

JFK Assassination System  
Identification Form

Date: 2/23/201

## Agency Information

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## Document Information

ORIGINATOR : DOD  
FROM : DOD  
TO :

TITLE : RE: JOHN EDWARD PIC

DATE : 12/07/1960  
PAGES : 41

## SUBJECTS :

HALF BROTHER OF LEE HARVEY OSWALD  
PIC, JOHN EDWARD  
SECURITY INVESTIGATIONDOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : Unclassified  
RESTRICTIONS :  
CURRENT STATUS : Redact  
DATE OF LAST REVIEW : 03/16/1994

## OPENING CRITERIA :

COMMENTS : box 466-2

INSTRUCTIONS: Read the completion at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "No," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME—MIDDLE NAME—MAIDEN NAME (If any)—LAST NAME <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <b>John Edward Pic</b>		2. STATUS <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY ON ACTIVE DUTY					
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) <b>None</b>		PERMANENT MAILING ADDRESS <b>7306 Westville, San Antonio, Texas</b>					
5. DATE OF BIRTH (Day, month, year) <b>17 January 1932</b>		PLACE OF BIRTH (City, County, State, and Country) <b>New Orleans, Orleans, Louisiana</b>	PLACE CERTIFICATE RECORDED <b>New Orleans, Louisiana</b>				
RACE <b>Cauc</b>	HEIGHT <b>66 3/4</b>	WEIGHT <b>165</b>	COLOR OF EYES <b>Blue</b>	COLOR OF HAIR <b>Black</b>	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS <b>None</b>		
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.							
7. U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED, CERTIFICATE NO. <b>N/A</b>	IF DERIVED, PARENTS' CERTIFICATE NO(S). <b>N/A</b>	DATE, PLACE, AND COURT <b>N/A</b>			
ALIEN <input type="checkbox"/>	REGISTRATION NO. <b>N/A</b>	NATIVE COUNTRY <b>N/A</b>	DATE AND PORT OF ENTRY <b>N/A</b>	DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. MILITARY SERVICE							
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO. <b>TSgt AF 11313239</b>		SERVICE AND COMPONENT <b>USAF RegA</b>		ORGANIZATION AND STATION <b>Wilford Hall USAF Hospital Jackson AFB, Texas</b>		DATE CURRENT ACTIVE SERVICE STARTED <b>26 Sep 1964</b>	
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO. <b>N/A</b>		SERVICE AND COMPONENT <b>N/A</b>		ORGANIZATION AND STATION OR UNIT AND LOCATION <b>N/A</b>			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS—GRADE AND SERVICE NO.		
U.S.A.	USCG		25Jan50	31Jan56	Honorable, EM1 274-928		
USA	USAF	RegAF	1Feb56	5Sep58	Honorable, SSgt, AF11313239		
USA	USAF	RegAF	26Sep58	5Sep64	Honorable, SSgt, AF11313239		
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)							
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL			GRADUATE		DEGREE
FROM—	TO—				YES	NO	
1937	1944	Public Schools, New Orleans, La.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	None
1944	1945	Davy Crockett Elem., Dallas, Texas			<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
1945	1948	Chamberlain-Hunt Acad., Port Gibson, Miss.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
1948	1949	Arlington Hts. High School, Ft. Worth, Texas			<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
1949	1950	Paschall High School, Ft. Worth, Texas			<input checked="" type="checkbox"/>	<input type="checkbox"/>	"
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)							
RELATION AND NAME		DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING		U. S. CITIZEN	
FATHER <b>EDWARD JOHN PIC</b>		<b>UNKNOWN</b>		<b>New Orleans, Louisiana</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOTHER (Maiden name) <b>MARGAURITE CLAVIRIE</b>		<b>UNKNOWN</b>		<b>Fort Worth, Texas</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPOUSE (Maiden name) <b>MARGARET DOROTHY FUHRMAN</b>		<b>22 December 1933 New York, New York</b>		<b>7306 Westville San Antonio, Texas</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify) SON <b>JOHN EDWARD PIC, JR.</b>		<b>14 May 1952 New York, New York</b>		<b>7306 Westville San Antonio, Texas</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
DAUGHTER: <b>JANET ANN RECE</b>		<b>18 October 1954 Staten Island, New York</b>		<b>7306 Westville 14 1965 San Antonio, Texas</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SON: <b>JAMES MICHAEL PIC</b>		<b>21 February 1960 Tachikawa, Japan</b>		<b>7306 Westville San Antonio, Texas</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SON: <b>JEREMY ALLAN PIC</b>		<b>3 September 1964 San Antonio, Texas</b>		<b>7306 Westville San Antonio, Texas</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

DD FORM 398 PREVIOUS EDITIONS ARE OBSOLETE.

Exception to Standard Form 398, 1-21

11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)				
RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
None				

  

12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)			
DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM—	TO—		
		None	

  

13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)				
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM—	TO—			
Sep 1948	Feb 1949	Everybody Department Store Ft. Worth, Texas	UNKNOWN	Schooling
Feb 1949	Jan 1950	Bert's Shoe Store Ft. Worth, Texas	Rhoades	Military Enlistment

  

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? ☐ YES ☒ NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? ☐ YES ☒ NO HAVE YOU EVER BEEN REFUSED BOND? ☐ YES ☒ NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

SOCIAL SECURITY NO.  
**452-40-7470**

  

14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories.)					
	NAME (List 3 credit and 3 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
CREDIT	Beane Poebuck Co.	3	SW Military Drive	San Antonio,	Texas
	Marrie's Furniture Company	3	" " "	San Antonio,	Texas
	Wells Fargo Bank	3	SW Military Drive	Fairfield,	Calif.
CHARACTER	W. P. Conway	18	604 Jackson St	Ft. Worth,	Texas
	Charles [unclear]	9	Unknown	Hempstead	N.Y.
	Born M. Smith	7	N/A	Tachikawa	Japan
	Black Bowles - CRIST	1	5107 [unclear] St	San Antonio	Texas
	Edgar Hickman	3	2023 Harness	San Antonio	Texas

DOD

MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM	TO			
1937	1940	Alvar Street	New Orleans	Louisiana
1940	1944	Bartholomew Street	New Orleans	Louisiana
1944	1946	Victor Street	Dallas	Texas
1946	1947	Unknown	Covington	Louisiana
1947	1948	Unknown	Ft Worth	Texas
1948	1951	7408 Ewing	FtWorth	Texas
1951	1953	325 E. 92d Street	New York	New York
1954	1956	30 St. Marks Place	Staten Island	New York
1956	1958	104 Avenue C	East Meadow	New York
1958	1962	Tachikawa, Japan	Tachikawa	Japan
1962	1963	110 Ferncroft Street	San Antonio,	Texas
1963	Present	7306 Westville	San Antonio	Texas

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS				
NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM	TO
Academy of Model Aeronautics, Washington, D.C.		None	1963	1964
National Rifle Association, Washington, D.C.		None	1965	Present

17.

YES	NO	
	<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
	<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
	<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?
	<input checked="" type="checkbox"/>	ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?
	<input checked="" type="checkbox"/>	ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH, ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?
	<input checked="" type="checkbox"/>	HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

N/A

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. ☐ YES ☒ NO

IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

REF ID: A66011

DOD

19 ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? ☐ YES ☒ NO IF "YES," GIVE DETAILS

N/A

20. REMARKS

ITEM No. 10 (cont'd)

BROTHER:

ROBERT EDWARD OSWALD

DOB 7 Apr <sup>33</sup>  
New Orleans, La.

Presently lives in  
Wichita Falls, Tex.

American citizen

LEE HARVEY OSWALD

18 Oct 1939  
New Orleans, La.

Deceased

American citizen

Address of mother and father is unknown to me. I do not nor have not corresponded with them.

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE

10 May 65

SIGNATURE OF PERSON COMPLETING FORM

TYPED NAME AND ADDRESS OF WITNESS TSgt Ralph E. Gibson  
Wilford Hall USAF Hosp Lackland AFB Tex

SIGNATURE OF WITNESS

Ralph E. Gibson

21.

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

SECRET clearance required for overseas assignment (Project TOP DOG)

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE

TYPE OF CLEARANCE

AGENCY THAT COMPLETED INVESTIGATION

REMARKS

DDO