DOCUMENT REQUEST FO[RM]

Case No.: ______ Requestor: TFW ______ Date Due: ______

True Name: Emilio Americo Rodriguez 63 / Extension: ______

Alias (including middle name): Leon Lopez ESTRADA 07

Address to be used: Washington, D. C.

States or cities with which Subject is familiar: ______

Height: 5'10" Weight: 150 Hair: Black Eyes: Brown Blood Type: ______

Wears glasses: No Married: Yes Occupation: ______

Birth date: 27 January 1928 (27) Place: New York City, N. Y.

DATA FOR BIRTH CERTIFICATE, AS OF TIME OF BIRTH

Father's name: Jose L. ______ (as it should appear in Certificate) Mother's maiden name: Elena Diaz (as it should appear in document)

POB: Puerto Rico POB: Puerto Rico

Year of birth: 5 April 1900 Year of birth: 12 June 1910

Occupation: Engineer (at time of your birth) Occupation: Housewife (at time of your birth)

Residence: New York City (at time of your birth) Doctor's name: ______

Number of children born to parents prior to this birth: One

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

Documentation required: Background D. C. or N. Y. Driver's License — SD/h getting this

Social Security Card

Birth Certificate

Security clearance: ______

Signature sample in alias: ______

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5/h