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DOCUMENT REQUEST FORM

Case No. \_\_\_\_\_ Requester: TH Date Recd \_\_\_\_\_

True Name: [Gerrillo Amario Rodriguez] 63 / Relationship \_\_\_\_\_

Alias (including middle name): (Leon Lopez ZERUADA) 37

Address to be searched: Harvard, D. C.

States or cities with which Subject is familiar: \_\_\_\_\_

Height: 5'00" Weight: 150 Hair: Black Eyes: Brown Blood: Other

Wears glasses: no Married: no Occupation: \_\_\_\_\_

Born: 01 January 1920 ( ) Place: San Juan, P. R.

DATA FOR BIRTH CERTIFICATE, AS OF TIME OF BIRTH

Father's name: Jose Lopez Mother's name: Elisa Diaz  
Full name of father: \_\_\_\_\_ Full name of mother: \_\_\_\_\_

POB: Puerto Rico POB: Puerto Rico

Year of birth: 5 April 1900 Year of birth: 13 June 1910

Occupation: Teacher Occupation: Bookkeeper  
In time of your birth: \_\_\_\_\_ In time of your birth: \_\_\_\_\_

Residence: San Juan, P. R. Doctor's name: \_\_\_\_\_  
In time of your birth: \_\_\_\_\_

Number of children born to you prior to this time: 0

Specify state or country where documentation will be used: U. S. and Latin America

Documentation required: Birth record of \_\_\_\_\_ Driver's license 3.0/2 getting this

Social Security Card \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Security clearance \_\_\_\_\_

Signature (print in blue) \_\_\_\_\_

