157-10008-10022

JFK Assassinatio 1 System Identification form

Date:

2/23/201

Agency Information

AGENCY:

**SSCIA** 

RECORD NUMBER:

157-10008-10022

RECORD SERIES:

DOD MESSAGES

AGENCY FILE NUMBER:

33-26125-5

Document Information

ORIGINATOR:

DOD

FROM:

DOD

**TO**:

TITLE:

**RE: JOHN EDWARD PIC** 

DATE:

12/07/1960

PAGES:

41

SUBJECTS:

HALF BROTHER OF LEE HARV EY OSWALD

PIC, JOHN EDWARD

SECURITY INVESTIGATION

DOCUMENT TYPE:

PAPER, TEXTUAL DOCUMENT Unclassified

CLASSIFICATION:

RESTRICTIONS:

Redact

CURRENT STATUS: DATE OF LAST REVIEW:

03/16/1994

OPENING CRITERIA:

COMMENTS:

box 466-2

14

fact since t	All que	stions :	and sta s made	te here	nts must l	e comp	leted. zerific	ation. If	mor	ire before teri er is "Noi. so re space is neede for official use o	d, use the Rem	miss arks	tate or section	r omi <b>t m</b> n. item 2	aterial 0 and
1. (Print) FIRS			_	LIDEN N	HAME (If any						·· z.	S'	ratus		<del></del>
MISS JO	ohn	Edwa	ara			Pic				·	CIVILIAN	X	ILITARY O	N ACTIVE DUTY	,
3. ALIAS(ES), NIC	CKNAME(S	S), GR CH	NGES IN	NAME (	Other than	by marri	age)			7306 Westv		Anto	nio,	Texa	7
S. DATE OF BIRT			year)	<del></del>				ıy, State, a			PLACE CERTIFICATE				
17 Jan					New Orl				LOU		New Orlea			siana	
Cauc	L	13/4	165		Blue		B	of hair		None					
NARCOTICS C	OR BARBIT	rurates?	YES	🔙 N	S DISORDERS? O ARE YOU! AIN IN ITEM 20	YES Z	NO A	RE YOU NOW O	CHRC	AVE YOU EVER BEEN AC ONIC USER TO EXCESS	OF ALCOHOLIC BEVE	DF HABI RAGES <sup>1</sup>	T FORMI	NG DRUGS S S 🔛 NO	F THE
7. U. S. CITIZEN	NAT	IVE	IF NATUE	RALIZEC	D. CERTIFICATE	NO.	IF DE	IVED, PARENT	S. CE	ERTIFICATE NO(S).	DATE, PLACE, AND	OURT			
<b>3</b> 1	X YE			n/a		•		N/A	•		···· N/A		•		
ALIEN	REGIST	RATION N	0	•	NATIVE COU			DATE AND A	ORT		- 2, * 3, .		0 YOU IN	TEND TO BE	COME
•.	<u> </u>	N/A			N	'A	Mi	TARY SER	VICE	N/A	<u> </u>		YES	1./4	NO
	SENTLY OF	ACTIVE I	OUTY IN T	HE U. S	S. ARMED FORC	ES DRAWIN				NO IF "YES," COMPL	ETE THE FOLLOWING	<del></del>	·		
GRADE AND SEE	RVICE NO.		- 13		E AND COMPON					TITUSAP HO		. 0		RENT ACTIV	E
TSgt AF				 		RegA		lacklan	d I	AFR. Taxas				ep 196	4
GRADE AND SEE		MEMBER			VE OR NATION					NO IF "YES," COM		NG:			
	n/a		'	SEKAIC!	n/a	FMI		CRGANIZATIQI	A WAT	N/A	D LOCATION		•		
	EVIOUSLY	SERVED T	OURS OF	EXTEN		TY, DRAWI	NG FULL	'AY, FROM W	нісн	YOU WERE DISCHARG	ED OR SEPARATED TO	CIVILI	N STATE	UST 🙀 YES	□ NO
COUNTRY	MPLETE		VICE		COMPONENT	FROM (			$\overline{}$	TYPE DISCH	ARGES OR SEPARATI	ONS-G	RADE AN	D SERVICE N	10.
U.S.A.		USCO		4_		25J2		+	-+	Honorable,					
USA		US/			RogAF	]Fe	b56_	.5Sep58	3	Hoporable	, SSgt, AF	1131	3239	· · · · · · · · · · · · · · · · · · ·	
USA -	DUCATIO	USA ON (Ac			RegAF	126Set	p58_	1 5 <u>5e</u> 261	<u>بـــ</u>	Honorable	SSgt, AF	1131	3533	hoo/s)	
	ONTH AND			1				· · · · · · · · · · · · · · · · · · ·			, ilor illerade		UATE		
FROM-		Ţ	<u>-</u>	1	·			E AND LOCATI				YES	МО	DEG	REE
1937	, ··-	1944			ublic S								x	Hone	<u> </u>
1944.	<del></del>	1945			avy Cro						302		X	<u>"</u>	
1045		1948	<u> </u>							rt Gibson,			X	<u>''</u>	
1943	<u> </u>	<u> </u>	1		eschall					, Ft. Worth Worth, Texa			X	n	
	ist in or e), child or exists. and place	der give Iren, bro	n, pare thers a person	nts, s nd si is not					_	rehts, parents-in- y others you resid t of entry, alien re		rse(s) whorer, nat		orced give se relatio ation certi	date nship ificate
REL	LATION AN	D NAME			DATE	ND PLACE	OF BIRT	н ,		PRESENT A	DDRESS, IF LIVING			U. S. C	HEZITE SO
FATHER EDNARD	JOHN	PIC		บ	nknown				N	ew Orleans	, Louisian	B.		x	
MARGAURI			3IE	ប	NKNOWN				F	ort Worth,	Texas	1		- X.	
SPOUSE (Maid MARGARE)	r dor	CTHY	FUHR	MAN	22 De	cembe				306 Westvi		7		x	
OTHER (Special	MOS(v)			11.	14 May	•				306 Westvi		1			
TOAN ED			JR.		Lew Yor		w Yo	rk	Š	an Antonio	Texas'			<u> </u>	
DAUGHTER			•		18 Octo	ber 1	954		7	306 Westvi	ile 1 4 198	5			•
JAMET AN	RF									an Antonio		4		X	<del>                                     </del>
SON: JAMES M	ICHAF	L PT	3		21 Fahr Tachika				•	/305 Westvi an Antonio		1		; <b>x</b>	
SON:		UŁ	ر با		3 Septe				_	305 Westvi		1	, /		1.1
THEFT	ALLA	N PI	<del>} ~</del>	H	San Ant	onio,	Tex	ca s		an Antonio		4		<u> </u>	
		{	JU	N,						17 C 1	GROW	ب.	•	*	1/2
<u>DD ::</u>	ORM	39	R	PREVIO	OUS EDITIONS	RE OBSOLI	ETE.			<del></del>	Exception	to Stan	dard F	असी कि	2).

RELATIO	NSHIP AND NAME		AGE	occ	CUPATION		ADDRESS		· · · ·	CITIZENSHIP
None									<u> </u>	<del></del>
			-		<del></del>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<del> </del>	
<u></u>				· .		<del> </del>			}	· · · · · · · · · · · · · · · · · · ·
			-					<del> </del>	<del> </del>	<del></del>
		<del></del>	<del>├</del>	<del> </del>			<del></del>	<del></del>		
	FORI	IGN TRAV	EL (O	ther th	an as a dire	t result of Unit	ed States n	nilitary duties)		<del></del>
DAT							<del></del>			
FRON-	70		COUN	TRY VISITI	ED .		PUR	POSE OF TRAVEL		
•		None								· · · · · · · · · · · · · · · · · · ·
							:			
						<u> </u>	<u> </u>			
<u> </u>		L						·		
		NT (Sho	w eve	ry emp	loyment you	have had and	all periods o	of unemployme	nt)	·
MONTH A	_,			NAME.AND	ADDRESS OF EMPL	YER	, NAME O	F IMMEDIATE ERVISOR	REAS	ON FOR LEAVING
FROM-	10-	<u></u>			1 2. 22.	<del></del>		LATISOR	<del> </del>	
Sep	788B				tment Sto	. r9	UNKNOW		i	
7-2-	<u> </u>	Ft. No				<del></del>	ONVENOR	<u> </u>	Schoo	
Feb	Jen 1950	Bart's Et Wor	Sho	e Sto	ore		Rhoade	<b>5</b>	Milit	tment
5742	4/20	i i iii	لوائنا	erkas .		·		<del></del>		
		[ .						1 24		
				-					-	
					<u> </u>			<u> </u>	1	
						1 1 .		, <b></b>		
		<b></b>								
			. <u>.</u>							
		<u> </u>					<del>  '</del>	<del></del>		·
	*** ·									-
		<del> </del>	<del></del>	<del></del>	<del></del>		<del></del>		<del> </del>	<del></del>
			• -							
	<del></del>	<del> </del>		·	<del></del>	<del></del>			<del> </del>	
				. ,	***	in the common i			}	- •
					<del></del>		<del> </del>		<del>                                     </del>	
				.~.	4.20	The state of the s	1. 11			
DID ANY OF THE	AROVE EMPLOY	MENTS DEC	DIIIDE A	SECUPITY	CLEARANCES	YES 10 NO DO		SOCIAL SECURITY	NO.	
ANY FOREIGN I	PROPERTY OR BU	SINESS CO	HHECT	IONS, OR	HAVE YOU EVER	REEN EMPLOYED BY	A FORFIGN	452-40-74	70	
OVERNMENT,	PIRM, OR AGEN ANSWER TO ANY	OF THE AB	YES I	Н ОИ [ КЗ ",23Y"	IAVE YOU EVER IPLAIN IN ITEM 20	B EN REFUSED BON	D? TES			
				<u> </u>			<del></del>	1		<del></del>
GREUN	AND CHARACII d States or i	tk Ktftki ts Torrit	tories	(Do no:	t include rel	alives, former er	nployers, or	persons living	outsid	e the
	NAME			YEARS	<del>,                                    </del>	STI EET AND NUMBER	<del></del>	1		
(List 3	credit and 5 cha	racter)		KNOWN		isis ess uddress preferre		CITY		STATE OR TERRITORY
Cecre Po	ehuck Co.			3	SW 81111:	ry Drive		San Anton	10	Texas
	Furnitu		02307	3	tr tr	ţţ.		San Anton		Texas
	rco Bank			3 -	SW Milita	r, Drive		Fairfield		Calif.
L. P. Co	01 <b>13.7</b>			18.	601 me 64	<del>10</del>		Ft. Worth		Texas
Lharles	विशेष			9 7	Unlanown			Hempstead		H.Y.
commi.	Smith	COP-		7 7	17/4	•		Tachikawa		Japan
Book For	rikes • C	EU.		11		त्रे अ <del>टिके</del> ok		San Antoni	0	Texas
	ckan			13 t	2023 Har	neus		San Antoni	<u> </u>	Texas

<b>5</b> .				LIST ALL RESIDENCES	1.10111 1 57171211111 1011		~_ <del></del>	
		AND YEAR :		STREET AND NUMBER	· · · •	CITY	STATE O	R COUNTRY
m. 193		1940 /.	Alvar Stre	<u>.</u>	New	Orleans	Louisia	na .
194	·	1944	Bartholone			Orleans	Lousiia	
194		1946	Victor Str		Da11		Texas	· 100
194 194		1947	Unknown	-		ngton	Louisia	na
194		1948	Unlanown			orth	Texas	Tite
191		1951	7408 Ewing		FtWo		Texas	
	1	1953	325 E. 92d			York	New Yor	ile.
	41.		30 St. Mar		■	en Island	New Yor	
	6		104 Avenue			Meadow	New Yor	-
<b>1</b> 95		1952	Tachikawa,			ikawa	Japan	
	2	1963		oft Street		Antonio,	Texas	
196		Present	17306 Westy			Antonio	Texas	·
	<u> </u>	Treseme	1700 Hesey	Tite	Call	AILCOILLO	1eves	<u> </u>
6.			<u> </u>	PAST AND/OR PRESENT ME	MBERSHIP IN ORGANIZATIO	MS		
				T /PE			MEM	BERSHIP
		NAME AND ADDR	IESS	(Social, fraternal profe	esional, etc.)	OFFICE HELD	FROM-	10-
Aca	demy	y of Mode	Aeronau-		None	<del></del>	1963	1964
ŧ	Cs,	Washingto	n, D.C.	······································		·····		1
lat	ion	al Rifle A	ssociation	<del></del>	None	· ·	1965	Preser
	NO X	ARE YOU NOW OR		MEMBER OF THE COMMUNI: T PAR	············			
-	x	ARE YOU NOW OR ARE YOU NOW OR ARE YOU NOW OR OVERTHROW OF O OR VIOLENCE TO D	MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A UR CONSTITUTIONAL FO	MEMBER OF THE COMMUNI: T PAR MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION MEM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE COLSTITL	TY U. S. A., OR ANY COMMUNIST TION! ASSOCIATION, MOVEMENT, GROUS AS ADDPTED THE POLICY OF ADVO	ORGANIZATIONS ANYW P OR COMBINATION C CATING OR APPROVING	THERET  OF PERSONS WHICH  THE COMMISSION OF	ADVOCATES TI
-	x	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O  OR VIOLENCE TO C  THE UNITED STAT	HAVE YOU EVER BEEN A HAVE YOU EVER BEEN A HAVE YOU EVER BEEN A UR CONSTITUTIONAL FO ENY OTHER PERSONS T ES BY UNCONSTITUTION	MEMBER OF THE COMMUNI: T PAR MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION MEM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE COLSTITL	TY U. S. A., OR ANY COMMUNIST TION? ASSOCIATION, MOVEMENT, GROUS ADOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR	ORGANIZATIONS ANYW IP OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL	PERSONS WHICH THE COMMISSION OF TER THE FORM OF (	ADVOCATES TI FACTS OF FOR GOVERNMENT (
17. PES	x	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O  OR VIOLENCE TO D  THE UNITED STAT  ARE YOU NOW OR  ARE YOU NOW AS:	HAVE YOU EVER BEEN A HAVE YOU EVER BEEN A HAVE YOU EVER BEEN A UR CONSTITUTIONAL FO DENY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA	MEMBER OF THE COMMUNI: T PAR MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION MEM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE COHSTITL IAL MEANST	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS ADOPTED THE POLICY OF ADVOITION OF THE UNITED STATES, OR  TY ORGANIZATION OF THE TYPE IS	ORGANIZATIONS ANYW  P OR COMBINATION ( CATING OR APPROVING WHICH SEEKS TO AL'  DESCRIBED ABOVE AS A	PERSONS WHICH THE COMMISSION OF TER THE FORM OF (	ADVOCATES TH FACTS OF FORG GOVERNMENT ( OR EMPLOYEE)
	x	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O  OR VIOLENCE TO D  THE UNITED STAT  ARE YOU NOW OR  ARE YOU NOW AS:  HAVE BEEN MEMB  HAVE YOU EVER E  PARTICIPATION IN	HAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A UR CONSTITUTIONAL FO ENY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA ERS OF ANY OF THE OR INGAGED IN ANY OF THE	MEMBER OF THE COMMUNI: T PAR I MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION. IRM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE CONSTITUIAL MEANS! IFFILIATED OR ASSOCIATED WITH A  AVE YOU ASSOCIATED WITH, NY IN	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS S ADOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR  IY ORGANIZATION OF THE TYPE I  DIVIDUALS, INCLUDING RELATIVE  REGANIZATION OF THE TYPE DESC SAID ORGANIZATIONS OR OF ANY	ORGANIZATIONS ANYW  P OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL  DESCRIBED ABOVE AS A  S. WHO YOU KNOW O  RIBED ABOVE: CONTI	OF PERSONS WHICH ITHE COMMISSION OF TER THE FORM OF (  AN AGENT, OFFICIAL, R HAVE REASON TO RIBUTION(S) TO, ATT ID BY THEM: THE SA	ADVOCATES TI FACTS OF FORI GOVERNMENT ( OR EMPLOYEE BELIEVE ARE ( ENDANCE AT ( LE, GIFT, OR D
ES IF "Y AND	X X X X X X X X X X X X X X X X X X X	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O OR VIOLENCE TO C THE UNITED STAT  ARE YOU NOW OR  ARE YOU NOW AS: HAVE BEEN MEMB  HAVE YOU EVER E PARTICIPATION IN TRIBUTION OF AN'  SCRIBE THE CIRCUM! OF ASSOCIATION W NDIVIDUALS WHO AN	HAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A UR CONSTITUTIONAL FO ENTY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA ERS OF ANY OF THE OR I MAGGED IN ANY OF THE I ANY ORGANIZATIONAL Y WRITTEN, PRINTED, O STANCES. ATTACH ADD ITH EACH, INCLUDING O	MEMBER OF THE COMMUNI: T PAR MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION, IRM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE CONSTITUTE MALE MEANST  AVE YOU ASSOCIATED WITH, NY IN GANIZATIONS IDENTIFIED AB IVEY FOLLOWING ACTIVITIES OF, NY OLES	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS SADOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR  TY ORGANIZATION OF THE TYPE I  DIVIDUALS, INCLUDING RELATIVE REGANIZATION OF THE TYPE DESC SAID ORGANIZATIONS OR OF ANY ODUCED, OR PUBLISHED, BY THE LED STATEMENT. IF ASSOCIATED LUDE DATES, PLACES, AND CRED	ORGANIZATIONS ANYW  P OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL  DESCRIBED ABOVE AS A  S. WHO YOU KNOW O  RIBED ABOVE: CONTI PROJECTS SPONSORE M OR ANY OF THEIR A  WITH ANY OF THE AB ENTIALS NOW OR FOR	OF PERSONS WHICH ITHE COMMISSION OF TER THE FORM OF (  AN AGENT, OFFICIAL, R HAVE REASON TO RIBUTION(S) TO, ATT ED BY THEM: THE SA AGENTS OR INSTRUM OVE ORGANIZATIONS MERLY HELD. IF AS	ADVOCATES TI FACTS OF FORI GOVERNMENT ( OR EMPLOYEE BELIEVE, ARE ( ENDANCE AT ( LE, GIFT, OR D ENTALITIES? . SPECIFY NATU SOCIATIONS HI
IF "Y	X X X X X X X X X X X X X X X X X X X	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O  OR VIOLENCE TO C  THE UNITED STAT  ARE YOU NOW AS:  HAVE BEEN MEMB  HAVE YOU EVER E  PARTICIPATION IN  TRIBUTION OF AN'  SCRIBE THE CIRCUM'  OF ASSOCIATION W	HAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A UR CONSTITUTIONAL FO ENTY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA ERS OF ANY OF THE OR I MAGGED IN ANY OF THE I ANY ORGANIZATIONAL Y WRITTEN, PRINTED, O STANCES. ATTACH ADD ITH EACH, INCLUDING O	MEMBER OF THE COMMUNI: T PAR MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION, RM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE COLSTITL IAL MEANST  AVE YOU ASSOCIATED WITH, NY IN GANIZATIONS IDENTIFIED AB IVE? FOLLOWING ACTIVITIES OF, NY OLSOCIAL, OR OTHER ACTIVITIES OF R OTHER MATTER, PREPAREE REPI	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS SADOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR  TY ORGANIZATION OF THE TYPE I  DIVIDUALS, INCLUDING RELATIVE REGANIZATION OF THE TYPE DESC SAID ORGANIZATIONS OR OF ANY ODUCED, OR PUBLISHED, BY THE LED STATEMENT. IF ASSOCIATED LUDE DATES, PLACES, AND CRED	ORGANIZATIONS ANYW  P OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL  DESCRIBED ABOVE AS A  S. WHO YOU KNOW O  RIBED ABOVE: CONTI PROJECTS SPONSORE M OR ANY OF THEIR A  WITH ANY OF THE AB ENTIALS NOW OR FOR	OF PERSONS WHICH ITHE COMMISSION OF TER THE FORM OF (  AN AGENT, OFFICIAL, R HAVE REASON TO RIBUTION(S) TO, ATT ED BY THEM: THE SA AGENTS OR INSTRUM OVE ORGANIZATIONS MERLY HELD. IF AS	ADVOCATES THE FACTS OF FORCE OR EMPLOYEES BELIEVE ARE CELE, GIFT, OR DE ENTALITIES SPECIFY NATUS SOCIATIONS HA
IF "Y	X X X X X X X X X X X X X X X X X X X	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O OR VIOLENCE TO C THE UNITED STAT  ARE YOU NOW OR  ARE YOU NOW AS: HAVE BEEN MEMB  HAVE YOU EVER E PARTICIPATION IN TRIBUTION OF AN'  SCRIBE THE CIRCUM! OF ASSOCIATION W NDIVIDUALS WHO AN	HAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A MAVE YOU EVER BEEN A UR CONSTITUTIONAL FO ENTY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA ERS OF ANY OF THE OR I MAGGED IN ANY OF THE I ANY ORGANIZATIONAL Y WRITTEN, PRINTED, O STANCES. ATTACH ADD ITH EACH, INCLUDING O	MEMBER OF THE COMMUNI: T PAR MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION, RM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE COLSTITL IAL MEANST  AVE YOU ASSOCIATED WITH, NY IN GANIZATIONS IDENTIFIED AB IVE? FOLLOWING ACTIVITIES OF, NY OLSOCIAL, OR OTHER ACTIVITIES OF R OTHER MATTER, PREPAREE REPI	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS SADOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR  TY ORGANIZATION OF THE TYPE I  DIVIDUALS, INCLUDING RELATIVE REGANIZATION OF THE TYPE DESC SAID ORGANIZATIONS OR OF ANY ODUCED, OR PUBLISHED, BY THE LED STATEMENT. IF ASSOCIATED LUDE DATES, PLACES, AND CRED	ORGANIZATIONS ANYW  P OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL  DESCRIBED ABOVE AS A  S. WHO YOU KNOW O  RIBED ABOVE: CONTI PROJECTS SPONSORE M OR ANY OF THEIR A  WITH ANY OF THE AB ENTIALS NOW OR FOR	OF PERSONS WHICH ITHE COMMISSION OF TER THE FORM OF (  AN AGENT, OFFICIAL, R HAVE REASON TO RIBUTION(S) TO, ATT ED BY THEM: THE SA AGENTS OR INSTRUM OVE ORGANIZATIONS MERLY HELD. IF AS	ADVOCATES THE FACTS OF FORCE OR EMPLOYEES BELIEVE ARE CELE, GIFT, OR DE ENTALITIES SPECIFY NATUS SOCIATIONS HA
IF "Y	X X X X X X X X X X X X X X X X X X X	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O OR VIOLENCE TO C THE UNITED STAT  ARE YOU NOW OR  ARE YOU NOW AS: HAVE BEEN MEMB  HAVE YOU EVER E PARTICIPATION IN TRIBUTION OF AN'  SCRIBE THE CIRCUM! OF ASSOCIATION W NDIVIDUALS WHO AN	HAVE YOU EVER BEEN A UR CONSTITUTIONAL FO ENY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA ERS OF ANY OF THE OR INGAGED IN ANY OF THE I ANY ORGANIZATIONAL Y WRITTEN, PRINTED, O STANCES. ATTACH ADD ITH EACH, INCLUDING OR RE MEMBERS OF THE AB	MEMBER OF THE COMMUNI: T PAR MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION, RM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE COLSTITL IAL MEANST  AVE YOU ASSOCIATED WITH, NY IN GANIZATIONS IDENTIFIED AB IVE? FOLLOWING ACTIVITIES OF, NY OLSOCIAL, OR OTHER ACTIVITIES OF R OTHER MATTER, PREPAREE REPI	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS SADOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR  TY ORGANIZATION OF THE TYPE I  DIVIDUALS, INCLUDING RELATIVE REGANIZATION OF THE TYPE DESC SAID ORGANIZATIONS OR OF ANY ODUCED, OR PUBLISHED, BY THE LED STATEMENT. IF ASSOCIATED LUDE DATES, PLACES, AND CRED	ORGANIZATIONS ANYW  P OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL  DESCRIBED ABOVE AS A  S. WHO YOU KNOW O  RIBED ABOVE: CONTI PROJECTS SPONSORE M OR ANY OF THEIR A  WITH ANY OF THE AB ENTIALS NOW OR FOR	OF PERSONS WHICH ITHE COMMISSION OF TER THE FORM OF (  AN AGENT, OFFICIAL, R HAVE REASON TO RIBUTION(S) TO, ATT ED BY THEM: THE SAI AGENTS OR INSTRUM OVE ORGANIZATIONS MERLY HELD. IF AS THEY WERE OR ARE	ADVOCATES TI FACTS OF FORI GOVERNMENT ( OR EMPLOYEE BELIEVE ARE ( ENDANCE AT ( LE. GIFT, OR D ENTALITIES? SPECIFY NATU SOCIATIONS HA
'ES '	X X X X X X X X X X X X X X X X X X X	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O OR VIOLENCE TO C THE UNITED STAT  ARE YOU NOW OR  ARE YOU NOW AS: HAVE BEEN MEMB  HAVE YOU EVER E PARTICIPATION IN TRIBUTION OF AN'  SCRIBE THE CIRCUM! OF ASSOCIATION W NDIVIDUALS WHO AN	HAVE YOU EVER BEEN A UR CONSTITUTIONAL FO ENY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA ERS OF ANY OF THE OR INGAGED IN ANY OF THE I ANY ORGANIZATIONAL Y WRITTEN, PRINTED, O STANCES. ATTACH ADD ITH EACH, INCLUDING OR RE MEMBERS OF THE AB	MEMBER OF THE COMMUNITY PARA MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION, RM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE COLISTITL IAL MEANST  AVE YOU ASSOCIATED WITH, NY IN GANIZATIONS IDENTIFIED AB IVEY FOLLOWING ACTIVITIES OF INY OLISTICAL OR OTHER ACTIVITIES OF R OTHER MATTER, PREPARET REPRINCIPLES OR OSCIAL. OR OTHER ACTIVITIES OF R OTHER MATTER, PREPARET REPRINCIPLES OR OSCIAL. FFICE OR POSITION HELD, AL. O INCOME ORGANIZATIONS, THEN L. ST. THE	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS SADOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR  TY ORGANIZATION OF THE TYPE I  DIVIDUALS, INCLUDING RELATIVE REGANIZATION OF THE TYPE DESC SAID ORGANIZATIONS OR OF ANY ODUCED, OR PUBLISHED, BY THE LED STATEMENT. IF ASSOCIATED LUDE DATES, PLACES, AND CRED	ORGANIZATIONS ANYW  IP OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL.  DESCRIBED ABOVE AS A  S. WHO YOU KNOW O RIBED ABOVE: CONTI PROJECTS SPONSORE M OR ANY OF THEIR A  WITH ANY OF THE AB ENTIALS NOW OR FOR ZATIONS WITH WHICH	OF PERSONS WHICH ITHE COMMISSION OF THE FORM OF (  AN AGENT, OFFICIAL,  R HAVE REASON TO  RIBUTION(S) TO, ATT ED BY THEM: THE SA AGENTS OR INSTRUM  OVE ORGANIZATIONS  MERLY MELD. IF AS THEY WERE OR ARE	ADVOCATES TI FACTS OF FORI GOVERNMENT ( OR EMPLOYEE BELIEVE, ARE ( ENDANCE AT ( LE, GIFT, OR D ENTALITIES? . SPECIFY NATU SOCIATIONS HI
IF"Y AND BEEN	X X X X X X X X X X X X X X X X X X X	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O OR VIOLENCE TO C THE UNITED STAT  ARE YOU NOW OR  ARE YOU NOW AS: HAVE BEEN MEMB  HAVE YOU EVER E PARTICIPATION IN TRIBUTION OF AN' SCRIBE THE CIRCUM' OF ASSOCIATION W NDIVIDUALS WHO AN I EVER BEEN DETAIN IN PROBATION, OR H I TABLE VIOLATIONS	HAVE YOU EVER BEEN A HAVE YOU EVER BEEN A HAVE YOU EVER BEEN A UR CONSTITUTIONAL FO SENY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA ERS OF ANY OF THE OR NGAGED IN ANY OF THE ANY ORGANIZATIONAL Y WRITTEN, PRINTED, O STANCES. ATTACH ADD 15TH EACH, INCLUDING O RE MEMBERS OF THE AB	MEMBER OF THE COMMUNITY PARA MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION, RM OF GOVERNMENT, OR WHICH H HEIR RIGHTS UNDER THE COLISTITL IAL MEANST  AVE YOU ASSOCIATED WITH, NY IN GANIZATIONS IDENTIFIED AB IVEY FOLLOWING ACTIVITIES OF INY OLISTICAL OR OTHER ACTIVITIES OF R OTHER MATTER, PREPARET REPRINCIPLES OR OSCIAL. OR OTHER ACTIVITIES OF R OTHER MATTER, PREPARET REPRINCIPLES OR OSCIAL. FFICE OR POSITION HELD, AL. O INCOME ORGANIZATIONS, THEN L. ST. THE	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS ADDOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR  ITY ORGANIZATION OF THE TYPE IN  DIVIDUALS, INCLUDING RELATIVE  REGANIZATION OF THE TYPE DESC SAID ORGANIZATIONS OR OF ANY ODUCED, OR PUBLISHED, BY THE  LED STATEMENT. IF ASSOCIATED  LUDE DATES, PLACES, AND CRED  E INDIVIDUALS AND THE ORGANI  AS A DEFENDANT IN A CRIMINAL  LITERAL FOR THE VIOLATION OF IN  LITERAL FOR THE VIOLATION OF INCLUDE ALL COUL	ORGANIZATIONS ANYW  OF OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL  DESCRIBED ABOVE AS A  S. WHO YOU KNOW O  RIBED ABOVE: CONTI PROJECTS SPONSORE M OR ANY OF THEIR A  WITH ANY OF THE AB ENTIALS NOW OR FOR ZATIONS WITH WHICH	PERSONS WHICH ITHE COMMISSION OF THE FORM OF (  AN AGENT, OFFICIAL,  R HAVE REASON TO  RIBUTION(S) TO, ATT D BY THEM: THE SA AGENTS OR INSTRUM OVE ORGANIZATIONS MERLY HELD. IF AS THEY WERE OR ARE  DIVINITED, FINED, OF UN MILITARY SERVICE UN MILITARY SERVICE	ADVOCATES TO FACTS OF FORE SOVERNMENT ( OR EMPLOYEE)  BELIEVE ARE ( ENDANCE AT ( LE, GIFT, OR D ENTALITIES?  SPECIFY NATU SOCIATIONS HA AFFILIATED.  R IMPRISONED  ICE (excluding)
IF"Y AND BEEN	X X X X X X X X X X X X X X X X X X X	ARE YOU NOW OR  ARE YOU NOW OR  ARE YOU NOW OR  OVERTHROW OF O OR VIOLENCE TO C THE UNITED STAT  ARE YOU NOW OR  ARE YOU NOW AS: HAVE BEEN MEMB  HAVE YOU EVER E PARTICIPATION IN TRIBUTION OF AN'  SCRIBE THE CIRCUM: OF ASSOCIATION W NDIVIDUALS WHO AN I EVER BEEN DETAIN IN PROBATION, OR H I EVER BEEN DETAIN IN PROBATION OR H I EVER BEEN DETAIN	HAVE YOU EVER BEEN A HAVE YOU EVER BEEN A HAVE YOU EVER BEEN A UR CONSTITUTIONAL FO SENY OTHER PERSONS T ES BY UNCONSTITUTION HAVE YOU EVER BEEN A SOCIATING WITH, OR HA ERS OF ANY OF THE OR NGAGED IN ANY OF THE ANY ORGANIZATIONAL Y WRITTEN, PRINTED, O STANCES. ATTACH ADD 15TH EACH, INCLUDING O RE MEMBERS OF THE AB	MEMBER OF THE COMMUNITY PARA MEMBER OF A FASCIST OR: ANIZA MEMBER OF ANY ORGANIZATION, IRM OF GOVERNMENT, OR WHICH HEIR RIGHTS UNDER THE COLSTITLIAL MEANS!  IFFILIATED OR ASSOCIATED WITH A NIVEY YOU ASSOCIATED WITH A NIVEY YOU ASSOCIATED WITH A NIVEY OF A STATE OF A POLICY OF A STATE OF A POLICY OF A STATE OF A FULL DETAILS OF A POLICY OF A STATE OF A FULL DETAILS OF A POLICY OF A STATE OF A POLICY OF A STATE OF A POLICY OF A STATE OF A	TY U. S. A., OR ANY COMMUNIST TION?  ASSOCIATION, MOVEMENT, GROUS ADDOPTED THE POLICY OF ADVO TION OF THE UNITED STATES, OR  ITY ORGANIZATION OF THE TYPE IN  DIVIDUALS, INCLUDING RELATIVE  REGANIZATION OF THE TYPE DESC SAID ORGANIZATIONS OR OF ANY ODUCED, OR PUBLISHED, BY THE  LED STATEMENT. IF ASSOCIATED  LUDE DATES, PLACES, AND CRED  E INDIVIDUALS AND THE ORGANI  AS A DEFENDANT IN A CRIMINAL  LITERAL FOR THE VIOLATION OF IN  TERPAGE IN INCLUDE ALL COUL	ORGANIZATIONS ANYW  OF OR COMBINATION C CATING OR APPROVING WHICH SEEKS TO AL  DESCRIBED ABOVE AS A  S. WHO YOU KNOW O  RIBED ABOVE: CONTI PROJECTS SPONSORE M OR ANY OF THEIR A  WITH ANY OF THE AB ENTIALS NOW OR FOR ZATIONS WITH WHICH	PERSONS WHICH ITHE COMMISSION OF THE FORM OF (  AN AGENT, OFFICIAL,  R HAVE REASON TO  RIBUTION(S) TO, ATT D BY THEM: THE SA AGENTS OR INSTRUM OVE ORGANIZATIONS MERLY HELD. IF AS THEY WERE OR ARE  DIVINITED, FINED, OF UN MILITARY SERVICE UN MILITARY SERVICE	ADVOCATES TO ACTS OF FOR SOVERNMENT OF EMPLOYEE BELIEVE, ARE ENDANCE AT ILE, GIFT, OR DENTALITIES?  SPECIFY NATUS SOCIATIONS HIMPRISONED NICE (excluding of the social of

TEM No. 10 (cont'd)  GROTHER:  GOERT EIWARD OSWALD  DOB 7 Apr 37;  New Orleans, La. Wichita Falls, Tex.  EE HARVEY OSWALD  18 Oct 1939  New Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  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 MAD GOOD FAITH I DUNGSTAND THAT SHOWING AND WILLIFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (SEE U. S. Code, title 18, section 100)  DOTE  SEGNATURE OF PRESCRICTORY  TYPED NAME AND ADDRESS OF WITHESS TSgt Rall h B. Cibson  SIGNATURE OF PRESCRICTORY  Wilford Hall USAF Hosp Lack Land AFB Tex  REMARKS  American citizen  American citizen  American citizen  American citizen  New Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded  with them.				· -				• ,
ETEM No. 10 (cont'd)  RECOTHER:  OPERAT EDWARD OSWALD  DOB 7 Apr 37:  New Orleans, Ia.  Wichita Falls, Tex.  American citizen  New Orleans, Ia.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  BEGENERAL INTEREST.  ADDRESS OF MEMBERS OF MEMBERS OF MEMBERS TO MEMBERS OF MEMB	n/a			-				
TEM No. 10 (cont'd)  ROTHER:  OUERT EUWARD OSWALD DOB 7 Apr 37  New Orleans, La. Michita Falls, Tex.  EE HARVEY OSWALD 18 Oct 1939 Deceased American citizen New Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Body J. Cook, 1116 18, section 10 act of 1850 Cook, 1116 18, section 1850 Cook, 1116 18					•			
TEM No. 10 (cont'd)  ROTHER:  ROTHER:  RET EDWARD OSWALD  REY Apr 37:  Rew Orleans, La.  Wichita Falls, Tex.  Wichita Falls, Tex.  American citizen  Rew Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  **CERTIEV THAT THE ENTRIES MADE BY ME AROVE ARE TRUE COMPRET & AND CORRECT TO THE REST OF MY KNOWLEDGE AND RELIEF AND ARE MADE AND ASSESS OF A ST. Color. It is in section to Many and ADDRESS OF WITHEST THAT THE ENTRIES THAT HE PURPLE ON THE PRINCIPLE OF THE OR IMPRISONMENT ON B SON J. ST. Color. It is in section to My ADDRESS OF WITHEST TSGT. RAIL THE STATEMENT ON THIS FORM CAN BE FUNDED BY FINE OR IMPRISONMENT ON B SON J. ST. COLOR. It is in section to My ADDRESS OF WITHEST TSGT. RAIL THE SCHOOL OF THE OR THAT THE SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND GEORGE OF CLASSIFIED MATTER (or secret, secret, sec.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPECRET Clearance required for oversea assignment (Project TOP DOG)  **RECORD OF PION CLARANCES**  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES**  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES*  AREACT THAT COMPLETED BY ADDRESS OF THE OR CLARANCES AD					• •			
TEM No. 10 (cont'd)  SOTHER: OPERT EDWARD OSWALD DOB 7 Apr 37  Bew Orleans, La. Wichita Falls, Tex.  EE HARVEY OSWALD 18 Oct 1939 Deceased American citizen New Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Boart with 1 UNDERFAND DATE A KNOWNES AND MULTUL FALS STATEMENT ON THIS FORM CAN BE FUNDAMEDER AND ABE MAD SOME STATE OF THE SOME AND ADDRESS OF WITHEST TSGE RAIL THE SOME FUNDAMENT ON B SOME STATE OF THE SOME AND ADDRESS OF WITHEST TSGE RAIL THE SOME STATE OF THE SOME STATE OF THE SOME STATE OF THE SOME AND ADDRESS OF WITHEST TSGE RAIL THE SOME STATE OF THE SOME STATE OF THE SOME STATE OF THE SOME AND ADDRESS OF WITHEST TSGE RAIL THE SOME STATE OF THE					•	own or	٠.	
TEM No. 10 (cont'd)  ROTTER:  OREST ELWARD OSWALD  Bew Orleans, Ia. Wichita Falls, Tex.  EE HARVEY OSWALD  18 Oct 1939  New Orleans, Ia. Wichita Falls, Tex.  American citizen  New Orleans, Ia.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  Been Used to the second of	•		•			-	·	
DOE 7 Apr 37? DEET ELWARD OSWALD  Boy Orleans, La.  Wichita Falls, Tex.  EE HARVEY OSWALD  Boot 1939 Deceased American citizen New Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  LOCERTHY THAT THE ENTRES MADE BY ME ABOVE ARE THUL COMPLY E AND CORRECT TO THE EST OF MY KNOWLEDGE AND BELIEF AND ARE MADE SOOD FAITH. LUNGERS AND THAT A KNOWLEDGE AND WILLIEF AND CORRECT TO THE EST OF MY KNOWLEDGE AND BELIEF AND ARE MADE SOOD FAITH. LUNGERS AND THAT A KNOWLEDGE AND WILLIEF AND ARE MADE SOOD FAITH. LUNGERS AND THAT A KNOWLEDGE AND WILLIEF AND ARE MADE SOOD FAITH. LUNGERS AND THAT A KNOWLEDGE AND WILLIEF AND ARE MADE SOOD FAITH. LUNGERS AND THE SOOD FAITH. THE SOOD FAITH AND ARE FAITH. THE SOOD FAITH A	REMARKS				<del></del>	···, ··	<del></del>	
DOB 7 Apr 37? DOBERT EDWARD OSWALD Dobert EDWARD Laboration of the Color				,. ··.	* **			
DOE 7 Apr 7?  New Orleans, La.  Michita Falls, Tex.  Deceased American citizen New American citizen New Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  COCOPATHE UNCORPSTAND THAT A KNOWNG AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRICONMENT ON B (See U. S. Code, 1856 18, section 1001)  MATE  SIGNATURE OF PRESON COMPLETED BY TYPE DAMAGE AND ADDRESS OF WINESS TSET REMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRICONMENT ON B  WILLFORD HAD ADDRESS OF WINESS TSET REMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRICONMENT ON B  SIGNATURE OF PRESON COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  THIS SECTION TO BE COMPLETED BY  BUILT DESCRIPTION OF DUTY ASSIGNMENT AND DECRME OF CLASSIFIED WATER (reg. secret, secret, rec) TO WHICH APPRICATION THE REQUIRE RECEIVES  SECRET Clearance required for oversea a sisignment (Project TOP DOG)  RECORD OF PHOR CLURANACES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PHOR CLURANACES  AGENCY THAT COMPLETED INVESTIGATION  AGENCY THAT COMPLETED INVESTIGATION  AGENCY THAT COMPLETED INVESTIGATION	TEM No. 10 (c	cont'd)	and the second		1.	A 11/4		
New Orleans, I.e. Wichita Falls, Tex.  EE HARVEY OSWALD 18 Oct 1939 Deceased American citizen New Orleans, I.e.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  COOD FAITH I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE ON IMPRISONMENT ON B CONT. I.E. CO. T. CO. T. T. C. CO. T. T. C. C. C. C.	ROTHER:	r	~ <u>33</u>					
EE HARVEY OSWALD  18 Oct 1939  New Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLETE, AND CORRECT TO THE BEST OF MY XHOMEDOE AND BELIEF AND ARE MAD GOOD FAIL UNderSTAND THAT A KNOWING AND WILLFUL FAISE STATEMENT ON THIS FORM CAN BE PUNISHED BY FIRE OR IMPRISONMENT OR B GOOD FAIL THIS FORM CAN BE PUNISHED BY FIRE OR IMPRISONMENT OR B GOOD FOR THE STATEMENT OF THE	OBERT EDWARD	OSWALD	DOB 7 Apr 7?	!	Presently liv	es in	American	citizen /
New Orleans, La.  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 COMPLE C. AND CORRECT TO THE BEST OF MY KNOWLEDGE AND SELIEF AND ARE MAD COOD FATH. I UNCRESTAND THAT A KNOWLING AND WILLER FALSE STATEMENT ON THIS FORM CAN BE FUNNSHED BY FINE OR IMPRISONMENT OR B SEA U. S. Code, it in M. Section 1001)  MIE  SIGNATURE OF PRESCRICTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BILLE DISCRIPTION OF DUTY ASSIGNMENT AND DECREE OF CLASSIFIC MATTER (for, secret, sec.) TO WHICH APPLICANT WILL REQUIRE ECCESS  SPECRET clearance required for oversea a satignment (Project TOP DOG)  RECORDO OF PLOR CLARAMACES	•	1	New Orleans,	, La.	Wichita Falls	, Tex.		
New Orleans, La.  Address of mother and father is unknown to me. I do not nor have not corresponded with them.  LICERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLETE. AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MAD GOOD FATH. UNDERSTAND THAT A KNOWLING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B GOOD FOR U.S. Code, it is 48, section 1600)  MIE  SIGNATURE OF PRESON COMPLETING FORM  WILLFUL THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTION INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND OCCRETE OF CLUSSHIED WAITER (see secreta, sic.) TO WHICH APPLICANT WILL REQUIRE ECCESS  SPECRET clearance required for oversea a sisignment (Project TOP DOG)  RECORD OF PI OR CLEARANCES  PRECORD OF PI OR CLEARANCES  RECORD OF PI OR CLEARANCES  RECORD OF PI OR CLEARANCES  RECORD OF PI OR CLEARANCES  MEENANCES	THE UNDTEN OCI	JATT	18 Oot 1030		Deceased		Amenican	citizen
Address of mother and father is unknown to me. I do not nor have not corresponded with them.  CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLY & AND CORRECT TO THE BEST OF MY KNOWLEGGE AND BELIEF AND ARE MADE GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLIFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR 8 (See U. S. Code, Hills 18, section 1001)  ANTE SIGNATURE OF VERSON COMPLETING FORM  TYPED NAME AND ADDRESS OF WITHESS TSgt Ral )h E. Clbbon  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DISCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for, secret, secret, sec.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SECRET CLEARANCE REQUIRED FOR CLARANCES  OMEGO GLASSUNG THAT COMPLETED INVESTIGATION  RECORD OF PI OR CLARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PI OR CLARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PI OR CLARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PI OR CLARANCES	ee martel cov				December		VIIICI TOOTI	CTOTECH
LICERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLEY. AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MAD SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B SEC 3. Code, 1110-18, section fool)  AND SIGNATURE OF PERSON COMPLETING FORM  WING AND ADDRESS OF WITNESS TOST RELIANDED TO SECURITY OF THE ORIGINAL AND ADDRESS OF WITNESS TOST RELIANDED OF WITNESS TOST RELIAN			Hem Of Tegrin'	, 100.				. •
LICERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLEY. AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MAD SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B SEC 3. Code, 1110-18, section fool)  AND SIGNATURE OF PERSON COMPLETING FORM  WING AND ADDRESS OF WITNESS TOST RELIANDED TO SECURITY OF THE ORIGINAL AND ADDRESS OF WITNESS TOST RELIANDED OF WITNESS TOST RELIAN	Address of mo	ther and	father is unl	known to	me. I do not	nor have	not corres	sponded
CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B SECTION 1001)  ATE  SIGNATURE OF PERSON COMPLETING FORM  TYPED NAME AND ADDRESS OF WITNESS TSGT Ral )h E. Gibbon  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (TOP SECTOR, SECTOR, SECTOR, SECTOR, SECTOR, SECTOR, SECTOR OF PLOT CLEARANCES  SPECRET CLEARANCE TYPE OF CLEARANCES  ONTE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PLOT CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION  REMARKS.		20 m	•		•	•		·
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 SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B CO. S. Code, title 18, section 1001)  MATE  SIGNATURE OF PERSON COMPLETING FORM  TYPEO NAME AND ADDRESS OF WITNESS TSGT Ral th B. Gibson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (rog. secret., etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPECRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION			•		•			
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 SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B CO. S. Code, title 18, section 1001)  MATE  SIGNATURE OF PERSON COMPLETING FORM  TYPEO NAME AND ADDRESS OF WITNESS TSGT Ral th B. Gibson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (rog. secret., etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPECRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION		• •	•	• •				
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 SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B CO. S. Code, title 18, section 1001)  MATE  SIGNATURE OF PERSON COMPLETING FORM  TYPEO NAME AND ADDRESS OF WITNESS TSGT Ral th B. Gibson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (rog. secret., etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPECRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION								
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 SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B CO. S. Code, title 18, section 1001)  MATE  SIGNATURE OF PERSON COMPLETING FORM  TYPEO NAME AND ADDRESS OF WITNESS TSGT Ral th B. Gibson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (rog. secret., etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPECRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION	. ,		<b>:</b>					•
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 SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B CO. S. Code, title 18, section 1001)  MATE  SIGNATURE OF PERSON COMPLETING FORM  TYPEO NAME AND ADDRESS OF WITNESS TSGT Ral th B. Gibson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (rog. secret., etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPECRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION		•		·	4 4"			
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 SOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B CO. S. Code, title 18, section 1001)  MATE  SIGNATURE OF PERSON COMPLETING FORM  TYPEO NAME AND ADDRESS OF WITNESS TSGT Ral th B. Gibson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (rog. secret., etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPECRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PIOR CLEARANCES  AGENCY THAT COMPLETED INVESTIGATION			•				•	
I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MAD GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B SIGNATURE OF PERSON COMPLETING FORM  AND SIGNATURE OF PERSON COMPLETING FORM  WILFORD HALL USAF HOSP Lack Land AFB Tex  THIS SECTION TO BE COMPLETED B) AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for secret, secret, sec.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPECRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI OR CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION					an in a mind of the section of the s		a saasaan j	eg e e e e e e e e e e e e e e e e e e
I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MAD GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (See U. S. Code, ritle 18, section 1001)  DATE  SIGNATURE OF PERSON COMPLETING FORM  WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B COMPLETED BY  TYPED NAME AND ADDRESS OF WITNESS TSgt Ral th E. Glbson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY  AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for secret, secret, secret, secret, secret to Will Require ACCESS  SPCRET clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI OR CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS,	•,					أأراف والمعارض		
I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MAD GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (See U. S. Code, itile 18, section 1001)  DATE  SIGNATURE OF PERSON COMPLETING FORM  WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B COMPLETING FORM  WILLFUL FALSE  TYPED NAME AND ADDRESS OF WITNESS TSgt Ral )h E. Glbson  Willford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED B) AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for secret, secret, sec.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPCRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI OR CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS,						-	-	
I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MAD GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (See U. S. Code, itile 18, section 1001)  DATE  SIGNATURE OF PERSON COMPLETING FORM  WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B COMPLETING FORM  WILLFUL FALSE  TYPED NAME AND ADDRESS OF WITNESS TSgt Ral )h E. Glbson  Willford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED B) AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for secret, secret, sec.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPCRET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI OR CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS,				4.				
I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MAD GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (See U. S. Code, ritle 18, section 1001)  DATE  SIGNATURE OF PERSON COMPLETING FORM  WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B COMPLETED BY  TYPED NAME AND ADDRESS OF WITNESS TSgt Ral th E. Glbson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY  AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for secret, secret, secret, secret, secret to Will Require ACCESS  SPCRET clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI OR CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS,					n n e e e e e e e e e e e e e e e e e e			<u>:</u> -
GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (See U. S. Code, title 18, section 1001)  DATE  SIGNATURE OF PERSON COMPLETING FORM  TYPED NAME AND ADDRESS OF WITNESS TSgt Ral )h E. Gibbon  Wilford Hall USAF Hosp Lack land AFB Tex  THIS SECTION TO BE COMPLETED B) AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (10) SOCRET, SECRET, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SI CRET clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PLOR CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS.					· · · · · · · · · · · · · · · · · · ·	•		
GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (See U. S. Code, title 18, section 1001)  DATE  SIGNATURE OF PERSON COMPLETING FORM  TYPED NAME AND ADDRESS OF WITNESS TSgt Ral )h E. Glbson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (FOR secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPCRET clearance required for oversea a saignment (Project TOP DOG)  AREOGRAPHOR TYPE OF CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PLOT CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS.		••				_		
GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (See U. S. Code, title 18, section 1001)  DATE  SIGNATURE OF PERSON COMPLETING FORM  TYPED NAME AND ADDRESS OF WITNESS TSgt Ral )h E. Glbson  Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (FOR secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPCRET clearance required for oversea a saignment (Project TOP DOG)  AREOGRAPHOR TYPE OF CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  RECORD OF PLOT CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	.v	•			Andrew Commencer (1984)			
GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR B (See U. S. Code, title 18, section 1001)  DATE  SIGNATURE OF PERSON COMPLETING FORM  TYPED NAME AND ADDRESS OF WITNESS TSgt Ral )h E. Glbson Wilford Hall USAF Hosp Lack Land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPCRET clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PLOR CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS.							The Mark of	
SIGNATURE OF PERSON COMPLETING FORM  TYPED NAME AND ADDRESS OF WITNESS TS.gt. Ral.) h. E. Gibson Wilford Hall USAF Hosp Lack land APB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPORET Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PLOR CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	I CERTIFY THAT THE	F FNTRIFS MADE	BY ME AROVE ARE TR	UE COMPLET	F AND CORRECT TO THE	BEST OF MY KNO	WI FOGE AND RELIE	F AND APF MAD
TYPED NAME AND ADDRESS OF WITNESS TSgt Ral )h E. Gibson SIGNATURE OF WITNESS Wilford Hall USAF Hosp Lack and AFB Tex  THIS SECTION TO BE COMPLETED B) AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top. secret. secret. sec.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPORET clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI OR CLEARANCES  DATE OF CLEARANCE TYPE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER	RSTAND THAT A I	KNOWING AND WILLFU	IUE. COMPLETE	EMENT, ON THIS FORM C	AN BE PUNISHED	WLEDGE AND BELIE BY FINE OR IMPR	F AND ARE MAD
TYPED NAME AND ADDRESS OF WITNESS TSgt Ral )h E. Gibbon Wilford Hall USAF Hosp Lack land AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (10) SOCIET, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPCRET clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI IOR CLEARANCES  DATE OF CLEARANCE TYPE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title i	RSTAND THAT A I 18, section 1001)	KNOWING AND WILLFU	JL FALSE STA	EMENT ON THIS FORM C	AN BE PUNISHED	WLEDGE AND BELIE BY FINE OR IMPRI	F AND ARE MAD ISONMENT OR B
Wilford Hall USAF Hosp Lack and AFB Tex  THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (for secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPCRET clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI IOR CLEARANCES  DATE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title i	RSTAND THAT A I 18, section 1001)	KNOWING AND WILLFU ) RSON COMPLETING FORM	JL FALSE STA	EMENT ON THIS FORM C	AN BE PUNISHED	WLEDGE AND BELIE BY FINE OR IMPRI	F AND ARE MAD
THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION  SHIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top. secret, sec.) TO WHICH APPLICANT WILL REQUIRE ACCESS  SPORT Clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PI IOR CLEARANCES  DATE OF CLEARANCE TYPE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title	RSTAND THAT A I 18, section 1001) SIGNATURE OF PE	RSON COMPLETING FORM	JL FALSE STA	TEMENT, ON THIS FORM C	AN BE PUNISHED	BY FINE OR IMPRI	F AND ARE MAD ISONMENT OR BE
SPICET clearance required for oversea a saignment (Project TOP DOG)  RECORD OF PHIOR CLEARANCES  OATE OF CLEARANCE  TYPE OF CLEARANCE  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title	SIGNATURE OF PE	RSON COMPLETING FORM  () ADDRESS OF WITNESS T	Sgt Ral	oh E. Glbson	AN BE PUNISHED	TNESS =	F AND ARE MAD ISONMENT OR B
RECORD OF PHOR CLEARANCES  DATE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title of the code)	SIGNATURE OF PE TYPED NAME AND Wilford	RSON COMPLETING FORM  ADDRESS OF WITNESS TO  Hall USAF HO	Sgt Ral	oh E. Gibson Land AFB Tex	SIGNATURE OF WI	THESS	F AND ARE MAD
RECORD OF PHOR CLEARANCES  DATE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  DATE  10 May 65	SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC	RSON COMPLETING FORM  ADDRESS OF WITNESS TO HALL USAF HO	Sgt Ral	oh E. Gibson and AFB Tex	SIGNATURE OF WI	THESS E. A	F AND ARE MAD ISONMENT OR B
RECORD OF PHOR CLEARANCES  DATE OF CLEARANCE TYPE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  10 May 65	SIGNATURE OF PE TYPED NAME AND WILFORD THIS SEC JTY ASSIGNMENT AN	RSON COMPLETING FORM  ADDRESS OF WITNESS TO  Hall USAF HOS  CTION TO BE COMI	Sgt Ral	chent on this form c  Chent on this form c  Chent of the	SIGNATURE OF WI	THESS E. A	F AND ARE MAD
RECORD OF PFIOR CLEARANCES  DATE OF CLEARANCE TYPE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  10 May 65	SIGNATURE OF PE TYPED NAME AND WILFORD THIS SEC JTY ASSIGNMENT AN	RSON COMPLETING FORM  ADDRESS OF WITNESS TO  Hall USAF HOS  CTION TO BE COMI	Sgt Ral	chent on this form c  Chent on this form c  Chent of the	SIGNATURE OF WI	THESS E. A	F AND ARE MAD ISONMENT OR B
RECORD OF PHOR CLEARANCES  DATE OF CLEARANCE TYPE OF CLEARANCE AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  10 May 65  1. SRIEF DESCRIPTION OF DU  SECRET clea	SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC UTY ASSIGNMENT AND ATRICE TEQ	RSON COMPLETING FORM  ADDRESS OF WITNESS TO  Hall USAF HOS  CTION TO BE COMI	Sgt Ral	chent on this form c  Chent on this form c  Chent of the	SIGNATURE OF WI	THESS E. A	F AND ARE MAD ISONMENT OR B
DATE OF CLEARANCE  TYPE OF CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  10 May 65  1. SRIEF DESCRIPTION OF DU  SECRET clea	SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC UTY ASSIGNMENT AND ATRICE TEQ	RSON COMPLETING FORM  ADDRESS OF WITNESS TO  Hall USAF HOS  CTION TO BE COMI	Sgt Ral	chent on this form c  Chent on this form c  Chent of the	SIGNATURE OF WI	THESS E. A	F AND ARE MAD ISONMENT OR BO
DATE OF CLEARANCE  TYPE OF CLEARANCE  AGENCY THAT COMPLETED INVESTIGATION  REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  10 May 65  BRIEF DESCRIPTION OF DU  SPORET clea	SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC UTY ASSIGNMENT AND ATRICE TEQ	RSON COMPLETING FORM ADDRESS OF WITNESS TO Hall USAF HOS TION TO BE COMING DEGREE OF CLASSIFIED	Sgt Ral	chent on this form c  Chent on this form c  Chent of the	SIGNATURE OF WI	THESS E. A	F AND ARE MAD
REMARKS.	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  DATE  10 May 65  BRIEF DESCRIPTION OF DU  SECRET clea	SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC UTY ASSIGNMENT AND ATRICE TEQ	RSON COMPLETING FORM ADDRESS OF WITNESS TO Hall USAF HOS TION TO BE COMING DEGREE OF CLASSIFIED	Sgt Ral: sp Lack; PLETED B) MATTER (10p	chent on this form control of the Cibson and AFB Tex authority requesered, secret, etc.) To was a signment (Proceedings of the Cibson and AFB Tex authority requesered, secret, etc.) To was a signment (Proceedings of the Cibson and AFB Tex authority requesered and AFB Tex authority requesered and AFB Tex authority requesered and authority reques	SIGNATURE OF WI	THESS E. A	F AND ARE MAD ISONMENT OR BO
	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  DATE  10 May 65  BRIEF DESCRIPTION OF DU  SP.CRET clea	STAND THAT A 18, section 1001) SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC LITY ASSIGNMENT AND ATRICE PEQ	RSON COMPLETING FORM ADDRESS OF WITNESS TO Hall USAF Hos TO BE COMMOD DEGREE OF CLASSIFIED RUITED TO BE	Sgt Ral: sp Lack; PLETED B) MATTER (10p	oh E. Gibson and AFB Tex  AUTHORITY REQUE: SOCIET, SOCIET, etc.) TO V	SIGNATURE OF WILL STING INVESTING INVESTING APPLICANT VIOLET TOP	THESS E. A. CATION WILL REQUIRE ACCESS  DOG)	F AND ARE MAD
	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  DATE  10 May 65  BRIEF DESCRIPTION OF DU  SPECRET clea	STAND THAT A 18, section 1001) SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC LITY ASSIGNMENT AND ATRICE PEQ	RSON COMPLETING FORM ADDRESS OF WITNESS TO Hall USAF Hos TO BE COMMOD DEGREE OF CLASSIFIED RUITED TO BE	Sgt Ral: sp Lack; PLETED B) MATTER (10p	oh E. Gibson and AFB Tex  AUTHORITY REQUE: SOCIET, SOCIET, etc.) TO V	SIGNATURE OF WILL STING INVESTING INVESTING APPLICANT VIOLET TOP	THESS E. A. CATION WILL REQUIRE ACCESS  DOG)	F AND ARE MAD
	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  10 May 65  SRIEF DESCRIPTION OF DU  SPORET clea	STAND THAT A 18, section 1001) SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC LITY ASSIGNMENT AND ATRICE PEQ	RSON COMPLETING FORM ADDRESS OF WITNESS TO Hall USAF Hos TO BE COMMOD DEGREE OF CLASSIFIED RUITED TO BE	Sgt Ral: sp Lack; PLETED B) MATTER (10p	oh E. Gibson and AFB Tex  AUTHORITY REQUE: SOCIET, SOCIET, etc.) TO V	SIGNATURE OF WILL STING INVESTING INVESTING APPLICANT VIOLET TOP	THESS E. A. CATION WILL REQUIRE ACCESS  DOG)	F AND ARE MAD
	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  DATE  10 May 65  BRIEF DESCRIPTION OF DU  SPCRET clea	STAND THAT A 18, section 1001) SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC LITY ASSIGNMENT AND ATRICE PEQ	RSON COMPLETING FORM ADDRESS OF WITNESS TO Hall USAF Hos TO BE COMMOD DEGREE OF CLASSIFIED RUITED TO BE	Sgt Ral: sp Lack; PLETED B) MATTER (10p	oh E. Gibson and AFB Tex  AUTHORITY REQUE: SOCIET, SOCIET, etc.) TO V	SIGNATURE OF WILL STING INVESTING INVESTING APPLICANT VIOLET TOP	THESS E. A. CATION WILL REQUIRE ACCESS  DOG)	F AND ARE MAD ISONMENT OR B
	GOOD FAITH. I UNDER (See U. S. Code, title of the code)  DATE  10 May 65  BRIEF DESCRIPTION OF DU  SPCRET clea	STAND THAT A 18, section 1001) SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC LITY ASSIGNMENT AND ATRICE PEQ	RSON COMPLETING FORM ADDRESS OF WITNESS TO Hall USAF Hos TO BE COMMOD DEGREE OF CLASSIFIED RUITED TO BE	Sgt Ral: sp Lack; PLETED B) MATTER (10p	oh E. Gibson and AFB Tex  AUTHORITY REQUE: SOCIET, SOCIET, etc.) TO V	SIGNATURE OF WILL STING INVESTING INVESTING APPLICANT VIOLET TOP	THESS E. A. CATION WILL REQUIRE ACCESS  DOG)	F AND ARE MAD ISONMENT OR B
	GOOD FAITH. I UNDER (See U. S. Code, title of CLEARANCE	STAND THAT A 18, section 1001) SIGNATURE OF PE TYPED NAME AND Wilford THIS SEC LITY ASSIGNMENT AND ATRICE PEQ	RNOWING AND WILLFU  RSON COMPLETING FORM  ADDRESS OF WITNESS TO  Hall USAF Ho:  CTION TO BE COMINO DEGREE OF CLASSIFIED  LUIRED FOR OVER  TYPE OF CLEARANCE	Sgt Ral: sp Lack; PLETED B) MATTER (10p	oh E. Gibson and AFB Tex  AUTHORITY REQUE: SOCIET, SOCIET, etc.) TO V	SIGNATURE OF WILL STING INVESTING INVESTING APPLICANT VIOLET TOP	THESS E. A. CATION WILL REQUIRE ACCESS  DOG)	F AND ARE MAD ISONMENT OR B