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REQUEST FOR DEPENDENTS' BRIEFING				
SUBMIT IN DUPLICATE FOR EACH DEPENDENT TO YOUR TRAINING OFFICER SPONSOR				
NAME (Last) (First) (Initial) DATE OF BIRTH				
O'Connell, James P.	(2	1917		
DIVISION	BRANCH	L. A.Z.A.J.	DESK	
Office of Security	Operational Support Division			
GRADE	TITLE	TITLE		
GS-15	Chief, OS	Y		6653
DESTINATION (2-17		FIELD ASSIGNMENT		
(3-17			······································	
SPECIFIC COVER				
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ADULT DEPENDENT  NAME (Last) (First) (Initial) RELATIONSHIP				
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O'Connell, Virginia EXTENT OF ANTICIPATED OPERATIONAL CONTACT		A TE		
Not applicable				
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DATES AVAILABLE FOR BRIEFING				
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5 and 6 June 1962				
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