

DO NOT USE THIS SPACE		PERSONAL HISTORY STATEMENT		THIS DATE (FHI In)	
ISSUED BY				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)			2. AGE		3. SEX
RODRIGUEZ, EMILIO AMERICO			33 YEARS 8 MONTHS		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
5FT. 10IN.	150 lbs.	BROWN	BLACK	RUDDY	MEDIUM
10. SCARS (Type and Location)					
NONE					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
NONE					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.		
9361 S.W. 178 ST. PERRINE 57, FLA. U.S.A.			9361 S.W. 178 ST. PERRINE 57, FLA. U.S.A. PHONE: CEDAR 5-8341		
14. CURRENT PHONE NO.		15. OFFICE PHONE NO. & EXT.		16. LEGAL RESIDENCE (State, Territory or Country)	
CEDAR 5-8341		N.A.		FLORIDA, U.S.A.	
17. NICKNAMES			18. OTHER NAMES YOU HAVE USED		
NONE			EUGENIO GONZALEZ		
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).					
N.A.					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING					
CONTRACT AGENT					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).			3. DATE AVAILABLE FOR EMPLOYMENT		
\$ 9,600.00			CONTRACT ALREADY SIGNED		
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
<input type="checkbox"/> OCCASIONALLY	<input type="checkbox"/> FREQUENTLY	<input checked="" type="checkbox"/> CONSTANTLY		OTHER:	
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)					
<input 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.	<input checked="" type="checkbox"/>				
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: JAN. 27, 1928

2. PLACE OF BIRTH (City, State, Country): HAVANA, CUBA

3. PRESENT CITIZENSHIP (Country): U.S.A.

4. CITIZENSHIP ACQUIRED BY: BIRTH MARRIAGE OTHER (Specify): NATURA.

5. DATE NATURALIZED: []

6. NATURALIZATION CERTIFICATE NO.: []

7. COURT ISSUING NATURALIZATION CERTIFICATE: U.S. DISTRICT COURT OF EASTERN DIST. OF LOUISIANA

8. ISSUED AT (City, State, Country): NEW ORLEANS, LA.

9. HAVE YOU HELD PREVIOUS NATIONALITY: YES NO

10. IF YES, GIVE NAME OF COUNTRY: CUBA

11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY:
CUBAN BY BIRTH

12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP: YES NO

13. GIVE PARTICULARS: 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.: JUNE 6, 1961

16. PORT OF ENTRY: MIAMI, FLA.

17. ON PASSPORT OF WHAT COUNTRY: SWISS PROTECTIVE PASSPORT

18. LAST U.S. VISA (No., Type, Place of Issue): RESIDENT, U.S. EMBASSY IN HAVANA, CUBA

19. DATE VISA ISSUED: NOV. 1942

SECTION IV EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input checked="" type="checkbox"/> MASTER'S DEGREE
	<input type="checkbox"/> DOCTOR'S DEGREE

2. ELEMENTARY SCHOOL

1. NAME OF ELEMENTARY SCHOOL: COLEGIO DE LA SALLE

2. ADDRESS (City, State, Country): HAVANA, CUBA

3. DATES ATTENDED (From-and-To): Sep. 1934 to Nov. 1942

4. GRADUATE: YES NO

3. HIGH SCHOOL

1. NAME OF HIGH SCHOOL: ALCEE FORTIER HIGH SCHOOL

2. ADDRESS (City, State, Country): NEW ORLEANS, LA.

3. DATES ATTENDED (From-and-To): Nov. 1942 to June 1945

4. GRADUATE: 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 BERCEO (DO NOT REMEMBER EXACT TITLE). A DETAILED STUDY OF THE MANY USES OF THE EPITHET IN BERCEO'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.	X			X

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

To work as Assistant District Manager for Century Electric Co., in charge of their HAVANA Office, in HAVANA, Cuba. Later remained in Cuba from March 1960 to June 1961 as Principal Agent for C.I.A.

3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.

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

SECTION VII TYPING AND STENOGRAPHIC SKILLS

1. TYPING (wpm) 50	2. SHORTHAND (wpm) N.A.	3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM			
		<input type="checkbox"/> GREGG	<input type="checkbox"/> SPEEDWRITING	<input type="checkbox"/> STENOTYPE	<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.) <i>APRIL 1954 - Oct. 1960</i>	2. NAME OF EMPLOYING FIRM OR AGENCY <i>(CENTURY ELECTRIC COMPANY)</i>	
3. ADDRESS (No., Street, City, State, Country) <i>1806 PINE ST., ST. LOUIS, MO., U.S.A.</i>		
4. KIND OF BUSINESS <i>MANUFACTURER OF MOTORS, GENERATORS, ETC.</i>	5. NAME OF SUPERVISOR <i>ARNесто N. RODRIGUEZ, Dist. Mgr. MR. Charles C. White, Expat Manager</i>	
6. TITLE OF JOB <i>Assistant DISTRICT MANAGER</i>	7. SALARY OR EARNINGS <i>\$ 1,000 PER MONTH (gross)</i>	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 <i>PRESENT CONDITIONS IN CUBA AND ACCEPTANCE OF ASSIGNMENTS AS PRINCIPAL AGENT IN CUBA FOR C.I.A.</i>		

SECTION IX CONTINUED FROM PAGE 5

1. INCLUSIVE DATES (From and To - By Mo. and Yr.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
FEB. 1950 - MARCH 1954		TULANE UNIVERSITY	
3. ADDRESS (No., Street, City, State, Country)			
ST. CHARLES ST., NEW ORLEANS, LA., U.S.A.			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
COLLEGE		DR. John E. Englekiak, CHAIRMAN Sp. Dept.	
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
GRADUATE AssT.		\$ 700	PER MONTH (Eff.)
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.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
JUNE 1949 - JUNE 1950		BERLITZ SCHOOL OF LANGUAGES	
3. ADDRESS (No., Street, City, State, Country)			
INTERNATIONAL TRADE MART, NEW ORLEANS, LA, U.S.A.			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
LANGUAGE SCHOOL		MR. HALL, DIRECTOR	
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
PROFESSOR		\$ 3.00	PER HR. (Eff.)
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.)		2. NAME OF EMPLOYING FIRM OR AGENCY	
JAN. 1949 - JUNE 1949		TULANE UNIVERSITY MEDICAL SCHOOL	
3. ADDRESS (No., Street, City, State, Country)			
TULANE AVE., NEW ORLEANS, LA. U.S.A.			
4. KIND OF BUSINESS		5. NAME OF SUPERVISOR	
MEDICAL SCHOOL		DR. WOO	
6. TITLE OF JOB		7. SALARY OR EARNINGS	8. CLASS. GRADE (If Federal Service)
Medical Research Technician		\$ 200.00	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	
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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	
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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. YES NO
 HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? YES 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) YES 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

<input type="checkbox"/> HONORABLE DISCHARGE	<input type="checkbox"/> RETIREMENT FOR SERVICE	<input type="checkbox"/> UNDUE HARDSHIPS
<input type="checkbox"/> RELEASE TO INACTIVE DUTY	<input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY	<input type="checkbox"/> OTHER:
<input type="checkbox"/> RETIREMENT FOR AGE	<input type="checkbox"/> 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? YES NO

2. ARE YOU NOW A MEMBER OF THE NAT'L. GRD. OR AIR NAT'L. GRD.? YES NO

3. ARE YOU NOW A MEMBER OF THE ROTC? YES NO

4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW

<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NAVY ROTC	INDICATE ROTC CATEGORY NUMBER
<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> AIR NAT'L. GUARD	<input type="checkbox"/> ARMY ROTC	<input type="checkbox"/> 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? YES NO

13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS

14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT? YES 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 fiance.

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 10 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.

SECTION XII CONTINUED FROM PAGE 9

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

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, 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.		3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, stepparents, 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.		
4		1		

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

1. FULL NAME (Last-First-Middle) RODRIGUEZ, ARNESTO NAPOLEON	2. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	3. DATE OF DEATH N.A.	4. CAUSE OF DEATH N.A.
5. STATE OTHER NAMES HE HAS USED N.A.	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) The Orleansian Apt. Hotel ST. CHARLES Ave. New Orleans, LA. U.S.A.			
7. DATE OF BIRTH August 25 1911 Havana, Cuba	8. PLACE OF BIRTH (City, State, Country) HAVANA, Cuba	9. CITIZENSHIP Cuban	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY Nov. 1962	11. PLACE OF ENTRY New Orleans, LA.		
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 RETIRED	16. PRESENT EMPLOYER (Give last employer, if father is deceased or unemployed) SELF EMPLOYED Century Elect. Co.		
17. EMPLOYER'S BUSINESS ADDRESS OR FATHER'S BUSINESS ADDRESS IF SELF-EMPLOYED 1806 PINE ST. ST. LOUIS, MO. U.S.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 INTELLIGENCE AGENT FOR U.S. EMBASSY IN HAVANA CUBA DURING WORLD WAR I, WORLD WAR II, AND RECENT CASTRO REVOLUTION			

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

1. FULL NAME (Last-First-Middle) <i>CASANOVA, EMILIA</i>		2. LIVING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		3. DATE OF DEATH August <i>July 6, 1961</i>		4. CAUSE OF DEATH <i>ARTERIOSCLEROSIS</i>	
5. STATE OTHER NAMES SHE HAS USED <i>N.A.</i>				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) <i>The Oakman Apt. Hotel ST. Charles Ave. New Orleans, LA. U.S.A.</i>							
7. DATE OF BIRTH <i>JUNE 5, 1901</i>		8. PLACE OF BIRTH (City, State, Country) <i>HAVANA, Cuba</i>			9. CITIZENSHIP <i>Cuban</i>		
10. IF BORN OUTSIDE U.S.- DATE OF ENTRY <i>Oct. 1, 1950</i>				11. PLACE OF ENTRY <i>New Orleans, LA. U.S.A.</i>			
12. FORMER CITIZENSHIP(S) [Country(ies)] <i>N.A.</i>		13. DATE U.S. CITIZENSHIP ACQUIRED <i>N.A.</i>		14. WHERE ACQUIRED (City, State, Country) <i>N.A.</i>			
15. OCCUPATION <i>HOUSEWIFE</i>				16. PRESENT EMPLOYER (Give last employer, if Mother is deceased or unemployed) <i>N.A.</i>			
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED <i>N.A.</i>							
18. DATES OF MILITARY SERVICE (From-and-To) <i>N.A.</i>				19. BRANCH OF SERVICE <i>N.A.</i>		20. COUNTRY <i>N.A.</i>	
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN <i>U.S. (Sp. MAIL) CENSOR IN NEW ORLEANS CENSORSHIP OFFICE DURING WORLD WAR II.</i>							

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

1	1. FULL NAME (Last-First-Middle) <i>RODRIGUEZ, ARNESTO JOSE</i>		2. RELATIONSHIP <i>BROTHER</i>		3. CITIZENSHIP (Country) <i>U.S.</i>		
	4. CURRENT ADDRESS (No., Street, City, Zone, State, Country) <i>212 MAPLE Rd., METAIRE, LA. U.S.A.</i>				5. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		6. AGE <i>38</i>
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 type="checkbox"/> NO <input checked="" 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, 1890		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					
1	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 (M)		8. DATE OF LAST CONTACT JUNE 1961	
2	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	
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	

SECTION XIX CONTINUED TO PAGE 13

SECTION XIX CONTINUED FROM PAGE 12

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, FL
A. TAWATER	UNK.	1211 W. ARKANSAS LANE RT 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 BROADWAY AVE. New Orleans 18, LA.
D. White	RETIRED CIVIL SERVICE	512 WALNUT ST. New Orleans, LA.
C. MACE	TULANE UNIVERSITY SPANISH DEPARTMENT	UNK.

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

NO

2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN

N.A.

3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?

YES

NO

4. IF SO, TO WHAT EXTENT?

N.A.

5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?

YES

NO

6. IF SO, TO WHAT EXTENT?

N.A.

7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES? YES NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS.

N.A.

8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940

C.I.A., STATE DEPARTMENT, PAN AMERICAN UNION, CIVIL SERVICE, USIA.

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.

UNK.

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

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

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

NO

SECTION XXV

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (First-Middle-Last)

PAULINE JUANITA RODRIGUEZ

2. RELATIONSHIP

WIFE

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

9361 SW. 178 ST. PERRINE ST, FLA.

4. HOME PHONE NO.

CEDAR-5-8341

5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

N.A.

6. BUSINESS PHONE NO. & EXT.

N.A.

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.

N.A.

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

2. SIGNATURE OF APPLICANT

Emilio A. Rodriguez

3. SIGNED AT (City and State)

MIAMI, FLA.

4. SIGNATURE OF WITNESS

Paula R. Rodriguez

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.