, Sta	ire, Country)		•	 - -		┪ ゙
	•			<u> </u>		YES NO	
+	1. FULL NAME (Last-First-Middle)		2. RELAT	IONSHIP	3.	CITIZENSHIP (Co	untry)
	TO I OFF HUMBING A TIPE STREET,		1		j	•	
6	•				-+	5. LIVING	6. AGE
l°	4. CURRENT ADDRESS (No., Street, City, Zone, Ste				、		
1	The property of the second of			_		YES NO	
-			2. RELAT	IONSHIP	,e,	CITIZENSHIP (Co	untry)
ı	1. FULL NAME (Last-First-Middle)			*******	İ		
	. Hora de la Maria de Caraca de La Maria de Caraca de Ca		1				16 405
7	4. CURRENT ADDRESS (No., Street, City, Zone, St.	ete, Country)			- 1	5. LIVING	6. AGE
1						YES NO	1
L			12 551 15	HONEUIB		. CITIZENSHIP (Co	umters)
	1. FULL NAME (Last-First-Middle)		2. RELAT	IONSHIP	ا ا	. CITIZENSHIP (CO	
1	•		1		1		
8		ete. Comtev)				5. LIVING	S. AGE
]	4. CURRENT ADDRESS (No., Street, City, Zone, St.	,			}_		-
ı	•			<u> </u>		YES NO	

NA NA	HE HAS RS (Where F THIS
UNICHOWN STATE OTHER NAMES NE HAS USED UNICHOWN SECURENT OR LAST ADDRESS (No., Street, City, State, Country) NOUMBEA, New Caledomia 7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) NOUMBEA, New Caledomia 12. FORMER CITIZENSHIP(S) SELT CHIEF NAMES SHE HAS USED NA 15. OCCUPATION SELT OTHER NAMES SHE HAS USED NA 16. PRESENT EMPLOYER (Give last employer, If Father-in-Law is deceased or unemployed by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 CROWN TO RECORD THIS INFORMATION. 16. PRESENT EMPLOYER (Give last employer, If Father-in-Law is deceased or unemployed. SECTION XVIII 17. PLUL NAME (Last First-Middle) NA 18. PLACE OF BIRTH (City, State, Country) NA 19. OCCUPATION SELT CHIEF NAMES SHE HAS USED NA 10. IF BORN OUTSIDE U.S DATE OF ENTRY NA 11. PLUL NAME (Last First-Middle) NA 12. FORMER CITIZENSHIP(S) NA 13. DATE U.S. CITIZENSHIP NA 14. WHERE ACQUIRED (City, State, Country) NA 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, If Father-in-Law is deceased or unemployed by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 CROWN TO RECORD THIS INFORMATION. 16. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) NA 16. PRESENT EMPLOYER (City, State, Country) NA 17. DATE U.S. CITIZENSHIP NA 18. PRESENT EMPLOYER (City last employer, If Mather-in-Law is deceased or unemployer. If Mather-in-Law is deceased or unemployer. If Mather-in-Law is deceased or unemployer. If Mather-in-Law is deceased or unemployer. If Mather-in-Law is deceased or unemployer. If Mather-in-Law is deceased or unemployer. If No. (City, State, Country) NA 16. PRESENT EMPLOYER (City last employer, If Mather-in-Law is deceased or unemployer. If Mather-in-Law is deceased or unemployer. If No. (City, State, Country) NA 16. PRESENT EMPLOYER (City, State, Country) NA 17. DATE U.S. CITIZENSHIP (No. (City, State, Country) NA NA NA NA NA NA NA NA NA N	S (Where
EVER LUSED THESE NAMES. IF LEGAL CLANAGE, GIVE ABARTICULA and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 150 FORM TO RECORD THIS INFORMATION. 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) Noumea, New Caledonia 7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY 12. FORMER CITIZENSHIPIS) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployer. IN PROCESS (No., Street, City, State, Country) 16. FULL NAME (Last-First-Middle) 17. FULL NAME (Last-First-Middle) 18. PLACE OF BIRTH 19. PLACE OF BIRTH 10. IF BORN OUTSIDE U.S DATE OF ENTRY 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF BIRTH 12. FORMER CITIZENSHIP (City, State, Country) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION 16. PLACE OF BIRTH (City, State, Country) 16. PLACE OF BIRTH (City, State, Country) 17. PACE OF ENTRY 18. PLACE OF BIRTH (City, State, Country) 19. CITIZENSHIP (City, State, Country) 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PACE OF ENTRY 12. FORMER CITIZENSHIP(S) (Country(les)) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer. 16. CURRENT OF MACRO (City, State, Country) 17. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer. 18. OCCUPATION 19. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer. 19. CULL NAME (Last-First-Middle) 20. CITIZENSHIP (Country) in WHICH RELATIVE RESIDES 21. FULL NAME (Last-First-Middle) 22. RELATIONSHIP 23. DATE OF CONTACT 24. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 25. EMPLOYED BY 26. CITIZENSHIP (Country) 27. PREQUENCY OF CONTACT 28. DATE OF LAST CONTACT 29. DATE OF LAST CONTACT 29. DATE OF CANTACT 29. CITIZENSHIP (Country) 20. CITIZ	S (Where
and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 18 C FORM TO RECORD THIS INFORMATION. 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) NOUMBROA, New Caledonia 10. IF BORN OUTSIDE U.S DATE OF ENTRY NA 12. FORMER CITIZENSHIP(S) (Country(iea)) 13. OATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) Self employed SECTION XVIII 15. OCCUPATION 16. PRESENT EMPLOYER (Cive last employer, II Father-in-Law is deceased or unemployer) NA NA MOTHER IN-LAW 17. FULL NAME (Last-First-Middle) NA SECTION XVIII 18. PLACE OF BIRTH (City, State, Country) NA AND THE NAME (Last-First-Middle) NA NA NA NA NA NA NA NA NA N	F THIS
Noumea, New Caledonia 1. Date of Birth 1. Date of Birth 1. Place of Birth 1. Place of Birth 1. Place of Birth 1. Place of Birth 1. Place of Entry 1. Place of Entry 1. Place of Entry 1. Place of Entry 1. Place of Entry 1. Date u.s. citizenship 1. Occupation 1. Present Employed 1. Present Entry 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Employed 1. Present Emp	P
17. DATE OF BIRTH INDUMENA, New Caledonia 18. PLACE OF BIRTH (City, State, Country) 19. CITIZENSH 10. IF BORN OUTSIDE U.S DATE OF ENTRY NA 12. FORMER CITIZENSHIPIS) (Country(ies)) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Father-in-Low is deceased or unemployer) 17. FULL NAME (Last-First-Middle) 18. PLACE OF BIRTH 19. CITIZENSH 19. CITIZENSHIP 19. CITIZENSH 10. IF BORN OUTSIDE U.S DATE OF ENTRY 10. IF BORN OUTSIDE U.S DATE OF ENTRY 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF BIRTH 12. FORMER CITIZENSHIP(S) (Country(ies)) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION NA 16. PRESENT EMPLOYER (City, State, Country) 17. DATE OF BIRTH 18. PLACE OF BIRTH (City, State, Country) 19. CITIZENSHIP 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY NA 12. FORMER CITIZENSHIP(S) (Country(ies)) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Low is deceased or unemployer, in Mother-in-Lo	P
12. FORMER CITIZENSHIPIS) 13. DATE OF BIRTH 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployer) 17. FULL NAME (Last-First-Middle) 18. PLACE OF BIRTH (City, State, Country) 19. CITIZENSH PICS 19. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 19. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 19. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 19. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 19. CITIZENSH Prench 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF BIRTH 12. FORMER CITIZENSHIPIS) (Country(less)) 13. DATE U.S. CITIZENSH Prench 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer, in Mother-in-Law is deceased or unemployer. 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer. 16. CITIZENSHIP (Country) 17. FREQUENCY OF CONTACT 18. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 10. SECTION XIX 10. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 10. CITIZENSHIP (Country) 11. FULL NAME (Last-First-Middle) 12. FREATIONSHIP	P
11. PLACE OF ENTRY NA 12. FORMER CITIZENSHIP(S) / Country(ies) / NA 13. DATE U.S. CITIZENSHIP NA NA 14. WHERE ACQUIRED (City, State, Country) Self employed SECTION XVIII 15. PULL NAME (Last-First-Niddle) NA NA 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed.) NA MATHER TOOL OT VEST NO NA NA NA NA NA NA NA	
11. PLACE OF ENTRY NA 12. FORMER CITIZENSHIP(S) / Country(ies) NA 15. OCCUPATION Self employed SECTION XVIII 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed.) SECTION XVIII 17. FULL NAME (Last-First-Niddle) NA NA NA NA NA 18. DATE U.S. CITIZENSHIP NA NA NA 19. OCCUPATION Self employed SECTION XVIII NA NA NA NA NA NA SECTION XVIII NA NA NA NA NA NA NA NA NA	
NA 12. FORMER CITIZENSHIP(S) ZCountry(ices) 13. DATE U.S. CITIZENSHIP ACQUIRED NA 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, il Father-in-Law is decessed or unemple self employed SECTION XVIII 17. FULL NAME (Last-First-Middle) 18. PLACE OF BIRTH (City, State, Country) 19. OCCUPATION NA 10. IF BORN OUTSIDE U.S. DATE OF ENTRY 11. FULL NAME (Last-First-Middle) 12. FORMER CITIZENSHIP (Country) 13. DATE U.S. CITIZENSHIP ACQUIRED NA 14. WHERE ACQUIRED (City, State, Country) 15. STATE OTHER NAMES SHE HAS USED NA 16. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 17. DATE OF BIRTH NA 18. PLACE OF BIRTH (City, State, Country) 19. OCCUPATION NA 11. FORMER CITIZENSHIP(S) NA 12. FORMER CITIZENSHIP(S) NA 13. DATE U.S. CITIZENSHIP ACQUIRED NA 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is decessed or unemple second to the country) NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 2. RELATIONSHIP CONETIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES C. CITIZENSHIP (Country) 1. FREQUENCY OF CONTACT French 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 2. RELATIONSHIP 3. DATE OF LAST CONTACT 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 5. EMPLOYED BY NOMINEA, New Caledonia 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 9. CITIZENSHIP (Country) 18. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE O	
13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. DATE OF BIRTH 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemple self employed 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemple self employed 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemple self employed 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemple self employed 17. FREQUENCY OF CONTACT 18. WHERE ACQUIRED (City, State, Country) 17. FREQUENCY OF CONTACT 18. WHERE ACQUIRED (City, State, Country) 18. DATE OF BIRTH 14. WHERE ACQUIRED (City, State, Country) 19. CITIZENSHIP 19. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 19. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 19. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 19. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple 16. PRESENT EMPLOYER (Give last employer, if Mother-in-La	
MA 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemple self employed SECTION XVIII 17. FULL NAME (Last-First-Middle) 18. STATE OTHER NAMES SHE HAS USED NA 18. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 19. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 10. IF BORN OUTSIGE U.S DATE OF ENTRY 11. FACE OF ENTRY 12. FORMER CITIZENSHIP(S) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, it Mother-in-Law is deceased or unemple NA 17. DATE OF BIRTH 18. PLACE OF BIRTH (City, State, Country) 19. CITIZENSHIP 10. IF BORN OUTSIGE U.S DATE OF ENTRY 11. FACE OF ENTRY 12. FORMER CITIZENSHIP(S) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, it Mother-in-Law is deceased or unemple NA NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENSOR (3) WORK FOR A FOREION GOVERNMENT 15. FULL NAME (Last-First-Middle) CONETN, Maurice Rene 16. CITIZENSHIP (Country) 17. FREQUENCY OF CONTACT 18. DATE OF LAST CONTACT 18. DATE OF LAST CONTACT 19. CAUSTON SHIP 10. FRECORDOT, John James Jones 10. Sept 61 11. FULL NAME (Last-First-Middle) 12. RELATIONSHIP 13. DATE OF LAST CONTACT 14. SUBTENDED 15. EMPLOYED BY 16. CITIZENSHIP (Country) 17. FREQUENCY OF CONTACT 18. DATE OF LAST CONTACT 18. DATE OF LAST CONTACT 19. SATE OF LAST	try)
Self employed self e	
Self employed SECTION XVIII 1. FULL NAME (Last-First-Middle) NA SECTION XVIII 1. FULL NAME (Last-First-Middle) NA SECTION XVIII 1. FULL NAME (Last-First-Middle) NA SECTION XVIII 1. FULL NAME (Last-First-Middle) NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONSTIN, Maurice Rene 4. Address or country in which relative resides Champigny sur Marne, Seine France NO NO NO NO NO NO NO NO NO N	oved)
SECTION XVIII 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 2. LIVING (Size (No. 1) NA	-,,
1. FULL NAME (Last-First-Middle) NA Marie Broch ot NA Marie Broch ot NA Marie Broch ot NA Marie Broch ot NA Marie Broch ot NA Marie Broch ot NA Marie Broch ot NA NA Sever used These Names. If Legal chance, Give Particular and by what authority). Use Extra space Provided on Page 16 of Form to Record This Information. 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) NA NA Security State, Country NA NA NA NA SECTION XIX Relatives by Blood, Marriage or Adoption who elither (1) Live Abroad, Canada or Hardle) NA NA NA SECTION XIX Relatives by Blood, Marriage or Adoption who elither (1) Live Abroad, Canada or Hardle) CONEIN, Maurice Rene 4. Address or Country in which relative resides french Conein Seldom 1. Full Name (Last-First-Middle) CONEIN, Maurice Rene 4. Address or Country in which relative resides french 1. Full Name (Last-First-Middle) CONEIN, John James Jones 4. Address or Country in which relative resides french 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) French 2. Relationship 6. Citizenship (Country) 7. Frequency of Contact French 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 1. Full Name (Last-First-Middle) Conein Seldom 2. Relationship Conein Seldom 2. Relationship Conein Seldom 2. Relationship Conein Seldom 2. Relationship Conein Seldom 2. Relationship Conein Seldom 2. Citizenship	
NA Marie Proch ot S. STATE OTHER NAMES SHE HAS USED NA INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH I EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULAR and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF FORM TO RECORD THIS INFORMATION. 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) NA 7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) NA 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY NA 12. FORMER CITIZENSHIP(S) (Country(iea)) NA 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemple ACQUIRED (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREION GOVERNMENT 1. FULL NAME (Last-First-Middle) CONETN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France CONTEND (Lountry) French 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT, John James Jones 1. FULL NAME (Lost-First-Middle) EROCHOT (Lost-First-Middle) EROCHOT (Lost-First-Middl	
S. STATE OTHER NAMES SHE HAS USED NA INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SEVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULAR and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF FORM TO RECORD THIS INFORMATION. 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY 12. FORMER CITIZENSHIP(S) / Country(iea) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country NA NA NA NA NA NA NA NA NA NA NA NA NA	'EAI'I.
EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULAR and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF FORM TO RECORD THIS INFORMATION. 6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) 7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY 12. FORMER CITIZENSHIP(S) / Country(ies) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer. 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer.) 17. FULL NAME (Last-First-Middle) 18. DATE OF LAST CONTACT 19. CITIZENSHIP (Country) 10. FREQUENCY OF CONTACT 10. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer.) 10. PULL NAME (Last-First-Middle) 11. FULL NAME (Last-First-Middle) 12. RELATIONSHIP 13. DATE OF LAST CONTACT 14. WHERE ACQUIRED (City, State, Country) 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer.) 16. CITIZENSHIP (Country) 17. FREQUENCY OF CONTACT 18. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. CITIZENSHIP (Country) 10. CITIZENSHIP (Country) 10. PREQUENCY OF CONTACT 10. PREQUENCY OF CONTACT 10. PRESENT EMPLOYED BY 11. FULL NAME (Last-First-Middle) 12. RELATIONSHIP 13. DATE OF LAST CONTACT 14. WHERE ACQUIRED (City, State, Country) 15. CITIZENSHIP (Country) 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer. 16. CITIZENSHIP (Country) 17. FREQUENCY OF CONTACT 18. DATE OF LAST CONTACT 18. DATE OF LAST CONTACT 19. OCCUPATION 19. CITIZENSHIP (Country) 10. CITIZENSHIP (Country) 10. CITIZENSHIP (Country) 10. CITIZENSHIP (Country) 10. CITIZENSHIP (Country) 11. FLACE OF ENTRY 12. PACCE OF ENTRY 13. DATE OF LAST COUNTRY 14. WHERE ACQUIRED (City, State, Country) 15. CITIZENSHIP (Country) 16. CITIZENSHIP (Country) 17. FREQUENCY OF CONTA	
and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF FORM TO RECORD THIS INFORMATION. 6. CURRENT OR LAST ADDRESS (No., Street, Cliy, State, Country) NA 7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY 12. FORMER CITIZENSHIP(S) / Country(ies)/ NA 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, it Mother-in-Law is deceased or unemployer, SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones NOUMER, SEED EMPLOYED BY SELF employed 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT 18. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONTACT 19. DATE OF LAST CONT	
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) NA 7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY NA 12. FORMER CITIZENSHIP(S) / Country(ies) NA 13. DATE U.S. CITIZENSHIP ACQUIRED NA 14. WHERE ACQUIRED (City, State, Country) NA 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer) NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France Champigny sur Marne, Seine France 1. FULL NAME (Last-First-Middle) French 1. FULL NAME (Last-First-Middle) RROCHOT, John James Jones Noumea, New Caledonia 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 5. EMPLOYED BY Self employed 6. CITIZENSHIP (Country) French 7. FREQUENCY OF CONTACT Self employed 6. CITIZENSHIP (Country) French 8. DATE OF LAST CONTACT Self employed 6. CITIZENSHIP (Country) French ROW ROLL OF CONTACT RECOUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 7. FREQUENCY OF CONTACT RECOUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia Recountry IN WHICH RELATIVE RESIDES Noumea, New Caledonia Recountry Reco	
7. DATE OF BIRTH 8. PLACE OF BIRTH (City, State, Country) 10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY 12. FORMER CITIZENSHIP(S) / Country(ies) 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country ACQUIRED NA: 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer) 17. FULL NAME (Last-First-Middle) 18. CONETN, Maurice Rene 19. CONETN, Maurice Rene 10. IF ULL NAME (Last-First-Middle) 10. CONETN, Maurice Rene 10. Trench 11. FULL NAME (Last-First-Middle) 12. RELATIONSHIP 13. DATE OF LAST CONTACT 14. WHERE ACQUIRED (City, State, Country In Which Relative Resides) 15. OCCUPATION 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer, if Mother-	
10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY 12. FORMER CITIZENSHIP(S) /Country(ies)/ 13. DATE U.S. CITIZENSHIP 14. WHERE ACQUIRED (City, State, Country ACQUIRED NA: NA 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer) 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer) 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer) 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer) 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 2. RELATIONSHIP 2. RELATIONSHIP 2. RELATIONSHIP 3. DATE OF LAST CONTACT 3. DATE OF LAST CONTACT 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 2. RELATIONSHIP 16. Sept 61 1. FULL NAME (Last-First-Middle) 1. FULL NAME (Last-First-Middle) 1. FREQUENCY OF CONTACT 2. RELATIONSHIP 1. FULL NAME (Last-First-Middle) 2. RELATIONSHIP 3. DATE OF LAST CONTACT 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 5. EMPLOYED BY 5. EMPLOYE	
10. IF BORN OUTSIDE U.S DATE OF ENTRY 11. PLACE OF ENTRY NA 12. FORMER CITIZENSHIP(S) [Country(ies]] 13. DATE U.S. CITIZENSHIP ACQUIRED (City, State, Country ACQUIRED NA: 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer, SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 2. RELATIONSHIP CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 5. EMPLOYED BY 16. CITIZENSHIP (Country) 17. FREQUENCY OF CONTACT 18. DATE OF LAST CONTACT 18. DATE OF LAST CONTACT 19. CAUCHOT, John James Jones	
11. PLACE OF ENTRY NA 12. FORMER CITIZENSHIP(S) / Country(ies) NA 13. DATE U.S. CITIZENSHIP ACQUIRED NA NA 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unempton NA NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny Sur Marne, Seine France 6. CITIZENSHIP (Country) T. FREQUENCY OF CONTACT French 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones 3. CRELATIONSHIP father in law 5. EMPLOYED BY Noumea, New Caledonia 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT RECOUNTRY NAME (Last-First-Middle) Self employed 8. DATE OF LAST CONTACT RECOUNTRY NOUMEA, New Caledonia 8. DATE OF LAST CONTACT NAME (Last-First-Middle) RECOUNTRY NOUMEA, New Caledonia 8. DATE OF LAST CONTACT NAME (Last-First-Middle) RECOUNTRY RECOUNTRY NAME (Last-First-Middle) RECOUNTRY RECOUNTRY NAME (Last-First-Middle) RECOUN	P
12. FORMER CITIZENSHIP(S) / Country(ies) 13. DATE U.S. CITIZENSHIP ACQUIRED (NA: 15. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer). NA NA NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 5. EMPLOYED BY Champigny Sur Marne, Seine France 9. Unknown 16. CITIZENSHIP (Country) 17. FREQUENCY OF CONTACT 16. Sept 61. 1. FULL NAME (Last-First-Middle) 16. Sept 61. 1. FULL NAME (Last-First-Middle) 16. Sept 61. 2. RELATIONSHIP 16. Sept 61. 3. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 16. EMPLOYED BY 16. Sept 61. 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 16. SEMPLOYED BY 16. SEPT 61.	
IS. OCCUPATION NA 16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer) NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 1. FULL NAME (Last-First-Middle) french 1. FULL NAME (Last-First-Middle) BROCHOT, Joh n James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) T. FREQUENCY OF CONTACT Noumea, New Caledonia 6. CITIZENSHIP (Country) T. FREQUENCY OF CONTACT Noumea, New Caledonia 6. CITIZENSHIP (Country) T. FREQUENCY OF CONTACT Noumea, New Caledonia T. FREQUENCY OF CONTACT Noumea, New Caledonia T. FREQUENCY OF CONTACT Noumea, New Caledonia T. FREQUENCY OF CONTACT Noumea, New Caledonia T. FREQUENCY OF CONTACT Noumea, New Caledonia T. FREQUENCY OF CONTACT Noumea never contacted	
Is. occupation NA 16. Present employer (Give last employer, if Mother-in-Law is deceased or unemployer) NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 6. CITIZENSHIP (Country) french 1. FULL NAME (Last-First-Middle) EROCHOT, Joh n James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT Self employed 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT 9. DATE OF LAST CONTACT 9. DATE OF LAST CONTACT 9. DATE OF LAS	
1. FULL NAME (Lost-First-Middle) Champigny sur Marne, Seine France Citizenship (Country) french Citizens or country in which relative resides FROCHOT, John James Jones Citizenship (Country) French Citizenship (Country) Constant Relative resides Champigny sur Marne, Seine France Citizenship (Country) French Citizenship (Country) Constant Relative resides Champigny sur Marne, Seine France Citizenship (Country) Constant Relative resides Champigny sur Marne, Seine France Constant Contact Constant Relative resides Constant Contact Constant Relative resides Constant Contact Constant Relative resides Constant Contact Constant Relative resides Constant Relative resides Constant Relative resides Constant Relative resides Constant Relative resides Constant Relative resides Constant Relative resides Constant Relative resides Contact Contact Constant Relative Relative Resides Contact Contact Constant Relative Relative Resides Contact Contact Constant Relative Relative Resides Contact Contact Contact Contact Constant Relative Relative Resides Contact	ル
16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployer) NA SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONETN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 1. FULL NAME (Last-First-Middle) Trench 1. FULL NAME (Last-First-Middle) RROCHOT, Joh n James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) T. FREQUENCY OF CONTACT ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) T. FREQUENCY OF CONTACT R. DATE OF LAST CONTACT B. DATE OF LAST CONTACT Self employed 8. DATE OF LAST CONTACT B. DATE	
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Lest-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 6. CITIZENSHIP (Country) T. FREQUENCY OF CONTACT french 1. FULL NAME (Lest-First-Middle) HROCHOT, Joh n James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) French 7. FREQUENCY OF CONTACT Self employed 8. DATE OF LAST CONTACT Self employed 8. DATE OF LAST CONTACT Self employed 8. DATE OF LAST CONTACT RECUENCY OF CONTACT Self employed 8. DATE OF LAST CONTACT RECUENCY OF CONTACT NOUMEA, New Caledonia 8. DATE OF LAST CONTACT New Contacted	oyed)
RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 6. CITIZENSHIP (Country) french 1. FULL NAME (Last-First-Middle) EROCHOT, Joh n James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) French REATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LA	
(2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT 1. FULL NAME (Last-First-Middle) CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 6. CITIZENSHIP (Country) french 1. FULL NAME (Last-First-Middle) BROCHOT, John James Jones 1. FULL NAME (Last-First-Middle) BROCHOT, John James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) French 7. FREQUENCY OF CONTACT S. DATE OF LAST CONTACT S. DATE OF LAST CONTACT S. DATE OF LAST CONTACT S. DATE OF LAST CONTACT R. DATE OF LAST CONTACT S. DATE OF LAST CONTACT No DATE OF LAST CONTACT AND DATE OF LAST CONTACT NO DATE OF LAST CONTACT AND DATE OF LAST CONTACT NO	
CONEIN, Maurice Rene 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 5. EMPLOYED BY unknown 6. CITIZENSHIP (Country) french 7. FREQUENCY OF CONTACT seldom 1. FULL NAME (Last-First-Middle) HROCHOT, John James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT R. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT REQUENCY OF CONTACT French Nave never seen never contacted	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 6. CITIZENSHIP (Country) french 1. FULL NAME (Lest-First-Middle) HROCHOT, John James Jones 1. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) French 1. FREQUENCY OF CONTACT Requested to the contact of the conta	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Champigny sur Marne, Seine France 6. CITIZENSHIP (Country) french 1. FULL NAME (Lest-First-Middle) BROCHOT, John James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) French 7. FREQUENCY OF CONTACT Replected BY 5. EMPLOYED BY 2. RELATIONSHIP father in law 5. EMPLOYED BY self employed 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT Replected BY 8. DATE OF LAST CONTACT Replected BY 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT Replected BY 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT Replected BY 8. DATE OF LAST CONTACT 9. DATE OF LAST	39
Champigny sur Flarne, Seine France 6. CITIZENSHIP (Country) french 7. FREQUENCY OF CONTACT french 1. FULL NAME (Lest-First-Middle) RROCHOT, John James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) French 7. FREQUENCY OF CONTACT French 8. DATE OF LAST CONTACT FREQUENCY OF CONTACT R. DATE OF LAST CONTACT	
6. CITIZENSHIP (Country) french 7. FREQUENCY OF CONTACT french 8. DATE OF LAST CONTACT 16 Sept 61 2. RELATIONSHIP Father in law 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) French 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT 9. DATE OF LAST CONTACT 16 Sept 61 17 FREQUENCY OF CONTACT 18 DATE OF LAST C	
french seldom 16 Sept 61 1. FULL NAME (Last-First-Middle) BROCHOT, John James Jones father in law 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) French have never seen never contacted	т —
1. FULL NAME (Last-First-Middle) RROCHOT, John James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 5. EMPLOYED BY self employed 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT French have never seen never contacted	•
BROCHOT, John James Jones 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 5. EMPLOYED BY self employed 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT French have never seen never contacted	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES Noumea, New Caledonia 6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT French 1. Ave never seen 5. EMPLOYED BY Self employed 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT The contacted of the contacted	1
Noumea, New Caledonia 6. CITIZENSHIP (Country) French Noumea, New Caledonia 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT 8. DATE OF LAST CONTACT French New rever seen New Caledonia	unk
6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT French have never seen never contacted	
French have never seen never contacted	
	т •
1. FULL NAME (Last-First-Middle) 2. RELATIONSHIP	
	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 5. EMPLOYED BY	
4	
6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT	
	T
1. FULL NAME (Last-First-Middle) 2. RELATIONSHIP	T
T. FULL NAME (Zasis Instantale)	
	T 3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 5. EMPLOYED BY	
6. CITIZENSHIP (Country) 7. FREQUENCY OF CONTACT 8. DATE OF LAST CONTACT	3. AGE
	3. AGE
- SECTION XIX CONTINUED TO PAGE 13	3. AGE

Mark Mark Mark Control of the Contro

τ	SECTION XIX CONTINUED FROM PAGE 12						
6.	6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE						
					ļ		
	•				·		
					•		
SE	CTION XX RELATIVES BY B	LOOD, MARRIAGE (SERVICE (OR ADOPTION WHO ARE I	N THE MILIT	ARY OR CIVIL		
	1. NAME (Lest-First-Middle)		2. RELATIONSHIP	3. AGE	4. CITIZENSHIP		
	NA.			1			
1	5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATIO	N OF SERVIC	E (If known)		
	1. NAME (Last-First-Middle)		2. RELATIONSHIP	3. AGE	4. CITIZENSHIP		
	,	1					
2	5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATIO	N OF SERVIC	E (If known)		
	*						
<u> </u>	1. NAME (Last-First-Middle)	•	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP		
	O' NAME (BOST)		· ·	-	Will Toll		
3	5. ADDRESS (No., Street, City, State, Country)		6. TYPE AND LOCATIO	N OF SERVIC	E (If known)		
	S. ADDRESS (No.) Check,			•	<u> </u>		
-			TANCES, AND NEIGHBO	ORS			
3	1. LIST FIVE CHARACTER REFER				INTIMATELY		
<u> </u>			NESS ADDRESS	1	RESIDENCE ADDRESS		
	NAME (Last-First-Middle)	· (No., Stree	et, City and State)		., Street, City and State)		
L	(Last 1 not more)	· · · · · · · · · · · · · · · · · · ·		1,502.1	Mac Arthur Blvd		
l		06 41+ 6	an Dof	1			
_	B/Gen Edw. G. Lansdale	Of Assit S	ec Dei		Washington, D.C. 5011 Hanes Street		
				1-			
<u> </u>	Mr. Lucius O. Rucker	CIA		* 1	m, Virginia		
1	·	· No. 1			2331 Cathedral Av.N.M.		
Hon. Errett P. Scrivner congress					Washington, D.C.		
l	₩		~ (Arlin	Arlington Towers		
	Mr. Alfred T. Cox	CIA			ton. Virginia		
				U.S. Embassy			
Mr. John Foster CIA Teheran, Tran 2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS					an, Iran		
	2. LIST FIVE PERSONS, IN THE U.S. W	HO KNOW YOU SOC	CIALLY - NOT RELATIVES	S, SUPERVISO	DRS OR EMPLOYERS		
	NAME BUSINESS ADDRESS			RESIDENCE ADDRESS (No., Street, City and State)			
1	(Last-First-Middle)	(No., Sire	et, City and State)		o., oneci, ony and orace,		
Г				7017			
	Since I have Been in the mil	litary pervi	ce since Septembe	ег пуит а	and since		
since the majority of my military service has been in overseas areas, specifically							
	since 1959, 1961, and since I have just returned from Teheran, Iran, my social						
H		+04 C+0+05					
L	contacts are not in the Uni	roed Soares.					
	•						
L	3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.						
L							
	NAME (Lest-First-Middle)		ESS ADDRESS t, City and State)		o., Street, City and State)		
	Company of the compan	the milita	w samina nami	are he	ing continuously		
L	Same as above applies. In the military service people are being continuously						
۱	transferred to new duty stations therefore at this time it is impossible to						
Γ		meetion			•		
1	adequately answer this	Inea o TOIL					

ECTION XXII CLUBS, SOCI	ETIES, AND OTHER ORGANIZATIONS		
OTE: List names and addresses of all clubs, social (Include membership in, or support of, any or belong or have belonged.	eties, professional societies, employee group	os or organizations a foreign country)	of any kind to which you
•	Appress	INCLUSIVE FROM 1956 1957 1958 INCLUSIVE FROM 1946 Aug 153 June 154 Nov 156 159	MBERSHIP
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)		то
Airborne Association	Ft. Bragg, North Carolina	1956	pres
Reserve Officers Association	Washington, D.C.	1957	pres
Assoc of U.S. Army	Washington, D.C.	1958	pres
\	المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع		
		-	
•	** <u>*</u>	•	
ECTION XXIII RESIDE	NCES FOR THE PAST 15 YEARS		
ADDRESS - LAST RESID		INCLUSIVE	DATES
· (Number, Street, City, S		FROM	то
Agency mission to Germany		1946	1953
1512 Ellison Street, Falls Ch	urch, Virginia	Inclusive FROM 1946 Aug 153 June 154 Nov 156	June 154
Agency mission to Vietnam		June 154	Oct 156
13 Maas Drive, Ft. Bragg, Nor	th Carolina	Now 156	Aug 159
	OH OH OHAM	1100 -20	- Aug
No 5 Kuchi Safa Teheran Tra		159	_
No 5 Kuchi Safa, Teheran, Ira	n (Mil Liaison Gp. APO 205 NY)	159	Sept 61
No 5 Kuchi Safa, Teheran, Ira		159	_
No 5 Kuchi Safa, Teheran, Ira		159	_
No 5 Kuchi Safa, Teheran, Ira		159	_
No 5 Kuchi Safa, Teheran, Ira		159	_
No 5 Kuchi Safa, Teheran, Ira		159	_
No 5 Kuchi Safa, Teheran, Ira		159	_
No 5 Kuchi Safa, Teheran, Ira		159	_
No 5 Kuchi Safa, Teheran, Ira		159	-

ECTION XXIV	ADDITIONAL INFORMATION		
	ADVOCATED: OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF;		YES
OR HAVE YOU EVER SUPPORTED OR BEE IZATION WHICH ADVOCATES OR TEACHE! FORCE, VIOLENCE OR OTHER UNCONSTITHEIR RIGHTS UNDER THE CONSTITUTIO	STHE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY	X	NO
. IF YOU HAVE ANSWERED "YES" TO THE A	BOVE QUESTION, EXPLAIN	44	
	•		
Y YES	4. IF SO, TO WHAT EXTENT?		
DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?	oc sa sional ly		
S. DO YOU USE OR HAVE YOU YES	6. IF SO, TO WHAT EXTENT?		
EVER USED NARCOTICS? V NO	R SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE	ORG	AN-
IZATION OR ITS ACTIVITIES?			
X			
Military Liaison to J-2	SCS, Imp Iranian Army 1959 to 1961		
,	·) FI	
B. LIST BELOW THE NAMES OF GOVERNMEN PLOYMENT SINCE 1940	NT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FO	/R E	*1-
÷ a	•		
U.S. Army			
	·		
. IF TO YOUR KNOWLEDGE, ANY OF THE A	BOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE INVESTIGATION.	OF TI	HE
AGENCY AND THE APPROXIMATE DATE			
oss 1943	U.S. Army 1956-57		
SSU 1946	ACSI D of A 1959		
GIG 1947 CIA 1948-49	•		
• • • • • • • • • • • • • • • • • • • •	to the following Questions 10, 11 or 12, provide the information requested		
NOTE SPECIAL If your answer is "TES" NSTRUCTIONS question on a separate,	signed sheet and attach the sheet to this form in a sealed envelope.		
	HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CON- AWOTHERTHAN A <i>MINOR</i> TRAFFIC VIOLATION IN THE UNITED STATES OR		YES
VICTED FOR ANY VIOLATION OF THE L.	AWOTHER THAN A MINOR TRAFFIC VIOLATION IN THE SITTED STATES OF	-	
IF SO, STATE NAME OF COURT, CITY, S IN ACCORDANCE WITH THE SPECIAL IN	TATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE STRUCTION ABOVE.	X	ИО
		1	
HAVE YOU EVER BEEN ARRESTED, CO	URT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REG-		YES
ULATION? IF SO, DESCRIBE INCIDENT CORDANCE WITH SPECIAL INSTRUCTION		X	NO
		+-	ļ <u>-</u>
12. ARE THERE ANY UNFAVORABLE INCID	ENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED HER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXNT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACNIS ABOVE.		YES
IN SUBSEQUENT INVESTIGATION, WHE I PLANATION? IF SO, DESCRIBE INCIDE CORDANCE WITH SPECIAL INSTRUCTIO	NT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN AC-	v	NO
520110111111	ON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (First-Middle-Last)			
3. HOME ADDRESS (No., Street, City, Zone, S	nein Wife State, Country) 4. HOME PHONE NO.		
	ET myoo 6-1877		
5. BUSINESS ADDRESS (No., Street, City, A	Zone, State, Country) - INDICATE NAME OF FIRM OR 6. BUSINESS PHONE NO. &	EXT	•
EMPLOYER, IF APPLICABLE			
Dept of th	ne Army OX 57742		
-	TOTAL ATIVES (Severe Mother Fother) MAY ALSO RE NOTIFIED. IF SUCH NOTI	FICA	TION
7. IN CASE OF EMERGENCY, OTHER CLOS IS NOT DESIRABLE, BECAUSE OF HEAL	E RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTI TH OR OTHER REASONS, PLEASE SO STATE.		
The But all a Canada	150 Monterey St. Brisbane Calif. Mother -		
rirs. rstelle Coneln.	TOURIDHOREM OUR DELOUGHERWELLER MOUNES. *		

	104		

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES
25 September 1961

2. SIGNATURE OF APPLICANT

. SIGNED AT (City and State)

Washington D.C.

4. SIGNATURE OF WITNESS

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.

NW 53294 DocId:32399265 Page 17