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DO NOT USE THIS SPACE ISSUED BY	PERSONAL HISTORY STATEMENT	THIS DATE (FBI In) AUGUST 31, 1961
INSTRUCTIONS		
1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space. 2. Type, print or write carefully; illegible or incomplete forms will not receive consideration. 3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.		
SECTION I GENERAL PERSONAL AND PHYSICAL DATA		
1. FULL NAME (Last-First-Middle) RODRIGUEZ, EMILIO AMERICO		2. AGE 33 YEARS 8 MONTHS
		3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. HEIGHT 5FT. 10IN.	5. WEIGHT 150 lbs.	6. COLOR OF EYES BROWN
7. COLOR OF HAIR BLACK		8. TYPE COMPLEXION RUDDY
9. TYPE BUILD MEDIUM		
10. SCARS (Type and Location) NONE		
11. OTHER DISTINGUISHING PHYSICAL FEATURES NONE		
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country) 9361 S.W. 178 ST. PERRINE 57, FLA. U.S.A.		13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO. 9361 S.W. 178 ST. PERRINE 57, FLA. U.S.A.
14. CURRENT PHONE NO. CEGAR 5-8341		15. OFFICE PHONE NO. & EXT. NA.
16. LEGAL RESIDENCE (State, Territory or Country) FLORIDA, U.S.A.		
17. NICKNAMES NONE		
19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES. FROM APRIL 1960 TO PRESENT IN HAVANA, CUBA AND MIAMI, FLA. AS UNDERCOVER NAME		
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority). NA.		
SECTION II POSITION DATA		
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary). \$ 9,600.00		
4. INDICATE YOUR WILLINGNESS TO TRAVEL <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input checked="" type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER:		
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable) <input checked="" type="checkbox"/> WASHINGTON, D.C. <input checked="" type="checkbox"/> ANYWHERE IN U.S. <input checked="" type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify): <input type="checkbox"/> OUTSIDE CONTINENTAL U.S.		
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA. ADEQUATE PAY AND LIVING CONDITIONS FOR SELF AND FAMILY		

SECTION III		CITIZENSHIP					
1. DATE OF BIRTH		2. PLACE OF BIRTH (City, State, Country)				3. PRESENT CITIZENSHIP (Country)	
JAN. 27, 1928		HAVANA, CUBA				U.S.A.	
4. CITIZENSHIP ACQUIRED BY				5. DATE NATURAL-		6. NATURALIZATION CERTIFICATE NO.	
BIRTH				MARRIAGE		X OTHER (Specify): NATURAL.	
7. COURT ISSUING NATURALIZATION CERTIFICATE				8. ISSUED AT (City, State, Country)			
U.S. DISTRICT COURT OF EASTERN DIST. OF LOUISIANA				NEW ORLEANS, LA.			
9. HAVE YOU HELD PREVIOUS NATIONALITY				10. IF YES, GIVE NAME OF COUNTRY			
X YES				NO CUBA			
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.							
CUBAN BY BIRTH							
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP				13. GIVE PARTICULARS			
YES				X NO N.A.			
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)?							
N.A.							
15. DATE OF ARRIVAL IN U.S.		16. PORT OF ENTRY		17. ON PASSPORT OF WHAT COUNTRY			
JUNE 6, 1961		MIAMI, FLA.		SWISS PROTECTIVE PASSPORT			
18. LAST U.S. VISA (No., Type, Place of Issue)				19. DATE VISA ISSUED			
RESIDENT, U.S. EMBASSY IN HAVANA, CUBA				NOV. 1942			
SECTION IV		EDUCATION					
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE				OVER TWO YEARS OF COLLEGE - NO DEGREE			
HIGH SCHOOL GRADUATE				BACHELOR'S DEGREE			
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE				GRADUATE STUDY LEADING TO HIGHER DEGREE			
TWO YEARS COLLEGE OR LESS				X MASTER'S DEGREE		DOCTOR'S DEGREE	
2. ELEMENTARY SCHOOL							
1. NAME OF ELEMENTARY SCHOOL				2. ADDRESS (City, State, Country)			
COLEGIO DE LA SALLE				HAVANA, CUBA			
3. DATES ATTENDED (From-and-To)				4. GRADUATE			
Sep. 1934 to Nov. 1942				X YES NO			
3. HIGH SCHOOL							
1. NAME OF HIGH SCHOOL				2. ADDRESS (City, State, Country)			
ALCEE FORTIER HIGH SCHOOL				NEW ORLEANS, LA.			
3. DATES ATTENDED (From-and-To)				4. GRADUATE			
Nov. 1942 to June 1945				X YES NO			
1. NAME OF HIGH SCHOOL				2. ADDRESS (City, State, Country)			
3. DATES ATTENDED (From-and-To)				4. GRADUATE			
				YES NO			
4. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR HOURS (Specify)
	MAJOR	MINOR	FROM	TO			
TULANE UNIVERSITY OF LOUISIANA	Psychology	Biology	1945	1948	B.S.	JUNE 1948	Sem hrs.
TULANE UNIVERSITY OF LOUISIANA	Spanish	Portuguese	1949	1952	M.A.	JUNE 1952	Sem hrs.
TULANE UNIVERSITY OF LOUISIANA	Spanish	French	1952	1954	NONE	N.A.	Sem hrs.

SECTION IV CONTINUED TO PAGE 3

SECTION IV CONTINUED 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.

EL EPITETO EN LAS OBRAS DE BERCIO (DO NOT REMEMBER EXACT TITLE). A DETAILED STUDY OF THE MANY USES OF THE EPITHET IN BERCIO'S WORKS, A 12TH CENTURY WRITER, INCLUDING A CROSS-REFERENCE LISTING OF ALL EPITHETS AS SHOWN IN HIS WRITINGS.

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
	N. A.			

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
	N. A.			

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE.

N. A.

SECTION V

FOREIGN LANGUAGE ABILITIES

1. LANGUAGE (List below each language in which you possess any degree of competence. Indicate your proficiency to Read, Write or Speak by placing a check (X) in the appropriate box(es).)	COMPETENCE - IN ORDER LISTED R-Read, W-Write, S-Speak															HOW ACQUIRED			
	EQUIVALENT TO NATIVE FLUENCY			FLUENT BUT OBVIOUSLY FOREIGN			ADEQUATE FOR RESEARCH			ADEQUATE FOR TRAVEL			LIMITED KNOWLEDGE			NATIVE OF COUNTRY	PROLONGED RESIDENCE	CONTACT (with parents, etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S				
Spanish	X	X	X													X			X
Portuguese				X			X			X									X
French													X	X	X				X
Italian													X	X	X				X

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.

FROM 1949 TO 1954 STUDIED THE ROMANCE LANGUAGES AT THE GRADUATE LEVEL

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

N. A.

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

FAMILIAR WITH SCIENTIFIC AND ENGINEERING TERMINOLOGY IN SPANISH.

5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

☒ YES

☐ NO

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
CUBA	HAVANA + VICINITY. POLITICAL ECONOMIC + SOCIAL STRUCTURE. COMMERCE - IMPORTATIONS. 1954-1961		N.A.	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

Pass. No: 1095961 Expired: Sept. 2 1960 (NOT RENEWED)

SECTION VII TYPING AND STENOGRAPHIC SKILLS						
1. TYPING (wpm)	2. SHORTHAND (wpm)	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM				
50	N.A.	<input type="checkbox"/> GREGG	<input type="checkbox"/> SPEEDWRITING	<input type="checkbox"/> STENO TYPE	<input type="checkbox"/> OTHER (Specify):	
2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.). MIMEOGRAPH, ADDING MACHINE, CALCULATOR, DICTATING MACHINE.						

SECTION VIII SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.	
FISHING, HUNTING, SWIMMING (GOOD UNDERWATER RESISTANCE), PHOTOGRAPHY (BLACK + WHITE AND COLOR), MUSICAL (PLAY SEVERAL INSTRUMENTS BY EAR), FLYING, Bowling, Chess.	
Average in ALL OF THE ABOVE.	
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.	
TEACHING AND ADMINISTRATIVE EXPERIENCE SECURED AT THE UNIVERSITY LEVEL AND IN FOREIGN TRADE MANAGEMENT RESPECTIVELY. ALSO CAPACITY TO CARRY OUT INDEPENDENT RESEARCH AT THE GRADUATE LEVEL.	
3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.	
FAMILIAR WITH GENERAL SCIENTIFIC APPARATUS AS MAY BE PRESENT IN A MEDICAL RESEARCH LABORATORY. BECKMAN Spectrophotometry.	
(DID ONE ^{half} YEAR RESEARCH AT TULANE MEDICAL SCHOOL)	

SECTION VIII CONTINUED FROM PAGE 4

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.? ☒ YES ☐ NO

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE ISSUING LICENSE (Provide License Registry Number, if known).

Student Pilot Certificate No S-293957

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)

2-18-54

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)

N.A.

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subjects, Novels, Short Stories, Etc.).

N.A.

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

N.A.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

IN COLLEGE AND AS A JUNIOR EXECUTIVE IN FOREIGN TRADE

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

Phi Sigma Iota, National Honor Society of Romance Languages.

American Association of Teachers of Spanish and Portuguese.

Graduate Scholarships offered by the State of Louisiana and Tulane University.
(UNDER WHICH I DID FIVE YEARS OF GRADUATE WORK)

HONORARY MENTIONS AND MEDALS.

SECTION IX

EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)

APRIL 1954 - OCT. 1960

2. NAME OF EMPLOYING FIRM OR AGENCY

CENTURY ELECTRIC COMPANY

3. ADDRESS (No., Street, City, State, Country)

1806 PINE ST., ST. LOUIS, MO., U.S.A.

4. KIND OF BUSINESS

MANUFACTURER OF MOTORS, GENERATORS, ETC.

5. NAME OF SUPERVISOR ARNESTO N. RODRIGUEZ, Dist. Mgr.

MR. Charles C. White, Export Manager

6. TITLE OF JOB

Assistant District Manager

7. SALARY OR EARNINGS

\$ 1,000 PER MONTH (gross)

8. CLASS, GRADE (If Federal Service)

9. DESCRIPTION OF DUTIES TO PROMOTE AND SERVICE THE SALE OF CENTURY MOTORS, GENERATORS, AND RELATED EQUIPMENT IN THE TERRITORY OF CUBA, AND TO COOPERATE IN COLLECTIONS WHEN NECESSARY. TO MANAGE THE HAVANA DISTRICT SALES OFFICE IN FULL RESPONSIBILITY IN THE ABSENCE OF THE DISTRICT MGR. TO LOOK AFTER THE INTEREST OF CENTURY ELEC. CO. IN CUBA.

10. REASONS FOR LEAVING

PRESENT CONDITIONS IN CUBA

SECTION IX CONTINUED FROM PAGE 5

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) FEB. 1950 - MARCH 1954		2. NAME OF EMPLOYING FIRM OR AGENCY TULANE UNIVERSITY	
3. ADDRESS (No., Street, City, State, Country) ST. CHARLES ST. NEW ORLEANS, LA., U.S.A.			
4. KIND OF BUSINESS COLLEGE		5. NAME OF SUPERVISOR DR. John E. Englekirk, CHAIRMAN Sp. Dept.	
6. TITLE OF JOB Graduate Asst.		7. SALARY OR EARNINGS \$ 500	8. CLASS. GRADE (If Federal Service) PER MONTH (R/j.)
9. DESCRIPTION OF DUTIES TEACHER OF BEGINNER AND INTERMEDIATED SPANISH IN THE COLLEGE LEVEL. TO ASSIST WITH REGISTRATION AND DEPARTMENTAL FUNCTIONS.			
10. REASONS FOR LEAVING TO ACCEPT ABOVE POSITION			

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) JUNE 1949 - JUNE 1950		2. NAME OF EMPLOYING FIRM OR AGENCY BERLITZ SCHOOL OF LANGUAGES	
3. ADDRESS (No., Street, City, State, Country) INTERNATIONAL TRADE MART, NEW ORLEANS, LA., U.S.A.			
4. KIND OF BUSINESS LANGUAGE SCHOOL		5. NAME OF SUPERVISOR MR. HALL, DIRECTOR	
6. TITLE OF JOB PROFESSOR		7. SALARY OR EARNINGS \$ 3.00	8. CLASS. GRADE (If Federal Service) PER HR. (R/j.)
9. DESCRIPTION OF DUTIES TO TEACH THE SPANISH LANGUAGE BY THE BERLITZ METHOD.			
10. REASONS FOR LEAVING TO ACCEPT ABOVE POSITION AND PURSUE AN ADVANCED DEGREE			

1. INCLUSIVE DATES (From and To - By Mo. and Yr.) JAN. 1949 - JUNE 1949		2. NAME OF EMPLOYING FIRM OR AGENCY TULANE UNIVERSITY MEDICAL SCHOOL	
3. ADDRESS (No., Street, City, State, Country) TULANE AVE., NEW ORLEANS, LA. U.S.A.			
4. KIND OF BUSINESS MEDICAL SCHOOL		5. NAME OF SUPERVISOR DR. WOOD	
6. TITLE OF JOB Medical Research Technician		7. SALARY OR EARNINGS \$ 200.00	8. CLASS. GRADE (If Federal Service) PER MONTH
9. DESCRIPTION OF DUTIES IN CHARGE OF SPECTROPHOTOMETRIC ANALYSIS IN THE CARDIO-VASCULAR RESEARCH LABORATORY.			
10. REASONS FOR LEAVING CONCLUSION OF RESEARCH			

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
3. ADDRESS (No., Street, City, State, Country)			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
		\$	PER

SECTION IX CONTINUED TO PAGE 7

SECTION IX CONTINUED FROM PAGE 6

5	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
6	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY
	3. ADDRESS (No., Street, City, State, Country)		
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR
	6. TITLE OF JOB		7. SALARY OR EARNINGS
			8. CLASS. GRADE (If Federal Service)
			\$ PER
	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
7	1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY
	3. ADDRESS (No., Street, City, State, Country)		
	4. KIND OF BUSINESS		5. NAME OF SUPERVISOR
	6. TITLE OF JOB		7. SALARY OR EARNINGS
			8. CLASS. GRADE (If Federal Service)
			\$ PER
	9. DESCRIPTION OF DUTIES		
	10. REASONS FOR LEAVING		
8. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN.			
9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS			

SECTION X		MILITARY SERVICE									
1. CURRENT DRAFT STATUS											
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2. SELECTIVE SERVICE CLASSIFICATION 4-F			3. SELECTIVE SERVICE NO. 16-45-28-53			
4. IF DEFERRED, GIVE REASON DIABETES MELLITUS					5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS Nº 45, Orleans Parish, New Orleans, LA.						
2. MILITARY SERVICE RECORD											
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP											
CHECK (X) AS APPROPRIATE	ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD	MERCHANT MARINE	NATIONAL GUARD	AIR NAT'L GUARD	FOREIGN ORGAN. OR MIL. SERVICE (Specify):		
HAVE SERVED →											
NOW SERVING →											
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)											
3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)						4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service)					
5. DATE ENTERED ACTIVE DUTY →	PAST SERVICE		CURRENT SERVICE		6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION						
7. RANK, GRADE OR RATE →	PAST SERVICE		CURRENT SERVICE		8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)						
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE			PAST SERVICE			CURRENT SERVICE					
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE			PAST SERVICE			CURRENT SERVICE					
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)											
12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY											
HONORABLE DISCHARGE			RETIREMENT FOR SERVICE			UNDUE HARDSHIPS					
RELEASE TO INACTIVE DUTY			RETIREMENT FOR COMBAT DISABILITY			OTHER:					
RETIREMENT FOR AGE			RETIREMENT FOR PHYSICAL DISABILITY								
13. CHECK (X) COMPONENT IN WHICH YOU SERVED											
REGULAR		RESERVE (Including the National and Air National Guard)					OTHER (Including AUS)				
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS											
1. DO YOU NOW HAVE RESERVE STATUS?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3. ARE YOU NOW A MEMBER OF THE ROTC?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW											
ARMY	MARINE CORPS	NATIONAL GUARD	COAST GUARD	NAVY ROTC	INDICATE ROTC CATEGORY NUMBER						
NAVY	AIR FORCE	AIR NAT'L. GUARD	ARMY ROTC	AIR FORCE ROTC							
5. CURRENT RANK, GRADE OR RATE			6. DATE OF APPOINTMENT IN CURRENT RANK			7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION					
8. CHECK (X) CURRENT RESERVE CATEGORY			READY RESERVE			STANDBY (Active)			STANDBY (Inactive)		
RETIRED											
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE						10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE					
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES											
12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS					
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS					
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY				YEARS NA		MONTHS NA		17. WHERE ARE YOUR SERVICE RECORDS KEPT?			

SECTION XI

FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?

☒ YES☐ NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

N.A.

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION

ADDRESS (City, State, Country)

Whitney Nat. Bank of New Orleans

New Orleans, LA., U.S.A.

The Airport Bank of Miami

MIAMI, FLA., U.S.A.

The Royal Bank of CANADA

HAVANA, CUBA.

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY.

☐ YES☒ NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

N.A.

6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES

NAME

ADDRESS (No., Street, City, State)

Whitney Nat. Bank of New Orleans

New Orleans, LA. U.S.A.

D.H. HOLMES LTD. (Department Store)

New Orleans, LA. U.S.A.

MAISON BLANCHE (Department Store)

New Orleans, LA. U.S.A.

7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?

☐ YES☒ NO

8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

N.A.

9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?

☐ YES☒ NO

(If answer "YES", furnish details on separate sheet.)

SECTION XII

MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY:

MARRIED

2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

N.A.

WIFE, HUSBAND OR FIANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé.

3. NAME

(First)

(Middle)

(Maiden)

(Last)

PAULINE

JUANITA

ROSS

RODRIGUEZ

4. STATE ANY OTHER NAMES EVER USED

PAULA (NICKNAME SINCE CHILDHOOD)

INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.

5. DATE OF MARRIAGE

JUNE 10, 1948

6. PLACE OF MARRIAGE (City, State, Country)

New Orleans, LA., U.S.A.

7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)

300 OAKUM ST. EDENTON, N.C., U.S.A.

8. LIVING

☒ YES☐ NO

9. DATE OF DEATH

N.A.

10. CAUSE OF DEATH

N.A.

11. CURRENT ADDRESS (Give last address, if deceased)

9361 S.W. 178 ST., PERRINE ST., FLA. U.S.A.

12. DATE OF BIRTH

JAN. 2, 1923

13. PLACE OF BIRTH (City, State, Country)

BOGALUSA, LA. U.S.A.

14. CITIZENSHIP

U.S.A.

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SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. DATE OF ENTRY <u>N.A.</u>		15. PLACE OF ENTRY <u>N.A.</u>	
16. FORMER CITIZENSHIP(S) [Country(ies)] <u>N.A.</u>		17. DATE U.S. CITIZENSHIP ACQUIRED <u>N.A.</u>	18. WHERE ACQUIRED (City, State, Country) <u>N.A.</u>
19. OCCUPATION <u>HOUSE WIFE</u>		20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers) <u>N.A.</u>	
21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) <u>N.A.</u>			
22. DATES OF MILITARY SERVICE (From and to - By Mo. and Yr.) <u>N.A.</u>			
23. BRANCH OF SERVICE <u>N.A.</u>		24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED <u>N.A.</u>	
25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <u>N.A.</u>			

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
EMILIO AMERICO RODRIGUEZ J.R.	SON	SEPT. 18, 1951, New Orleans, LA	U.S.A.	9361 SW. 178 ST. PERRINE ST. FLA.
JOSEPH ROSS RODRIGUEZ	SON	MARCH 1, 1953, New Orleans, LA	U.S.A.	9361 SW. 178 ST. PERRINE ST. FLA.
PATTI MICHELLE RODRIGUEZ	DAUGHTER	OCT. 23, 1954, Havana, Cuba	U.S.A.	9361 SW. 178 ST. PERRINE ST. FLA.
PAUL MARSHALL RODRIGUEZ	SON	NOV. 1, 1957, Havana, Cuba	U.S.A.	9361 SW. 178 ST. PERRINE ST. FLA.

2. NUMBER OF CHILDREN (including step-children and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE, AND NOT SELF-SUPPORTING. <u>4</u>	3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, step-parents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR CHILDREN OVER 21 YRS. OF AGE WHO ARE NOT SELF-SUPPORTING. <u>1</u>
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SECTION XIV

FATHER (Give same information, for Stepfather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle) <u>RODRIGUEZ, ARNEST NAPOLEON</u>		2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		3. DATE OF DEATH <u>N.A.</u>	4. CAUSE OF DEATH <u>N.A.</u>
5. STATE OTHER NAMES HE HAS USED <u>N.A.</u>		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.			
6. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country) <u>THE ORLEANIAN Apt. Hotel ST. CHARLES AVE. New Orleans, LA. U.S.A.</u>					
7. DATE OF BIRTH <u>August 15, 1911</u>	8. PLACE OF BIRTH (City, State, Country) <u>HAVANA, Cuba</u>			9. CITIZENSHIP <u>Cuban</u>	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY <u>Nov. 1962</u>		11. PLACE OF ENTRY <u>New Orleans, LA.</u>			
12. FORMER CITIZENSHIP(S) [Country(ies)] <u>N.A.</u>		13. DATE U.S. CITIZENSHIP ACQUIRED <u>N.A.</u>		14. WHERE ACQUIRED (City, State, Country) <u>N.A.</u>	
15. OCCUPATION <u>RETIRED</u>		16. PRESENT EMPLOYER (Give last employer, if Father is deceased or unemployed) <u>SELF EMPLOYED Century Elect. Co.</u>			
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED <u>1806 PINE ST. ST. LOUIS, MO. U.S.A.</u>					
18. DATES OF MILITARY SERVICE (From and To) <u>N.A.</u>		19. BRANCH OF SERVICE <u>N.A.</u>		20. COUNTRY <u>N.A.</u>	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <u>FOR U.S. EMBASSY IN HAVANA, CUBA DURING WORLD WAR I, WORLD WAR II, AND RECENT CASTRO REVOLUTION</u>					

SECTION XV MOTHER (Give same information for Stepmother on separate sheet)

1. FULL NAME (Last-First-Middle) CASANOVA, EMILIA		2. LIVING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		3. DATE OF DEATH July 6, 1961		4. CAUSE OF DEATH ARTERIO SCLEROSIS	
5. STATE OTHER NAMES SHE HAS USED N.A.		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.					
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country) The Orleans Apt. Hotel ST. Charles Ave. New Orleans, LA. U.S.A.							
7. DATE OF BIRTH JUNE 5, 1901		8. PLACE OF BIRTH (City, State, Country) HAVANA, Cuba				9. CITIZENSHIP Cuban	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY Oct. 1, 1950				11. PLACE OF ENTRY New Orleans, LA. U.S.A.			
12. FORMER CITIZENSHIP(S) [Country(ies)] N.A.		13. DATE U.S. CITIZENSHIP ACQUIRED N.A.		14. WHERE ACQUIRED (City, State, Country) N.A.			
15. OCCUPATION HOUSEWIFE				16. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed) N.A.			
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED N.A.							
18. DATES OF MILITARY SERVICE (From-and-To) N.A.		19. BRANCH OF SERVICE N.A.		20. COUNTRY N.A.			
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN U.S. (Sp. MAIL) CENSOR IN NEW ORLEANS CENSORSHIP OFFICE DURING WORLD WAR II.							

SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)

1	1. FULL NAME (Last-First-Middle) RODRIGUEZ, ARNESTO JOSE		2. RELATIONSHIP BROTHER		3. CITIZENSHIP (Country) U.S.	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) 212 MAPLE RD., METAIRE, LA. U.S.A.		5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE 38	
2	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE	
3	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE	
4	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE	
5	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE	
6	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE	
7	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE	
8	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP		3. CITIZENSHIP (Country)	
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)		5. LIVING <input type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE	

SECTION XVII		FATHER-IN-LAW		
1. FULL NAME (Last-First-Middle) ROSS, SAMUEL SANFORD		2. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH JUNE 30, 1958	
4. CAUSE OF DEATH HEART ATTACK				
5. STATE OTHER NAMES HE HAS USED SAM (NICKNAME SINCE CHILDHOOD)		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) Route 2, Box 500, EDENTON, N.C. U.S.A.				
7. DATE OF BIRTH JULY 2, 1892	8. PLACE OF BIRTH (City, State, Country) MOBILE, ALABAMA, U.S.A.		9. CITIZENSHIP U.S.A.	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY N.A.		11. PLACE OF ENTRY N.A.		
12. FORMER CITIZENSHIP(S) [Country(ies)] N.A.		13. DATE U.S. CITIZENSHIP ACQUIRED N.A.	14. WHERE ACQUIRED (City, State, Country) N.A.	
15. OCCUPATION SAWYER		16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed) R.P. BAER AND CO., EDENTON, N.C., U.S.A.		
SECTION XVIII		MOTHER-IN-LAW		
1. FULL NAME (Last-First-Middle) BONTA, PATTI JUANITA		2. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH N.A.	
4. CAUSE OF DEATH N.A.				
5. STATE OTHER NAMES SHE HAS USED N.A.		INDICATE CIRCUMSTANCES (Including length of time) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.		
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country) Route 2, Box 500, EDENTON, N.C. U.S.A.				
7. DATE OF BIRTH Dec. 21, 1899	8. PLACE OF BIRTH (City, State, Country) LAUREL, Miss. U.S.A.		9. CITIZENSHIP U.S.A.	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY N.A.		11. PLACE OF ENTRY N.A.		
12. FORMER CITIZENSHIP(S) [Country(ies)] N.A.		13. DATE U.S. CITIZENSHIP ACQUIRED N.A.	14. WHERE ACQUIRED (City, State, Country) N.A.	
15. OCCUPATION HOUSEWIFE		16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed) N.A.		
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	1. FULL NAME (Last-First-Middle) LOPEZ, ELENA		2. RELATIONSHIP SISTER IN LAW	3. AGE 33
	4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES 212 MAPLE Rd., METAIRE, LA. U.S.A.		5. EMPLOYED BY BERLITZ SCHOOL OF LANGUAGEZ	
	6. CITIZENSHIP (Country) MEXICAN	7. FREQUENCY OF CONTACT ONCE YEARLY (4)	8. DATE OF LAST CONTACT JUNE 1961	
3	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	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	
4	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	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	
5	1. FULL NAME (Last-First-Middle)		2. RELATIONSHIP	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	

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6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

Above relative has been a continuous resident in the U.S.A. since 1945 in New Orleans, La.

SECTION XX

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
ROSS, JOSEPH ALBERT	BROTHER IN LAW	40	U.S.A.
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
Route 2, Box 595H, Pensacola, FLA, USA	MARINE PILOT AND PHOTOGRAPHER INSTRUCTOR PENSACOLA NAVAL AIR STATION		
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
5. ADDRESS (No., Street, City, State, Country)	6. TYPE AND LOCATION OF SERVICE (If known)		

SECTION XXI

REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S., WHO KNOW YOU INTIMATELY

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
A.C. White	N.S.A. WASHINGTON, D.C.	10125 MARKHAM ST. SILVER SPRING, Md.
J.S. McNEELY	U.S.N. USS SARATOGA FPO N.Y. NY. (CVA-6)	1601 ARDEN WAY JACKSONVILLE, FLA.
P.M. ARTHUR	INTELLIGENCE UNK.	DRAWER K FT. AMADOR CANAL ZONE
DOROTHY MANESS JONES	HOUSEWIFE UNK.	210 W. PRESIDENT, Apt. 4 GREENWOOD, MISS.
C. A. ZEHNDER	EBASCO SERVICES N.Y. UNK.	P.O. BOX 285 PINE BLUFF, ARKANSAS

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
J.W. BARNES	MANUFACTURER REPRESENTATIVE UNK.	6938 Colbert St. New Orleans, LA.
L.T. WOLF	EBASCO SERVICES, N.Y. UNK.	420 PARK Ave. SWARTHMORE, PA.
J. BRUNO	CIVIL SERVICE UNK.	3310 CASTIGLIONE New Orleans, LA.
DOROTHY BOETTCHER	HOUSEWIFE UNK.	839 PALERMO Ave. CORAL GABLES, MIAMI, FLA.
A. TAWATER	UNK.	1211 W. ARKANSAS LANE Apt. 2, Box 16, ARLINGTON, TEXAS

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)
Dr. E. Peebles	TULANE MEDICAL SCHOOL New Orleans, LA.	2207 BADWAY Ave. New Orleans 18, LA.
D. White	RETIRED CIVIL SERVICE	512 WALNUT ST. New Orleans, LA.
C. MACE	TULANE UNIVERSITY SPANISH DEPARTMENT	UNK.

CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

[illegible]

RESIDENCES FOR THE PAST 15 YEARS

INCLUSIVE DATES

TO

[illegible]

SECTION XXIV

ADDITIONAL INFORMATION

1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF; OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR OTHER UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?		YES <input checked="" type="checkbox"/> NO
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN <div style="text-align: center;">N.A.</div>		
3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?	YES <input checked="" type="checkbox"/> NO	4. IF SO, TO WHAT EXTENT? <div style="text-align: center;">N.A.</div>
5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?	YES <input checked="" type="checkbox"/> NO	6. IF SO, TO WHAT EXTENT? <div style="text-align: center;">N.A.</div>
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div> IF ANSWER IS "YES", GIVE COMPLETE DETAILS. <div style="text-align: center;">N.A.</div>		
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940 <div style="text-align: center;">C.I.A., STATE DEPARTMENT, PAN AMERICAN UNION, CIVIL SERVICE, USIA.</div>		
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION. <div style="text-align: center;">UNK.</div>		
NOTE SPECIAL INSTRUCTIONS If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.		
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTION ABOVE.		YES <input checked="" type="checkbox"/> NO
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.		YES <input checked="" type="checkbox"/> NO
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.		YES <input checked="" type="checkbox"/> NO

SECTION XXV	PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
1. NAME (First-Middle-Last) <div style="text-align: center;">PAULINE JUANITA RODRIGUEZ</div>	2. RELATIONSHIP <div style="text-align: center;">WIFE</div>
3. HOME ADDRESS (No., Street, City, Zone, State, Country) <div style="text-align: center;">9361 SW. 178 ST. PERRINE ST. FLA.</div>	4. HOME PHONE NO. <div style="text-align: center;">CEDAR-5-8341</div>
5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE <div style="text-align: center;">N.A.</div>	6. BUSINESS PHONE NO. & EXT. <div style="text-align: center;">N.A.</div>
7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE, BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. <div style="text-align: center;">N.A.</div>	

SECTION XXVI

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

Sept. 5, 1961

3. SIGNED AT (City and State)

MIAMI, FLA.

NOTE: Use the following space for extra details. Reference each
sign your name at the end of the added material. If addit
page and sign each such page.

relates,
as this