
Agency Information

AGENCY : HSCA
RECORD NUMBER : 180-10072-10186

RECORD SERIES : NUMBERED FILES.

AGENCY FILE NUMBER : 010313

Document Information

ORIGINATOR : SOCIAL SECURITY ADMINISTRATION
FROM :
TO : HESS, JACQUELINE.

TITLE :

DATE : 07/31/1978
PAGES : 64

SUBJECTS :

OSWALD, MARINA; FINANCES, INCOME TAXES.
OSWALD, LEE; PRE-RUSSIAN PERIOD, MILITARY SERVICE,
COURT-MAR

DOCUMENT TYPE : REPORT.
CLASSIFICATION : Unclassified
RESTRICTIONS : 3
CURRENT STATUS : Redact
DATE OF LAST REVIEW : 07/10/1996

OPENING CRITERIA :

COMMENTS : Includes insurance forms, death certificate, & military documents of Oswald. Box 189.

Released under the John F. Kennedy
Assassination Records Collection Act of
1992 (44 USC 2107 Note). Case#:NW/
68261 Date: 09-01-2022



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21235

REFER TO:
TPO-4-5-1

JUL 28 1978

010313

Ms. Jackie Hess
Select Committee on Assassinations
U.S. House of Representatives
3331 House Office Building, Annex 2
Washington, D.C. 20515

Dear Ms. Hess:

This is in response to Mr. Blakey's May 15, 1978, request for access to all files and documents concerning or referring to Lee Harvey Oswald and Marina Oswald. The following documents are enclosed:

1. Form SS-5, Application for Social Security Account Number, completed by Lee Harvey Oswald.
2. Form SS-5, Application for Social Security Account Number, completed by Marina Oswald.
3. Numident showing name changes for Marina Oswald.
4. Form OA-C5, Application for Survivors Insurance Benefits, completed by Marina Oswald.
5. Certificate of Death issued by the City of Dallas for Lee Harvey Oswald.
6. Marriage certificate (and translation) for Lee Harvey Oswald and Marina Nikolaevna Prusakova.
7. Birth certificate (and translation) for Marina Nikolaevna.
8. Birth certificate (and translation) showing child born to Lee Harvey Oswald and Marina Nikolaevna Oswald.
9. OA-C704, Certification of Contents of Document(s) or Record(s), re birth of child to Lee H. Oswald and Marina Nikolaevna Prusakova.


10. Form OA-C654, Certification By Uniformed Services, for Lee Harvey Oswald.
11. Letter dated 7/25/63 from the Department of the Navy to Lee Harvey Oswald.
12. Form DD-214, Armed Forces of the United States Report of Transfer or Discharge, for Lee Harvey Oswald.
13. Undesirable Discharge from the Armed Forces of the United States, issued to Lee Harvey Oswald.
14. Forms OA-C668, Claimant's Report to Social Security Administration, completed by Marina Oswald on 3/27/64 and 5/1/65.
15. Form OA-C669, Claimant's Report About Work to the Social Security Administration, completed by Marina Oswald on 10/8/64.
16. Form SSA-1425, Reporting Card, completed by Marina Porter on 5/4/66.
17. Forms OA-C777, Annual Report of Earnings, completed by Marina Oswald for 1964 and 1965.
18. Form OAC-1001, Statement of Employer, completed by Jaggars-Chiles-Stovall, Inc.
19. Form OAC-1001, Statement of Employer, completed by Texas School Book Depository.
20. Form OAC-1001, Statement of Employer, completed by William B. Reily, Company, Inc.
21. OAC-5002, Report of Contact, re contact with Jaggars-Chiles-Stovall, Inc.
22. OAC-5002, Report of Contact, re earnings under Jaggars-Chiles-Stovall, Inc.
23. Copies of three pages of the Warren Commission Report re employment of Lee Harvey Oswald prior to service in the Marine Corps.
24. Form OA-C790, Request for E/R Action.
25. Memorandum dated 6/3/65, re remarriage of Marina Oswald.
26. Forms SSA-1735 sent to Marina Porter and completed by Mrs. Porter.

27. Forms OA-C107, Determination of Resumption of Award.
28. Forms OA-C528b, Determination of Termination of Entitlement or Suspension of Payments Based on Supporting Evidence on File.
29. Forms OA-C610, Payee, Address Change, or Hold Check Request.
30. Form OA-C526, Benefit Summary.
31. Form OA-C101, Determination of Award.
32. Form OA-C589, receipt for check.
33. Form OA-C596, 1965 Conversion of Benefit Rates.
34. Form AC-512, Appointment of Representative, completed by Marina N. Oswald and James H. Martin.
35. Form OAC-5002, Report of Contact, with James H. Martin.
36. Form OAC-5002, Report of Contact, re Lee Harvey Oswald's death.

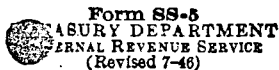
The above-mentioned documents are being sent to you in their entirety. We have withheld only the records of wage and self-employment income maintained under the direction of 42 U.S.C. 405(c)(2). This record is created on the basis of tax return information received from the Internal Revenue Service. Under 26 U.S.C. 6103, this information is given to the Social Security Administration for the administration of the Social Security Act and redisclosure is prohibited. You may request this information directly from the Internal Revenue Service.

I understand that the Dallas Region has already sent you the local folder on Lee Harvey Oswald. We are also checking with the National Archives to determine if it may have further social security records on Lee Harvey Oswald or Marina Oswald. To date, we have found no records under the aliases you provided. We will contact you if further documents are located.

Sincerely yours,


Robert P. Bynum
Associate Commissioner
for Program Operations

Enclosures



Form SS-5
TREASURY DEPARTMENT
FEDERAL REVENUE SERVICE
(Revised 7-46)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

433-54-3937

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED		FIRST NAME LEE	MIDDLE NAME, (IF YOU HAVE ONE) MIDDLE NAME OR INITIAL, DRAW A LINE — HARVEY	LAST NAME OSWALD
2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE) 126 E. LANGE ST. NO. LA.		3 PRINT FULL NAME GIVEN YOU AT BIRTH LEE HARVEY OSWALD		
4 AGE ON LAST BIRTHDAY 15	5 DATE OF BIRTH (MONTH) (DAY) (YEAR) OCT. 18, 1939	6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) NEW ORLEANS LA.		DO NOT WRITE IN THIS SPACE
7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD ROBERT LEE OSWALD		8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD MARGARET CLEVERLY		
9 (MARK (X) WHICH) SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	10 COLOR (MARK (X) WHICH) (IF OTHER, SPECIFY) OR RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER	11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT DAD NO		
12 BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"		13 EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE)		
13 TODAY'S DATE 1-16-55		14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) Lee H. Oswald		

16-5528-7

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

FORM 1: APPL/CYCLE 08 64 ENTRY 0

REF# 65163940518

NAME LINE MARINA NICHOLAEVNA OSWALD 243

SIGNATURE
BIRTH DATE 0717941 CODE S
SEX 2 RACE 1MOTHER CLAUDIA V PROOSAKOVA FATHER NICHOLAI UNKNOWN
BIRTHPLACE ARCHANGEL UR*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 1 OF 3

DO IRS FORM 2 APPL/CYCLE 121175 ENTRY 2 REF# 75165960637

NAME LINE MARINA NIKOLAEVNA PORTER 636
2ND NAME MARINA NIKOLAEVNA OSWALD 243SIGNATURE
BIRTH DATE 0717941 CODE S
SEX 2 RACE 0MOTHER KLAVDIA PROOSAKOVA FATHER ALEXANDR MEDVEDEV
BIRTHPLACE ARCHANGEL UR*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 2 OF 3

DO COO FORM 8 APPL/CYCLE 011976 ENTRY 2 REF# 76010006538

NAME LINE M N PORTER 636
2ND NAME MARINA NIC OSWALD 243SIGNATURE
BIRTH DATE 0717941 CODE D
SEX 2 RACE 0

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 3 OF 3

DALLAS, TEXAS

APPLICATION FOR SURVIVORS INSURANCE BENEFITS *

All items on this form requiring an answer must be answered or marked "Unknown."

NOTICE.—Whoever (a) makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of any benefit, or in determining an individual's disability, under Title II of the Social Security Act, or (b) who, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

Lee Harvey Oswald 433-54-3937
(Name of deceased wage earner or self-employed person) (Social security account number)

Marina N. Oswald, hereby apply for all insurance benefits payable to
(Full name of applicant)

me under Title II of the Social Security Act, as amended, and to the children listed in item 14 below.

1. When was the deceased born? Month 10 Day 19 Year 39

2. In what State or foreign country did the deceased have his fixed, permanent home when he died? Louisiana

3. (a) Did the deceased ever serve in the military or naval service of the United States? ☒ Yes ☐ No
If "Yes," answer (b).

(b) Was the deceased in active service after September 7, 1939, and before January 1, 1957? ☒ Yes ☐ No
If "Yes," answer (c) and (d).

(c) Give dates of service during the period specified in (b) above 10/24/56 - 9/11/59

(d) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased? ☐ Yes ☒ No

If "Yes," name such person(s) _____

List all such agencies _____

4. Did the deceased work in the railroad industry at any time on or after January 1, 1937? ☐ Yes ☒ No

5. Give the names and addresses of the deceased's employers during the 12 months before his death; if the deceased worked in agricultural employment, give this information for the year of death and the year before. (If self-employed, write "Self-employed.")

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED	
	Month	Year	Month	Year
<u>Wagners-Chiles Stovall 522 Browder Dallas</u>	<u>10</u>	<u>62</u>	<u>4</u>	<u>63</u>
<u>Am. B. Realty Co Inc. 640 Magazine New Orleans, La</u>	<u>5</u>	<u>63</u>	<u>7</u>	<u>63</u>

6. If the deceased was self-employed last year or the year before, give:

Year _____

Kind of Trade or Business _____

Amount of Net Earnings _____

☐ Less than \$400 ☐ \$400 or more

☐ Less than \$400 ☐ \$400 or more

7. About how much did the deceased earn from employment and self-employment during the year in which he died? \$ 2600.00

8. Give the following information about each marriage of the deceased, including his marriage to you.

DATE AND PLACE OF MARRIAGE(S)			TO WHOM MARRIED	HOW MARRIAGE ENDED	MARRIAGE ENDED	
Month, Day, Year	City	State			Date	Place
<u>4/30/61</u>	<u>Mark, Belo Russia</u>	<u>Maria N. Prossakova</u>	<u>Lia death</u>	<u>11/24/63</u>	<u>Dallas Tex</u>	

9. What was your maiden name? Marina Nikolaevna Prossakova

10. When and where were you born? 7/17/41 Severo Dvinsk, Russia
(Month, day, and year) (State or foreign country)

PLEASE DO NOT WRITE IN MARGIN

cont.

(Do not write in this space)
Dallas DO JAN 9
Received
JEF

11. Indicate by (✓) whether your marriage to the deceased was performed by:

Clergyman or authorized public official ☒ or Other ☐

(Explain)

12. Were you married before your marriage to the deceased?

☐ Yes

☒ No

If "Yes," give the following information about each of your previous marriages.

DATE AND PLACE OF MARRIAGE(S)			TO WHOM MARRIED	HOW MARRIAGE ENDED	MARRIAGE ENDED	
Month, Day, Year	City	State			Date	Place

13. (a) Were you and the deceased living together at the same address when the deceased died?

☒ Yes

☐ No

(b) If either you or the deceased was away from home (whether or not temporarily) when the deceased died, give the following: which of you was away; date last home; reason absence began; reason you were apart at time of death; if hospitalized, name of hospital and nature of confinement.

He was last at home 11/22/63 when he left to go to work. He were not separated by marital difficulties; he was in police custody until his death.

14. Was the deceased survived by any unmarried children (including stepchildren, adopted, and illegitimate children): (a) who were under 18 years of age when he died; or (b) who were 18 years of age or older, with a disability that began before age 18?

☒ Yes

☐ No

If your answer is "No," leave out the next questions and continue with question 21.

If your answer to question 14 is "Yes," give the following information about each such child.

(If uncertain as to name, date of birth, or whereabouts of any of these children, explain under "Remarks" on last page.)

Show relationship to you and the deceased by placing (✓) in the proper column.

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO DECEASED				RELATIONSHIP TO YOU	
	Month	Day	Year	Legitimate	Adopted	Stepchild	Illegitimate	Natural or Adopted	Stepchild
<i>June Lee Oswald</i>	<i>2</i>	<i>15</i>	<i>62</i>	<i>X</i>				<i>X</i>	
<i>Audrey Marina Rachel Oswald</i>	<i>10</i>	<i>20</i>	<i>63</i>	<i>X</i>				<i>X</i>	

(If you are not filing this application on behalf of any child listed above, give under "Remarks" on last page the name of each such child and the reason(s) for not filing. If a child of the deceased is born after this application is filed, notify your office of the Social Security Administration promptly, as such child may receive benefits.)

15. Has any child listed in item 14 ever been adopted by anyone other than the deceased?

☐ Yes

☒ No

If "Yes," give the name of child, by whom adopted, and when.

16. (a) Were all the children listed in item 14 living with the deceased at time of death?

☒ Yes

☐ No

If "No," and the deceased was the FATHER or ADOPTING FATHER who died before September 1960, answer (b).

(b) Which of the children listed in item 14 were living with their STEPFATHER when the deceased died?

17. Are all the children listed in item 14 now living with you?

☒ Yes

☐ No

If "No," give the following information about each child not living with you now.

FULL NAME OF CHILD NOT LIVING WITH YOU	PERSON WITH WHOM CHILD NOW LIVES	
	Name and Address	Relationship to Child

18. Has a child listed in item 14 lived with you in every month since your husband's death?

☒ Yes

☐ No

If "No," list the months in which no such child lived with you.

PLEASE DO NOT WRITE IN MARGIN

19. Do you understand that all payments made to you on behalf of a child must be spent or saved for his use and benefit, and do you agree to so apply the benefits? ☒ Yes ☐ No
20. Do you agree to notify the Social Security Administration promptly when you no longer have responsibility for the welfare and care of any child for whom you are filing this application? ☒ Yes ☐ No

21. Have you or any children listed in item 14 married since the death of the deceased? ☐ Yes ☒ No

If "Yes," give name of person who married and date of marriage.

22. Have you or any children listed in item 14 ever had a social security account number? ☐ Yes ☒ No

If "Yes," give the following information for each person having a number.

NAME OF PERSON AS SHOWN ON SOCIAL SECURITY CARD	SOCIAL SECURITY ACCOUNT NUMBER

23. Have you or any children listed in item 14 ever filed an application for social security benefits before? ☐ Yes ☒ No

If "Yes," give the name and account number of the person on whose earnings record such previous claim was based.

(Name of wage-earner or self-employed person)

(Social security account number)

Answer questions 24 and 25 only if you are within 3 months of age 62 or older.

24. Were you in the active military or naval service of the United States after September 7, 1939, and before January 1, 1957? ☐ Yes ☐ No

25. Did you work in the railroad industry at any time on or after January 1, 1937? ☐ Yes ☐ No

Deductions are made from the benefits (other than disability benefits) of any person under age 72 who earns more than \$100 a month in employment or renders substantial services in self-employment, and has earnings in excess of \$1,200 for the taxable year.* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

26. (a) Are you or any of the children for whom you are filing now earning more than \$100 a month in employment or rendering substantial services in self-employment? ☐ Yes ☒ No

If "Yes," give the name of each such person.

- (b) Do you expect your total earnings or the total earnings of any child for whom you are filing to exceed \$1,200 this year (count all earnings beginning with the first month of this year)? ☐ Yes ☒ No

If "Yes," give the name of each such person and the amount of his expected earnings. If "No," continue with question 27.

PERSON	EXPECTED EARNINGS
	\$
	\$

- (c) Did every person listed in (b) earn more than \$100 a month in employment or render substantial service in self-employment in all months of this year (counting the present month)? ☐ Yes ☐ No

If "No," give the name of each person and the months of this year in which the person did not earn more than \$100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None."

PERSON	MONTHS

* The yearly period referred to in this and subsequent items is the same 12-month period used in figuring income taxes. If you or any of the children use a fiscal year (one that does not end on December 31), enter here the name of such person and the month the fiscal year ends.

Answer item 27 only if the deceased died before this year.

27. Did you or any child for whom you are filing earn more than \$1,200 last year? ☐ Yes ☒ No

If "Yes," give the name of each such person, show his total earnings, and list the months of last year in which the person did not earn \$100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None." (Do not list any month before the month the deceased died.)

PERSON	EARNINGS	MONTHS
	\$	
	\$	

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you, while under age 72 at least one full month of that year, or any child for whom you are filing, earned more than \$1,200. Also, your benefit is not payable for any month you do not have in your care a child of the deceased entitled to a child's benefit unless you are receiving benefits because you are a widow age 62 or over.

FAILURE TO REPORT THESE EVENTS MAY RESULT IN THE LOSS OF ADDITIONAL MONTHLY BENEFITS.

28. Do you agree to file the annual report of earnings when required? ☒ Yes ☐ No

29. Do you agree to notify the Social Security Administration promptly if you do not have an entitled child of the deceased in your care? ☒ Yes ☐ No

A widow's entitlement to benefits ends with the month before the month in which: (a) she remarries, with certain exceptions (however, all marriages must be reported); or (b) she is under age 62 and no child of the deceased is entitled to child's insurance benefits.

A child's entitlement to benefits ends with the month before the month in which the child: (a) attains age 18 (unless the child has a physical or mental impairment which began before age 18, is expected to be long-lasting, and prevents any substantial gainful activity); (b) dies; (c) marries, with certain exceptions where the child is disabled (however, all marriages must be reported); or (d) is legally adopted (unless the adoption is by the child's stepparent, grandparent, aunt, or uncle after the death of the parent on whose record the child's claim is based).

If the child is age 18 or over and is receiving benefits as a disabled child, his entitlement to benefits also ends with the second month after the month in which his disability ceases.

30. Do you agree to notify the Social Security Administration promptly if any of these events occur and to return promptly any check for benefits received by you if you or any of the children are not entitled to it? ☒ Yes ☐ No

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

3. Texas School Book Depository 411 Elm, Dallas Tex 10/63-11/63

Knowing that anyone making a false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability, commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. _____
(Name)

(Street and number)

(City) (Zone number) (State)
2. _____
(Name)

(Street and number)

(City) (Zone number) (State)

Signature of applicant (Write in ink):

Sign Here

Maria N. Oswald
(First name) (Middle initial) (Last name)

PO Box 1407
(Street and number)
Grand Prairie Tex 75050
(City) (Zone number) (State)

Telephone number at which I can be reached:

DA 7-6569 DA 7-0188
(If none, write "None.")

Date:

X
(Month) (Day) (Year)

PLEASE DO NOT WRITE IN MARGIN

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Dallas	
b. CITY OR TOWN (If outside city limits, give precinct no.) Dallas		c. LENGTH OF STAY in l. b. 13 Mo.	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkland Hospital		d. STREET ADDRESS (If rural, give location) 1026 N. Beckley	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First Lee (b) Middle Harvey (c) Last Oswald		4. DATE OF DEATH November 24, 1963	
5. SEX Male	6. COLOR OR RACE White	7. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	8. DATE OF BIRTH October 19, 1939
9. AGE (In years last birthday) 24		10. IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Printing, Book, Metal	
11. BIRTHPLACE (State or foreign country) New Orleans, La		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Edward Lee Oswald		14. MOTHER'S MAIDEN NAME Marguerite Claverie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 10-1955 9-1959		16. SOCIAL SECURITY NO. 433-54-3937	
17. INFORMANT Robert L. Oswald			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhage, secondary to a gun shot wound of the chest. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Approx 45 minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) Deceased shot at close range while officers were in process of transferring him from city to county jail.	
20c. TIME OF INJURY (Hour) 11:25 (Minute) 11 Month 24 Year 63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) City Hall		20f. CITY, TOWN, OR LOCATION Dallas	
20g. COUNTY Dallas		20h. STATE Texas	
21. I hereby certify that I attended the deceased from 11-24-63 on 11-24-63 and last 12-5-63 on 12-5-63 Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Pine McBride J.P.		22b. ADDRESS 310 Southtown	
22c. DATE SIGNED 12-5-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE November 25, 1963	
23c. NAME OF CEMETERY OR CREMATORY Rose Hill Burial Park		23d. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Ft Worth, Texas	
23e. LOCATION (City, town, or county) Fort Worth		23f. STATE Texas	
25a. REGISTRAR'S FILE NO. 6717		25b. DATE REC'D BY LOCAL REGISTRAR DEC 6 1963	
25c. REGISTRAR'S SIGNATURE J.W. Baca		25d. BY Maurine Lamm ACTING REGISTRAR	

DALLAS, TEXAS Jan. 2, 1964

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF DEATH
CERTIFICATE OF ONE Lee Harvey Oswald
AS IS RECORDED IN THIS OFFICE IN THE CITY OF DALLAS,
COUNTY OF DALLAS, STATE OF TEXAS.

BY J.W. Baca
ACTING REGISTRAR - VITAL STATISTICS
DALLAS, TEXAS

TRANSLATION

NAME OF INSURED INDIVIDUAL

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

TRANSLATING OFFICE

☐ Social Security Administration

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

1. DATE:

1/23/64

2. LANGUAGE OF DOCUMENT:

RUSSIAN

3. PERSON(S) FOR WHOM PROOF SUBMITTED:
(If married woman give maiden name)

4. FACT(S) TO BE PROVED:

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Marriage Certificate

2. DATE EVENT RECORDED, IF SHOWN

4/30/61

3. DATE DOCUMENT ISSUED

4/30/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:

Bureau Manager (Chief)

5. NAME OF ISSUING AGENCY:

Bureau of Registration of Citizens Statistics, Minsk, Dist. Lenin

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported? ☐ YES ☐ NO

7. Is Foreign Service post verification stamp shown on document. ☐ YES ☐ NO

8. Describe and explain any irregularities in document:

9. The document, which is in the _____ language, contains the following pertinent information:

Citizen: Oswald, Lee Harvey, born 10/18/39 in New Orleans

and

Citizen: Prycanova, Marina Nikolaevna, born July 17, 1941 in Molotorsk, Dist. Arkhangelsk

were married on April 30, 1961

Reg. No. 415 Cert. No. 332281

REQUESTING OFFICE:

☐ Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

TITLE

DATE

George Kotishen

cl auth T-1

1/23/64

Marriage Certificate



СВИДЕТЕЛЬСТВО О БРАКЕ

Гражданский Освальд
Гражданин Ли Харви

1939 года рождения 18
года рождения гор. Новый Орлеан
(место рождения - место жительства)

Гражданка Грассов
и гражданка Марина Николаевна

1941 года рождения 17
года рождения гор. Массачусеттс
(место рождения - место жительства)

уступил у шлюб 30 апреля 1961
поступил в брак (подписи и даты)

Васильев
года

аб чим у кнѣ запису актау грамадзянскага стану
аб шлюбе

о чем в книге записей актов гражданского состояния
о браке

19 61 года апрель месяца 30 числа

зроблен Ли Харви запис за Освальд
прова Ли Харви соответствующая запись за Ли Харви

Пас Ли Харви шлюб прінесены протесты
Под Ли Харви прінесены фамилии:

Освальд
Освальд

Освальд
Освальд

Освальд
Освальд

Освальд
Освальд

Освальд
Освальд

Освальд
Освальд

Освальд
Освальд

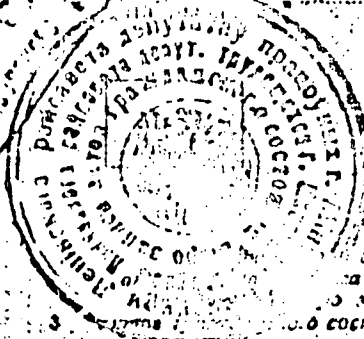
Освальд
Освальд

Освальд
Освальд

Освальд
Освальд

Освальд
Освальд

Освальд
Освальд



ПЯ № 332281

Ли Харви
Освальд

The original document, of which this is a photocopy, appears to be genuine and unaltered and to have been made at the time purported.

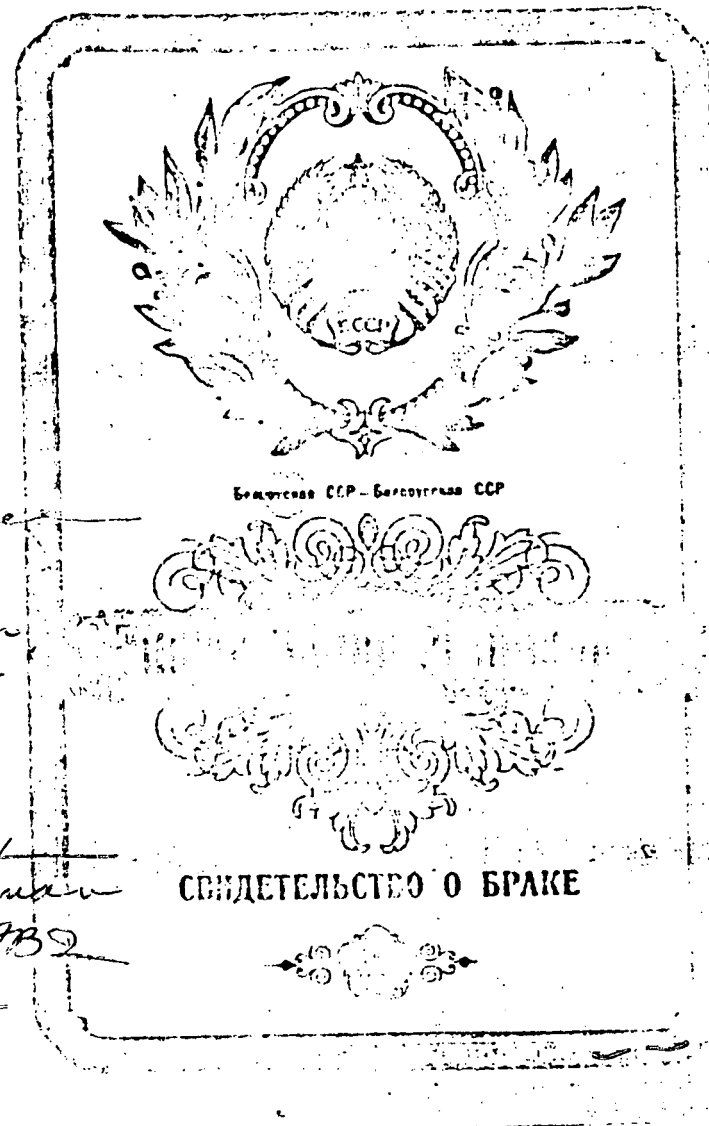
Signature _____

Date _____ Title _____

This is a true copy of a document held & examined by the Federal Bureau of Investigation and examination of the original document by the F.B.I. Laboratory discloses no evidence of alteration.

William R. Nathan
Special Agent FBI
Dolores T. [illegible]

Белорусский изд.
Гомель, 1959.



A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

TRANSLATION

NAME OF INSURED INDIVIDUAL

1. DATE:

1/23/64

SOCIAL SECURITY ACCOUNT NUMBER

2. LANGUAGE OF DOCUMENT:

RUSSIAN

TRANSLATING OFFICE

Social Security Administration

3. PERSON(S) FOR WHOM PROOF SUBMITTED:
(If married woman give maiden name)

4. FACT(S) TO BE PROVED:

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Birth Certificate

2. DATE EVENT RECORDED, IF SHOWN:

8/14/41

3. DATE DOCUMENT ISSUED:

7/14/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:

5. NAME OF ISSUING AGENCY:

Illegible

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported?

☐ YES ☐ NO

7. Is Foreign Service post verification stamp shown on document

☐ YES ☐ NO

8. Describe and explain any irregularities in document:

9. The document, which is in the _____ language, contains the following pertinent information:

Name: PRYSANOVA, Marina Nikolayevna was born (Mo. illegible) 17, 1941 (month appears to be July or June)

Place of Birth: (City Illegible), District Arkhangelsk, RSFSR

Father: (Illegible)

Mother: (")

Reg. No. 1285

Cert No. (Illegible)

REQUESTING OFFICE:

* Document shows official Soviet ZACS bureau stamp.

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

Geo. Kotishkov

TITLE

Ch Auth In

DATE

1/23/64



Гр.

Мирный

от

ро.

См.

по ссуде земельной

См.

мест.

в

р.

республики

о чем в

о ро.

14

числа произведена соответствующая запись

1235

з.

U.S. Customs
Marina's
Birth Certificate

01

национальность

№

А. П. Тихонович
А. П. Тихонович



Вал

TRANSLATION

NAME OF INSURED INDIVIDUAL

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

TRANSLATING OFFICE

Social Security Administration

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

1. DATE:

1/23/64

2. LANGUAGE OF DOCUMENT:

Russian

3. PERSON(S) FOR WHOM PROOF SUBMITTED:
(If married woman give maiden name)

4. FACT(S) TO BE PROVED:

D/B

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Birth Certificate

2. DATE EVENT RECORDED, IF SHOWN:

2/25/62

3. DATE DOCUMENT ISSUED:

2/25/62

4. TITLE OF OFFICER EXECUTING DOCUMENT:

Bureau manager (chief)

5. NAME OF ISSUING AGENCY:

Bureau of Registration of Statistics
Minsk, Bel. SSR

6. Does this document appear to be genuine and unaltered, and made at the time purported? YES ☒ NO ☐

7. Is Foreign Service post verification stamp shown on document. YES ☐ NO ☐

8. Describe and explain any irregularities in document:

9. The document, which is in the _____ language, contains the following pertinent information:

Family Name: OSWALD

FATHER'S NAME: OSWALD,

First Name: June

LEE HARVEY

Patronymic: Lee

FATHER'S NATIONALITY: AMERICAN

MOTHER'S NAME: OSWALD,

BORN: February 15, 1962

MAIMMA NIKOLAEVNA

Place of Birth: Minsk, White Russian SSR

MOTHER'S NATIONALITY: RUSSIAN

REG. No. 208

(over)

REQUESTING OFFICE:

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Koteshon

TITLE

Chief

DATE

1/23/64

Place of Registration: Minsk, District Lenin
Office of Registration

Certificate No. 123610

СВІДЦЬВАННЯ ПРО НАРАДЖЕННЯ

СВИДЕТЕЛЬСТВО О РОЖДЕНИИ

Гр. Освальд
 Гр. Джун Ли
 (прізвище і ім'я)
 (ім'я по батьку — ім'я в отчестві)
 народився (дася) 15. II. 1962.
 родиться (дася) (прізвище і ім'я по батьку год, місяць і число —)
пятнадцатого февраля
тысяча девятисот
шестидесяти второго года
 Место рождения дитини: город, село Минск
 Место рождения ребенка: город, село
 район
 область БССР
 область
 об чім у книзі запису акту громадянського стану аб
 народженні
 о чем в книге записей актов гражданского состояния
 о рождении
 1962 года февраль месяца 25 числа
 года февраль месяца 25 числа
 зроблен відповідний запис за № 208.
 произведена соответствующая запись за № 208.

June Lee Birth Certificate

БАТЬКІ:
РОДИТЕЛИ:

433-54-3157

Батька

Отец

Освальд

(прізвище і ім'я по батьку)

Ли

Карвер

(ім'я по батьку — ім'я в отчестві)

національність

американець

национальность

Мати

Освальд

Мать

Марина

Николаевна

(прізвище і ім'я по батьку)

(ім'я по батьку — ім'я в отчестві)

національність

русская

национальность

Місце реєстрації

г. Минск

Место регистрации

Бюро

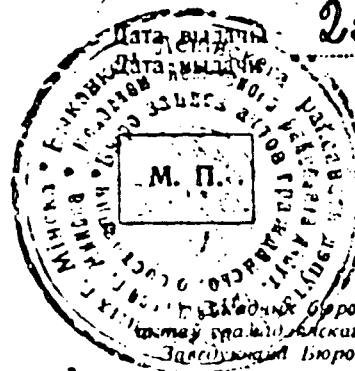
ЗАГС

(назва і місцезнаходження бюро ЗАГС —)

(назва і місцезнаходження бюро ЗАГС)

Ленинского р-на

25. февраля 1962 г.



IV-ПЯ № 123610

Савд.

CERTIFICATION OF CONTENTS OF DOCUMENT(S) OR RECORD(S)

(This form must be executed by an authorized employee of the Social Security Administration)

Name of wage earner or self-employed person

Social security account number

Lee Harvey Oswald

433-54-3937

Every item in a block must be filled out with exact excerpts from the paper certified or the item must be marked "not shown." If the date on which an entry was made in a family record is "not shown," indicate under "Remarks" any allegation as to when the document or record was established. **CROSS OUT ALL UNUSED SPACES.**

A. AGE (OR RELATIONSHIP) OF:

1. NAME OF PERSON AS SHOWN ON EVIDENCE	BORN	AGE	BIRTHDAY AT WHICH AGE SHOWN	DATE RECORDED
<i>Andrey Marina Rachel Oswald</i>	<i>10/20/63</i>	<i>no</i>	<input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input checked="" type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN	<i>no</i>

NAME OF FATHER	<input type="checkbox"/> NOT SHOWN	AGE	NAME OF MOTHER	<input type="checkbox"/> NOT SHOWN	AGE
<i>Lee H. Oswald</i>			<i>Marina Nikolaevna Prosakova</i>		<i>ns</i>

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:	NATURE OF EVIDENCE
<input checked="" type="checkbox"/> APPLICANT	<i>Cert. of Birth Reg.</i>

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)	<input type="checkbox"/> CUSTODIAN	DOCUMENT NO.
<i>BVS, Dallas, Tex</i>		<i>19133</i>

2. NAME OF PERSON AS SHOWN ON EVIDENCE	BORN	AGE	BIRTHDAY AT WHICH AGE SHOWN	DATE RECORDED
			<input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN	

NAME OF FATHER	<input type="checkbox"/> NOT SHOWN	AGE	NAME OF MOTHER	<input type="checkbox"/> NOT SHOWN	AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:	NATURE OF EVIDENCE
<input type="checkbox"/> APPLICANT	

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)	<input type="checkbox"/> CUSTODIAN	DOCUMENT NO.

3. NAME OF PERSON AS SHOWN ON EVIDENCE	BORN	AGE	BIRTHDAY AT WHICH AGE SHOWN	DATE RECORDED
			<input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN	

NAME OF FATHER	<input type="checkbox"/> NOT SHOWN	AGE	NAME OF MOTHER	<input type="checkbox"/> NOT SHOWN	AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:	NATURE OF EVIDENCE
<input type="checkbox"/> APPLICANT	

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)	<input type="checkbox"/> CUSTODIAN	DOCUMENT NO.

4. NAME OF PERSON AS SHOWN ON EVIDENCE	BORN	AGE	BIRTHDAY AT WHICH AGE SHOWN	DATE RECORDED
			<input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN	

NAME OF FATHER	<input type="checkbox"/> NOT SHOWN	AGE	NAME OF MOTHER	<input type="checkbox"/> NOT SHOWN	AGE

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:	NATURE OF EVIDENCE
<input type="checkbox"/> APPLICANT	

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)	<input type="checkbox"/> CUSTODIAN	DOCUMENT NO.

B. MARRIAGE OF:

NAME OF HUSBAND AS SHOWN ON EVIDENCE	NO. OF PREVIOUS MARRIAGES (1, 2, ETC.)	BORN	AGE	BIRTHDAY AT WHICH AGE SHOWN
	<input type="checkbox"/> NOT SHOWN			<input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN

NAME OF WIFE AS SHOWN ON EVIDENCE	NO. OF PREVIOUS MARRIAGES (1, 2, ETC.)	BORN	AGE	BIRTHDAY AT WHICH AGE SHOWN
	<input type="checkbox"/> NOT SHOWN			<input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN

NATURE OF EVIDENCE	PLACE OF MARRIAGE
<input type="checkbox"/> MARRIAGE CERTIFICATE	

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:	DATE OF MARRIAGE
<input type="checkbox"/> APPLICANT	

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)	<input type="checkbox"/> CUSTODIAN	DOCUMENT NO.

CERTIFICATION BY UNIFORMED SERVICES

The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

FROM: Social Security Administration
Division of Claims Policy
Entitlement Branch, Room 645
Baltimore, Md. 21235

~~MAILED~~ Thomas C. Parrott *TP* Date 1/24/64
Director

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

LAST NAME - FIRST NAME - MIDDLE NAME Oswald, Lee Harvey	DATE OF BIRTH 10/19/39	DATE OF DEATH 11/24/63	SOCIAL SECURITY NUMBER 433-54-3931
BRANCH OF SERVICE Marine Corps	DATE(S) OF ENTRY INTO SERVICE 10/24/56	DATE(S) OF SEPARATION 9/11/59	PLACE OF SEPARATION
RATE OR RANK			
SERIAL NO. 1653230			

Part II ☒ . . . Part III ☐ below to be completed by the service department

REMARKS:

PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE 24Oct56	2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE 11Sep59	3. CHARACTER OF SEPARATION (S) * (If Bad Conduct, indicate if given as a result of a General court martial) Honorable
---	--	---

* IF CHARACTER OF SEPARATION WAS NOT *Honorable*, Under *Honorable Conditions*, *Dishonorable*, NOR *Bad Conduct* AS A RESULT OF A General COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.

b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE (Officers Only).

c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.

d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.

e. ☐ NONE OF THE ABOVE.

4. If period of service was less than 90 days, WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?
☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?
☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED
☐ RE-ENLISTED ☐ COMMISSIONED

PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (See instructions on reverse side)

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box. . . . ☐
Sign and return the form without answering items 1, 2 and 3 below.

- (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability? . . . ☐ Yes ☐ No

(b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? . . . ☐ Yes ☐ No

If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).

(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? . . . ☐ Yes ☐ No

(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? . . . ☐ Yes ☐ No
- (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? . . . ☐ Yes ☐ No

If answer is "Yes," answer (b) and (c).

(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? . . . ☐ Yes ☐ No

(c) Was this multiple increase because of active service occurring after July 24, 1947, and before January 1, 1957? . . . ☐ Yes ☐ No
3. Did the veteran have active duty or active duty for training after December 31, 1956? . . . ☐ Yes ☐ No

REMARKS BY CERTIFYING AGENCY:

Served in an inactive status in the Marine Corps Reserve from 12Sep59 to 13Sep60 when discharged as Undesirable. ☐ CONTINUED ON REVERSE SIDE

ORGANIZATION **Records Service Section**

SIGNATURE

Hq. U. S. Marine Corps

W.C. Keene

DATE **27Jan64**

RANK OR TITLE

Head of Section

Here let not apply since military service is not required for unadvised and fringe benefits would be paid or more military service in 1962 and 1963.

Walter J. Fairbank

Claims Policy Examiner

Lorene B. Benning
Claims Policy Examiner

MS wage credits for 10/56 - 12/56 are not precluded by type of discharge from later period of service. See CM 1823.

Attached OA-C654 reflects DWE's honorable active service 10/24/56 - 9/11/59 which confirms telecom. with Marine Corps (W. C. Keene, Record Service Section, Hdq. Marine Corps, Washington, D.C.) on 1/24/64. The DWE's discharge as Undesirable was from his inactive status in the Marine Corps Reserve from 9/12/59 to 9/13/60, which discharge did not affect the character of separation from earlier service.

telecom. with Marine Corps 1/24/64 and attached OA-C654 completed 1/27/64.

INSTRUCTIONS

This form requests information to permit the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940--July 24, 1947) or post- World War II (July 25, 1947--December 31, 1956) for which military service wage credits may be granted.

The duplicate copy of this form should be kept in the veteran's military file. If there is ever a subsequent change made in the service or retirement record which affects the information furnished on this form, the Social Security Administration should be advised accordingly.

PART I—The items identifying the veteran are completed by the requesting Social Security Administration office shown in the upper right corner of the form. That office will also check block(s) after "Part II" and/or "Part III" to show the type of information being requested.

Items in Part II are to be com-



DEPARTMENT OF THE NAVY
NAVY DISCHARGE REVIEW BOARD
WASHINGTON 25, D. C.

IN REPLY REFER
EXOS:QB(33
JAP:gjo

JUL 25 1963

Mr. Lee H. Oswald
P. O. Box 30061
New Orleans, La.

Dear Mr. Oswald:

The review of your discharge has been completed in accordance with the regulations governing the procedures of this Board. Careful consideration was given to the evidence presented in your behalf as well as that contained in your official records. The Secretary of the Navy has reviewed the proceedings of the Board.

It is the decision that no change, correction or modification is warranted in your discharge.

Sincerely yours,

D. W. BORMAN
Captain, USN

President

Navy Discharge Review Board

Encls: Original Discharge Certificate.
Two (2) letters dated 31 Jan 1962, 13 Nov 1961.
Information on Reenlistment

Service Discharge LEGEND: Insert N/A to the items below which are not applicable.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME OSWALD, Leo Harvey		2. SERVICE NUMBER 1653230		30. GRADE, RATE OR RANK PFC (E-2)		D. DATE OF RANK (Day, Month, Year) 1 Mar 59			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC		B. PLACE OF BIRTH (City and State or Country) New Orleans, Louisiana				6. DATE OF BIRTH 18 Oct 39			
	70. RACE Caucasian	b. SEX Male	c. COLOR HAIR Brown	d. COLOR EYES Grey	e. HEIGHT 71"	f. WEIGHT 150	g. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS Single	
	100. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED High School - 1		b. MAJOR COURSE OR FIELD Academic							
MILITARY DATA	110. TYPE OF TRANSFER OR DISCHARGE Transferred to Marine Corps Reserve		b. STATION OR INSTALLATION AT WHICH EFFECTED H&HS, MCAS, El Toro, (Santa Ana), California							
	c. REASON AND AUTHORITY 226-Dependency. Par 10273 MARCOMMAN & MCO 1000.2B & CG 3dMAW's 5th End of 31 Aug 59						d. EFFECTIVE DATE 11 Sep 59	DAY MONTH YEAR		
SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 1st MAW, MCAS, El Toro (Santa Ana) California		130. CHARACTER OF SERVICE HONORABLE		b. TYPE OF CERTIFICATE DD-217-MC					
	14. SELECTIVE SERVICE NUMBER N/A		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE N/A				16. DATE INDUCTED N/A			
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED MARTC NAS, Glenview, Illinois									
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION 8 Dec 62		19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER:			b. TERM OF SERVICE (Years) 3		c. DATE OF ENTRY 24 Oct 55		
	20. PRIOR REGULAR ENLISTMENTS NONE		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Private		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Dallas, Texas					
	23. ADDRESS OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 4936 Collinwood Street Fort Worth, Tarrant, Texas		24. STATEMENT OF SERVICE		YEARS		MONTHS		DAYS	
	250. SPECIALTY NUMBER AND TITLE 6741: Avn Electronic Operator		b. RELATED CIVILIAN OCCUPATION AND O. T. NUMBER Radio Operator O-61.30		a. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		2 9 3	
					(2) OTHER SERVICE		0 0 0			
				(3) TOTAL (Line (1) + line (2))		2 9 3				
				b. TOTAL ACTIVE SERVICE		2 9 3				
				c. FOREIGN AND/OR SEA SERVICE		1 2 2				
26. DECORATIONS, MEDALS, BAUGES, COMMERCATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE										
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NONE										
28. OTHER										

8 DEC 1952		20. PRIOR REGULAR ENLISTMENTS NONE		21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Private		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Dallas, Texas				
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 4936 Collinwood Street Fort Worth, Tarrant, Texas		24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS				
25a. SPECIALTY NUMBER AND TITLE 6741: AvnElectronic Operator		25b. RELATED CIVILIAN OCCUPATION AND O. T. NUMBER Radio Operator O-61.30		G. CREDITABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD		2	9	3
				(2) OTHER SERVICE		0	0	0		
				(3) TOTAL (Line (1) + line (2))		2	9	3		
		D. TOTAL ACTIVE SERVICE		2	9	3				
		E. FOREIGN AND/OR SEA SERVICE		1	2	2				
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE										
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NONE										
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST GRADUATE COURSES SUCCESSFULLY COMPLETED										
SCHOOL OR COURSE a		DATES (From - To) b		MAJOR COURSES c		29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED				
Jacksonville, Florida Biloxi, Mississippi		18Mar57-3May57 1May57-19Jun57		AvnFundamentalC1 "P" Sool ACMOParCrse		USAFI GED HSI Low				
30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				30b. AMOUNT OF ALLOTMENT N/A		30c. MONTH ALLOTMENT DISCONTINUED N/A				
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)				NONE		31b. VA CLAIM NUMBER C- N/A				
32. REMARKS Lump sum leave settlement due but not settled ✓ Mileage paid: \$91.56 ✓ Recommended for Reenlistment. Time lost current active duty: Forty-five (45) days Periods in a non-pay status: From 29Jun58 to 12Aug58 Good Conduct Medal period commences 27Jun58 (1st Award) Total payment on separation: \$132.30 (9/11/59)										
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 3124 W. 5th Street, Fort Worth, Tarrant, Texas				34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Lee Harvey Oswald</i>						
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER A.G. AYERS Jr, 1st Lt USMC Ass't OIC Sops				35b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>A. G. Ayers Jr</i>						

DD FORM 214
NOV 55REPLACES EDITION OF 1 JUL 52 WHICH IS
OBSOLETEARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

423-54-107

UNDESIRABLE DISCHARGE

FROM THE ARMED FORCES OF THE
UNITED STATES OF AMERICA

THIS IS TO CERTIFY THAT

PRIVATE FIRST CLASS LEE HARVEY OSWALD 1653230

WAS DISCHARGED FROM THE
UNITED STATES MARINE CORPS

ON THE 13th DAY OF SEPTEMBER 1960

AS UNDESIRABLE

M. G. Letscher

M. G. LETSCHER, FIRST LIEUTENANT, USMC

ity for discharge _____

at _____ on the _____ day of

_____, 19____, to serve _____ years

s service _____

eld on discharge _____

(Date of return)

y occupational specialty _____

(sea, foreign, battles, engagements, expeditions) _____

number _____

ation _____

f discharge _____

y that the above is correct according to the service records.

. NAS, GLENVIEW, ILL. 26 Sep 60
non-delivery of Discharge
(address unknown)

Ascher By direction

U. S. GOVERNMENT PRINTING OFFICE 16-63063-2

UNIT DESTINATION	
<input type="checkbox"/> ADJ	<input type="checkbox"/> COR
<input checked="" type="checkbox"/> CC	<input type="checkbox"/> CR
<input type="checkbox"/> CL	<input type="checkbox"/> DR

INCOMING CORRESPONDENCE ASSIGNMENT
(MAIL AND DISTRIBUTION SUBUNIT)

Referred to _____

Received by _____

Searcher _____

Final disposition _____

REMARKS: _____

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

Form Approved
Budget Bureau
No. 72-R597.1

**CLAIMANT'S REPORT TO
SOCIAL SECURITY ADMINISTRATION**

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

Marina Oswald

SOCIAL SECURITY CLAIM NUMBER

433-54-3937 E, C, 2

Fill in Only the Item(s) being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)
Check if change is for: ☒ more than 6 months ☐ 6 months or less
To avoid delay in receipt of checks you should also file a regular change of address notice with your local post office.

2. MARRIAGE _____
Show new name _____
Enter date of marriage _____

3. DEATH _____
Enter date of death _____

4. DIVORCE OR ANNULMENT OF MARRIAGE (of spouse beneficiary from insured individual) _____
Enter date decree final _____

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE _____
Enter date child left your care _____

6. CHILD LEGALLY ADOPTED BY _____
Enter date of adoption _____

☐ Stepparent ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Other

7. WORK OUTSIDE THE UNITED STATES:
I was employed or self-employed outside the United States beginning with the month of _____
Month and Year _____

SIGNATURE of person making this report

Marina Oswald

Date signed *March 27, 1964*

P.O. Box or Street *629 Belt Line*

City, Zone No., State *Richardson, Tex., 75080*

UNIT DES

☐ PES☒ CC☐ CAS

INCOMING CORRESPONDENCE

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATIONForm Approved
Budget Bureau
No. 72-R597.2CLAIMANT'S REPORT TO
SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

MARINA N. OSWALD

SOCIAL SECURITY CLAIM NUMBER(S)

433-54-3937-E

Fill in Only the Item(s) being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)

Check if change is for: ☒ more than 6 months ☐ 6 months or less
To avoid delay in receipt of checks you should also file a regular change
of address notice with your local post office.

Enter date of marriage

2. MARRIAGE

Show New Name

3. DEATH OF (Show Name)

Enter date of death

4. DIVORCE OR ANNULMENT OF MARRIAGE
(of spouse beneficiary from insured indi-
vidual)

Enter date decree final

5. CHILD OR OTHER CLAIMANT LEFT YOUR
CAREEnter date child left your
care

Show Given Name(s) of Person(s) Who Left:

6. GOING OUTSIDE THE U.S.

Name of country to which going

Date of departure from
U.S.A.

Given Name(s) of Person(s) Going

7. CHILD LEGALLY ADOPTED

Show Given Name(s) of Child(ren)

Enter date of adoption

BY ☐ Stepparent ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Other

SIGNATURE of person making this report

Mrs. Marina Oswald

P.O. Box or Street

1245 DONNA DRIVE

City

State

Zip Code

RICHARDSON, TEXAS 75080

Enter name of county, if any, in which you live

DALLAS COUNTY

Date Signed

5-1-65

FORM OA-C 668 (6-63)

* GPO : 1963 OF-696-004

Form OA-C669
(11-60)

Form Approved.
Budget Bureau No. 72-R598

CLAIMANT'S REPORT ABOUT WORK TO SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

MARINA N. OSWALD

SOCIAL SECURITY CLAIM NUMBER

433-54-3937-E

Fill in Only the item being reported.

REPORT HERE IF YOU WORK

and expect to earn more than \$1,200 during this taxable year.

I am working for wages of more than \$100 (or rendering substantial services in self-employment) beginning with the month of . . .

Month & Year

9-64

Fill in both boxes

I estimate that my total earnings for this taxable year will be . . .

Amount

\$ 5,000

Your estimate will be used to schedule benefit payments to you during the year. At the end of the year an annual report of actual earnings is required, at which time adjustments, as necessary, will be made.

REPORT HERE IF YOU STOP WORKING

for wages of more than \$100 a month (or rendering substantial services in self-employment).

The last month I worked for wages of more than \$100 (or rendered substantial services in self-employment) was . . .

Month & Year

REPORT HERE TO REVISE AN ESTIMATE

of earnings you previously gave for this taxable year.

I estimate that my total earnings for this taxable year will be . . .

Amount*

\$

*If \$1,200 or less, show "\$1,200 or less"

Your benefit payments will be rescheduled in line with the changes in your work activity reported above.

SIGNATURE of person making this report

Date signed

Mrs. Marina Oswald Oct. 8, 1964

P.O. Box or street

629 BELT LINE ROAD

City

Zone No.

State

RICHARDSON, TEXAS 75080

GPO : 1960 O-572939

559 to file 10-15-64

<input type="checkbox"/> PES	<input type="checkbox"/> COR
<input type="checkbox"/> CC	<input type="checkbox"/> RECON
<input type="checkbox"/> CAS	<input type="checkbox"/> REC

INCOMING CORRESPONDENCE ASSIGNMENT RECORD

(MAIL AND DISTRIBUTION SECTION)

REPORTING CARD

Form Approved
Budget Bureau
No. 72-2597.3

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

MARINA N. Porter
 ENTER SOCIAL SECURITY CLAIM NUMBER IN THIS SPACE
433 54 3937

Check or fill in ONLY the information being reported.

1. ☒ CHANGE OF ADDRESS (Print new address at bottom)
 Check if change is for: ☐ More than 6 mos. ☐ 6 mos. or less

2. ☐ WORKING AND WILL EARN OVER \$1,500 THIS YEAR:

I am working for wages of more than \$125 a month (or rendering substantial services in self-employment) beginning with the month of

MONTH AND YEAR

Fill in both boxes

I estimate that my total earnings for this taxable year will be

AMOUNT

3. ☐ STOPPING WORK:

The last month I worked for wages of more than \$125 (or rendered substantial services in self-employment) was

MONTH AND YEAR

4. ☒ SIGNIFICANT CHANGE IN ESTIMATE:

I estimate that my total earnings for this taxable year will be

AMOUNT

5. ☐ DEATH

ENTER DATE OF DEATH

6. ☐ GOING OUTSIDE THE U.S.

Name of country to which going

DATE GOING

DATE EXPECT TO RETURN

7. ☐ MARRIAGE

Place of marriage (City, County & State)

DATE OF MARRIAGE

8. ☐ DIVORCE OR ANNULMENT

DATE DECREE FINAL

9. ☐ CHILD LEGALLY ADOPTED BY

☐ Stepparent ☐ Brother or
☐ Aunt or Uncle ☐ Sister
☐ Other ☐ Grandparent

ENTER DATE OF ADOPTION

10. ☐ CHILD OR OTHER CLAIMANT LEFT YOUR CARE

ENTER DATE HE LEFT YOUR CARE

SIGNATURE OF PERSON MAKING THIS REPORT

Mrs. Marina N. Porter

NUMBER AND STREET, P.O. BOX, OR ROUTE

6448 DUNSTAN Lane

CITY

STATE

DALLAS

Texas

ZIP CODE

75214

DATE SIGNED

5-4-66

TELEPHONE NUMBER, IF ANY

EM 8 2177

ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE

DALLAS

FORM SSA-1425 (12-65) KC

Referred to

Received by

Searcher

Final disposition

REMARKS:

nit

late

osition

U.S. GOVERNMENT PRINTING OFFICE

433-54-3937 E



SOCIAL SECURITY ADMINISTRATION

ANNUAL REPORT EARNINGS - 1964

Please read enclosed INSTRUCTIONS leaflet carefully.

Form Approved
Budget Bureau
No. 72-R524.9
App. Exp. 12-31-66

4. Answer only if you answered Item 2d on other side.
Show work you did in connection with your business during month for which you made an entry in Item 2d. (Also explain if ownership of your business changed.)

NOTICE: Whoever makes a false statement in connection with this report is liable to a penalty.

PRINT NAME AND ADDRESS BELOW IF NOT
ALREADY SHOWN, THEN ANSWER QUESTIONS
ON OTHER SIDE.

MARIANA N OSWALD
629 BELT LINE RD
RICHARDSON TEX
75080

Please do not bend, pin or tear this card.

MONTHS	HOURS OF WORK	WHAT WORK DID YOU DO?
SEPT	45+	WRITER
OCT	45+	"
NOV	45+	"
DEC	45+	"

FR 07
2/27/65
RMB

1. WERE YOU AN EMPLOYEE IN 1964? <input type="checkbox"/> YES If "yes" complete a & b <input checked="" type="checkbox"/> NO		a. Show amount of wages earned from January 1, 1964 through December 31, 1964 (gross wages before payroll deductions) \$											
		b. Place "X" in box for each month, if any, in which you did NOT earn more than \$100.											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		1	2	3	4	5	6	7	8	9	10	11	12
2. WERE YOU SELF-EMPLOYED IN 1964? <input checked="" type="checkbox"/> YES If "yes" complete a, b, c & d <input type="checkbox"/> NO		a. Show 1964 total receipts (farmers show gross profits) \$ 40,935.05											
		b. Show 1964 net earnings (or loss) (if a loss, write "L" after the amount) \$ 10,502.06											
		c. State kind of trade or business 9999											
		d. Place "X" in box for each month, if any, in which you believe you did NOT render substantial services in your business and complete item 4 on the other side.											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		1	2	3	4	5	6	7	8	9	10	11	12
3. DO YOU EXPECT TO EARN OVER \$1,200 in 1965? <input checked="" type="checkbox"/> YES If "yes" complete a & b <input type="checkbox"/> NO		a. Show your expected total earnings for 1965 \$ 5,000.00											
		b. Are you now EITHER working for wages of over \$100 a month OR rendering substantial services in self-employment <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
DATE AND SIGN HERE		DATE		SIGNATURE Mrs. Margaret Brown						SOCIAL SECURITY CLAIM NUMBER 435 54-3937			

EAC HIP 720 BACK

REPORT OF CONTACT
(USE INK OR TYPEWRITER)

OFFICE: Dallas, Tex.
DATE: 1-10-64
A/N: 433-54-3937

W/E OR S/E PERSON

Lee Harvey Oswald

NAME AND ADDRESS OF PERSON(S) CONTACTED:

Mr. Lee R. Clower - Office
Mgr. - Jaggars Chiles Stovall Inc. RI-1-55011

CONTACT MADE:

IN PERSON ☐

TELEPHONE ☒

PLACE OF CONTACT

Dallas

I asked Mr. Clower to look at his copy of his 941 for 12/62. He did so and reported that he showed #727.81.

It is obvious that the the #636.50 appearing on the 794 for 1962 was another Employer and therefore 1962 is one of the high years.

This reason the #727.81 did not get on the wage record is because the Jaggars Corporation used an inaccurate account number. They showed 433-54-3739 instead of 433-54-3937.

1/27/64 Jaggars Corp did report for Oswald 5241
12/62, 3/63, & 6/63 as they show same
for under employer's wrong number. reports as on 1001.
amounts as 2. J. O'Brien, Jr. Chief Police
clear

CONTACT MADE BY

Joe L. Carter
(SIGNATURE)

Asst. Mgr.
(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

43-54-3937 E



SOCIAL SECURITY ADMINISTRATION ANNUAL REPORT OF EARNINGS - 1965

Please read enclosed INSTRUCTION leaflet carefully.

 Form Approved
 Budget Bureau
 No. 72-R574.7
 App. Exp. 12-31-66

 4. Answer only if you answered item 2d on other side.
 Show what work you did in connection with your business
 during each month for which you made an entry in item
 2d. (Also explain if ownership of your business changed.)

 NOTICE: Whoever makes a false statement in connection with this report is liable to
 a penalty.

 PRINT NAME AND ADDRESS BELOW IF NOT
 ALREADY SHOWN, THEN ANSWER QUESTIONS
 IN OTHER SIDE.

 MARINA M. HALL
 1245 DONNA DR
 RICHARDSON TEX
 75080

Please do not bend, pin or tear this card.

MONTHS	HOURS OF WORK	WHAT WORK DID YOU DO?
JAN		WRT, 700
FEB		"
JUNE		"
JULY		"
		L. Bruce F 19811 4/23/66
		PH 107
		MS Ranklin E-30-13
		4/25/66

EAC HIP 2569

FORM 104-C (REV. 1-65) DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—OFFICE OF SOCIAL SECURITY ADMINISTRATION

1. ☒ **ARE YOU AN EMPLOYEE**
IN 1965?
If "yes" complete a & b
☐ YES ☒ NO

a. Show amount of wages earned from January 1, 1965 through December 31, 1965 (gross wages before payroll deductions) \$
b. Place "X" in box for each month, if any, in which you did NOT earn more than \$100.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

2. ☒ **WERE YOU SELF-EMPLOYED**
IN 1965?
If "yes" complete a, b, c & d
☒ YES ☐ NO

a. Show 1965 total receipts from self-employment (farmers show gross profits) \$ 5130.24
b. Show 1965 net earnings (or loss) from self-employment (if a loss, write "L" after the amount) \$ 5130.24
c. State kind of trade or business Writer
d. Place "X" in box for each month, if any, in which you believe you did NOT render substantial services in your business and complete item 4 on the other side.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

3. ☐ **DO YOU EXPECT TO EARN OVER \$1,500 IN 1966?**
If "yes" complete a & b
☐ YES ☒ NO

a. Show your expected total earnings for 1966 \$ 0
b. Are you now EITHER working for wages of over \$125 a month OR rendering substantial services in self-employment? ☐ YES ☒ NO

DATE 4-5-66 SIGNATURE Mrs. Marina N. Porter SOCIAL SECURITY CLAIM NUMBER 5 (g) (2) (D)

EAC HIP 2569 BACK

In replying, Address: SOCIAL SECURITY ADMINISTRATION
3716 Rawlins St. P. O. Box 6556
Dallas, Texas 75219
RI 9-2885 RI 9-2991 late 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

JAGGARS-CHILES-STOVALL, INC.

522 S. BROWDER ST.

DALLAS TEXAS 75222

J. H. Malone
District Manager.

Enclosure.

STATEMENT OF EMPLOYER

1. This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—
LEE HARVEY OSWALD 433-54-3937
(Name of wage earner) (Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

2. PERIOD	WAGES PAID	WAGES PAID	WAGES PAID	WAGES PAID
	YEAR 19 <u>62</u>	YEAR 19 <u>63</u>	YEAR 19.....	YEAR 19.....
January 1-March 31, inclusive.....	\$ none	\$ 945.69	\$.....	\$.....
April 1-June 30, inclusive.....	\$ none	\$ 121.67	\$.....	\$.....
July 1-September 30, inclusive.....	\$ none	\$ none	\$.....	\$.....
October 1-December 31, inclusive.....	\$ 727.81	\$ none	\$.....	\$.....

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION <u>Camera Dept.</u>	7. NATURE OF BUSINESS <u>Typography</u>
4. BUSINESS NAME OF EMPLOYER (Type or print) <u>Jaggars-Chiles-Stovall, Inc.</u>	8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM <i>J. H. Malone</i>
5. STREET ADDRESS OF EMPLOYER <u>522 Browder St.</u>	9. TITLE OF PERSON SIGNING ABOVE <u>Secretary-Treasurer</u>
6. CITY <u>Dallas, Texas</u>	10. EMPLOYER'S FEDERAL IDENTIFICATION NO. <u>75 0359250</u>
STATE <u>Texas</u>	11. DATE THIS STATEMENT FILLED OUT <u>1-10-64</u>

3716 Rawlins St. P. O. Box 6556
Dallas, Texas 75219
In reply, Address: SOCIAL SECURITY ADMINISTRATION
RI 9-2885 RI 9-2991
Telephone Date 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

TEXAS SCHOOL BOOK
DEPOSITORY

ELM AT HOUSTON
DALLAS, TEXAS

J. E. Dickenson

District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. LEE HARVEY OSWALD 433-54-3937
(Name of wage earner) (Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

2. PERIOD	WAGES PAID YEAR 19. <u>63</u>	WAGES PAID YEAR 19.	WAGES PAID YEAR 19.	WAGES PAID YEAR 19.
January 1-March 31, inclusive.....	\$ <u>NONE</u>	\$	\$	\$
April 1-June 30, inclusive.....	\$ <u>NONE</u>	\$	\$	\$
July 1-September 30, inclusive.....	\$ <u>NONE</u>	\$	\$	\$
October 1-December 31, inclusive.....	\$ <u>261.68</u>	\$	\$	\$

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION

Order Clerk

7. NATURE OF BUSINESS

Text Books

4. BUSINESS NAME OF EMPLOYER (Type or print)

Texas School Book Depository

8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM

O. S. Campbell

5. STREET ADDRESS OF EMPLOYER

Elm at Houston St.

9. TITLE OF PERSON SIGNING ABOVE

Vice President

6. CITY

STATE

Dallas Texas

10. EMPLOYER'S FEDERAL
IDENTIFICATION NO.

075-0491330

11. DATE THIS STATEMENT FILLED OUT

1-10-64

In replying, Address: SOCIAL SECURITY ADMINISTRATION

701 Loyola Avenue
New Orleans, La. 70113

Telephone 527-2551

Date 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

William B. Reilly Co., Inc
640 Magazine St
New Orleans La

Martha A. McSteen
(Mrs.) Martha A. McSteen

District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. Lee H. Oswald (Name of wage earner) 433-54-3937 (Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PLEASE DO NOT WRITE IN MARGIN

2. PERIOD	WAGES PAID YEAR 19. 63	WAGES PAID YEAR 19.	WAGES PAID YEAR 19.	WAGES PAID YEAR 19.
January 1-March 31, inclusive.....	\$	\$	\$	\$
April 1-June 30, inclusive.....	\$ 422.25	\$	\$	\$
July 1-September 30, inclusive.....	\$ 191.25	\$	\$	\$
October 1-December 31, inclusive.....	\$	\$	\$	\$

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION

order in plant

7. NATURE OF BUSINESS

Coffee Roasters

4. BUSINESS NAME OF EMPLOYER (Type or print)

Wm B. Reilly Co., Inc

8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM

W. H. Schlundren Controller

5. STREET ADDRESS OF EMPLOYER

640 Magazine St

9. TITLE OF PERSON SIGNING ABOVE

6. CITY

STATE

10. EMPLOYER'S FEDERAL
IDENTIFICATION NO.

11. DATE THIS STATEMENT FILLED OUT

Wage Earner

Lee H. Oswald

A/N

433-54-3937

Understanding that this statement is for the use of the Social Security Administration in the administration of the Social Security Act, Title II, I hereby certify that the following information is correct:

- (1) Were the wages shown on the attached statement of employer reported to the Director of Internal Revenue?

☒ Yes

No

- (2) If wages were reported, please give date(s) reported and under what employer's name the report(s) was made:

Same, on regular Return

- (3) If the wages were not reported, please give reason for failure to report:

1/10/64
Date

H. J. Schlundwein Controller
Signature

Attachment to Form OAC-1001
NOLA-7/63

Form OA-C589

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
10-14-64

Always give
Claim No. 433-54-3937-E
when writing about your claim

acknowledged of the following:

DESCRIPTION OF REMITTANCE	AMOUNT	SCHEDULE NO.
Personal check dated 10-6-64	37.50	OCT 15 1964 74
Forwarded by: Mrs. Marina Oswald 629 Belt Line Road Richardson, Texas 75080		Previous balance \$
		Current remittance \$
		Current balance \$
		Next date for payment

ACKNOWLEDGED
OCT 15 1964
LP

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:

Dallas, Texas

DATE:

1/16/64

W/E OR S/E PERSON

Lee Harvey Oswald

A/N

433-54-3437

NAME AND ADDRESS OF PERSON(S) CONTACTED:

CONTACT MADE:

IN PERSON ☐TELEPHONE ☐

PLACE OF CONTACT:

We have requested scouting of the wife's unreported 12/62 earnings from Jaggars - Chiles - Stovall, Inc. We have a 1001 showing wife's correct earnings for this period, & we have also verified that these earnings were reported under an incorrect AIN. We are forwarding claim for adjudication without waiting for the scouting which we have requested. As soon as it is received, we will forward it to PC for association with wife's file. We presume that these earnings will be located through scouting. However, if not, we will prepare 7010's. Results of this development will be forwarded for association with wife's file. We will also ~~check~~ ^{check} 3/63^{6/63} earnings from this is since (over) they are also pre-lag.

CONTACT MADE BY

H. Lynde

(SIGNATURE)

Claims Rep.

(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

MILITARY OCCUPATIONAL SPECIALTIES						
DATE	PRIMARY MOS	ADDITIONAL MOS	TITLE OF MOS		AUTHORITY	
25Jun57	6741	- - - -	AvnElectronicsOper ✓		CMG Spd ltr DFI-nad-12 of 27May57	

EDUCATION					CIVILIAN OCCUPATIONS	
CIVILIAN					JOB TITLE (If in occupation)	
TYPE SCHOOL	MAJOR SUBJECT	NUM. YEARS	GRAD. YES NO	YEAR LEFT SCHOOL	DOT NO.	YEARS EXPERIENCE
GRAMMAR SCHOOL	Acad	8	X	1956	1-23.02	4/12
HIGH SCHOOL		1	X	1956	DUTIES PERFORMED Performed various clerical duties such as distributing mail, delivering messages & answering telephone. Helped file records & operated ditto, letter opening & sealing machines.	
COLLEGE-UNIVERSITY						
TRADE-BUSINESS						
MILITARY					JOB TITLE (Secondary occupations)	
SCHOOL ATTENDED AND COURSE		NUM. YEARS	YEAR COMPLETED	INCOM. PLETS	DOT NO.	YEARS EXPERIENCE
✓ AvnFundScol JAX		6	1957			
✓ ACNOperCrew Engineer AFB		6	1957			

TESTING AND SPECIAL QUALIFICATIONS							
FOREIGN LANGUAGE							
LANGUAGE	FORM	COMPREHENSION			RATING		DATE
		UNDERSTANDS	READS	WRITES	TOTAL SCORE	ADJ. RATING	
✓ Russian	DA AGO FEB-1579	5 (p)	4 (p)	3 (p)	2 (p)		25Feb59

OPERATES (Name of machine, vehicle, equipment, etc.)		CLASSIFICATION, APTITUDE, AND TRADE TESTS			
TITLE	FORM	DATE	GRADE-SCORE	AUTHENTICATION (Name and rank)	
GCT	3a	/	III-105	Trans from old page	
RY	3a		II-125		
AC	3a		III-108		
AR	3a		III-90		
PA	3a		III-94		
RGT	SR-2		30Oct56	III-92	1st Lt

PREFERENCE OF DUTY	RECOMMENDED DUTY ASSIGNMENT
Aircraft Maintenance and Repair	Aircraft Maintenance and Repair
1. Completed HS level GED 23Mar59 sat passed USAFI HS GED PT. 1-46, 2-57, 3-55, 4-58, 5-52	

NAME (Last)	(First)	(Middle)	SERVICE NO.
OSWALD	Lee	Harvey	1653230

NAVYING USE (A)-PD (REV. 9-53) (SUPERSEDES NAVYING 110-PD (REV. 9-53) WHICH WILL BE USED, AND ALL OTHER EDITIONS OF NAVYING 110 (A)-PD AND NAVYING 110 (A)-PD (REV. 9-53) NOT BE USED. © GPO : 1953-O-258100

FOLSOM EXHIBIT No. 1-Continued (p. 7)

e. The Marine has no firm offer of employment he has indicated that his former employer will entertain offering employment with a suitable salary to provide the necessary support of his mother.

3. In evaluation of all facts available, it is the opinion of the Board that Private First Class OSWALD meets the requirements of paragraph 10273 MCM for release from active duty.

4. The Board recommends that Private First Class Lee H. OSWALD be released from active duty with the Marine Corps for reasons of dependency.

B. J. Kozak
B. J. KOZAK

Lieutenant Colonel, U. S. Marine Corps

FOLSOM EXHIBIT No. 1—Continued (p. 80)

10:GCK:wdp
26 Aug 1959

THIRD ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Commanding General, 3d Marine Aircraft Wing
To: Senior Member, 3d Marine Aircraft Wing Hardship/
Dependency Discharge Board.

Subj: Dependency Discharge; request for; case of Private
First Class Lee H. OSWALD 1653230/6741 USMC

Ref: (b) Para 10273 MarCorMan
(c) CG 3d MAW ltr to LtCol KOZAK 10:RH:dln of 30
Jul 1959

1. Delivered.

2. In accordance with the provisions of subparagraph 9c of reference (b), you will convene the 3d Marine Aircraft Wing Hardship/Dependency Discharge Board, as designated by reference (c), as soon as practicable for the purpose of considering the subject case.

3. The recommendations of the Board will be returned to this Headquarters by endorsement hereon as expeditiously as possible.

W. A. Cichman, Jr.

W. A. CICHMAN, JR.
By direction

FOLSOM EXHIBIT No. 1—Continued (p. 81)

1910
AUG 28 1959

FOURTH ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Senior Member, 3d Marine Aircraft Wing Hardship or
Dependency Discharge Board

To: Commanding General, 3d Marine Aircraft Wing

Subj: Discharge by reason of dependency; request for case of
Private First Class Lee H. OSWALD 1653230/6741 USMC

1. Guided by the provisions of reference (a) and in compliance with Third Endorsement hereto, the Hardship or Dependency Discharge Board met at 1530, 27 August 1959 to consider the case of Private First Class Lee H. OSWALD 1653230/6741 USMC. The Marine had submitted an official request for a dependency discharge in accordance with reference (a). The following members were present:

Lieutenant Colonel Bolish J. KOZAK 07108 USMC (MWHG-3)
Major George E. MC CLANE 016430/7335 USMC (MAG-36)
Major Eugene T. CARD 035129/7304 USMC (MWHG-3)

2. Upon examination of the basic request, supporting enclosures and Service record, Private First Class Lee H. OSWALD was interviewed by the Board. The following facts were then considered:

a. Private First Class Lee H. OSWALD, not married, on his initial three (3) year enlistment in the Marine Corps is obligated to serve on active duty until 7 December 1959.

b. The Marine submitted his request for a dependency discharge in order that he may provide physical and financial assistance to his invalid mother residing in Fort Worth, Texas.

c. The home situation of Private First Class OSWALD has been aggravated subsequent to his enlistment date through incapacitation of his mother as a result of an industrial accident. The mother is no longer gainfully employed due to her physical condition and has no source of income. The presence of her son, Private First Class OSWALD, is required for physical and financial assistance.

d. One son, married and residing in Fort Worth is unable to provide either financial or physical assistance to the Marine's mother due to his marital responsibilities and the inability of the two families to maintain a common home. Another son, married, with the U. S. Air Force on active duty in Japan, cannot furnish financial support.

FOLSOM EXHIBIT No. 1--Continued (p. 79)

DISTRICT OFFICE		PAYMENT CENTER		<input type="checkbox"/> PLEASE ADVISE CURRENT DISTRICT OFFICE OF CLAIMS STATUS (PREPARE OA.C556)				<input checked="" type="checkbox"/> PRIOR CERTIFICATION (SEE OVER)					
DALLAS TEX		CODE	REQUEST DATE		TYPE ACTION		BLOCK NUMBER		ACCOUNT NUMBER				
		814	01	17	64	B-SOA		G 74962	433-54-3937				
NAME OF A/N HOLDER		SEX	DATE OF BIRTH		P	DATE OF APPL.		TYPE CLAIM	DATE OF DEATH				
OSWALD, LEE H		M	10	19	39		01	09	64	D	11	24	63
MULTIPLE A/N		MULTIPLE A/N		MILITARY SERVICE FROM		THRU	V	DATE OF ONSET		NO. ELECT.	R R SERVICE		
LAG INFORMATION FURNISHED BY DISTRICT OFFICE													
TYPE	PERIOD	AMOUNT	EIN	TYPE	PERIOD	AMOUNT	EIN	FAMILY COMPOSITION		PRIOR CERTIFICATION		FORM 805	
		LAG NP										S	
								AUXILIARY OR SURVIVOR DATA				SEP CHK	
								SEX	DATE OF BIRTH	P	NO. ELECT.		
DED. DATA													
REMARKS													
IDENTIFYING INFORMATION -- ACCOUNT NUMBER UNKNOWN													
<div style="display: flex; justify-content: space-between;"> F N B M N </div>													
<div style="display: flex; justify-content: space-between;"> E R DATE 01 20 64 </div>													

REQUEST FOR E/R ACTION

FORM OA-C790 (IDP) 1-62

SS-5 REMOVED BY

0057012064

UNITED STATES GOVERNMENT

Memorandum

CONFIDENTIAL - ADMINISTRATIVE

TO : Kansas City Payment Center

DATE: June 3, 1965

FROM : Jess C. Carter, Assistant Manager
Dallas, Texas

SUBJECT: Lee Harvey Oswald - A/N 433 54 3937

Our newspaper has reported the re-marriage of the wage earner's widow. Since the language barrier is still a problem with her it is possible she will overlook making a proper report. Reportedly the marriage took place on Tuesday June 1, 1965.

Jess C. Carter

(2) 510's, 101, 526
RG81
V. Daugherty L02
6/7/65

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan



NR DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

OFFICE

3716 Rawlins Street
P.O. Box 6556
Dallas, Texas 75219

WAGE EARNER:
When writing about your claim
always give Claim No.

Lee H. Oswald

433 - 54 - 3937 C

Mrs. Marina Porter
733 Scottsdale
Richardson TX 75080

This will acknowledge your inquiry regarding the check(s) for the month(s) of *July 1969* to be rec'd in Aug

The Treasury Department desires that each person promptly receive the amount due him but wishes to avoid unnecessary expense in record searching which results in many instances in finding the check was correctly paid. On a notice, such as you have furnished us, the Treasury Department must necessarily search its payment records from the date of issuance of the check until the date that a substitute check will be issued. Because of the large volume of payments, the searching operation entails a heavy expense for each item. Accordingly, it is requested that you fill out the questionnaire on the reverse of this notice and RETURN IT IN THE ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER ACTION WILL BE TAKEN.

If you receive the check before hearing from the Treasury Department you should notify the social security district office shown above. ~~You may use the enclosed post card to notify us.~~ After sending in this notification, you may cash the check.

Upon receipt of this questionnaire, action if necessary, will be taken by the Treasury Department to place a stop payment on the check and to refer the case to the United States Secret Service for investigation and clearance so a duplicate check can be sent to you. The Treasury Department will get in touch with you if it needs further information.

Sincerely yours,

District Manager

Enclosures:
Envelope
Post Card OA-C1247

Check Number

Date

DO NOT WRITE BELOW THIS LINE

DALLAS, TEXAS	
AUG 12 1969	
71014	Amount
SSA DISTRICT OFFICE	
FORM SSA-L785 (10-66)	
(FORMERLY OA-CL735)	

A PROMPT REPLY WILL EXPEDITE ACTION

QUESTIONNAIRE

1. Have you received the check described on the other side of this sheet?..... ☐ Yes ☒ No

If your answer is "Yes" destroy this form; fill out and mail the enclosed post card.

2. If your answer is "No," have you asked your local post office about the check?
(If your answer is "No," this should be done.)..... ☒ Yes ☐ No

3. If you recently changed your mailing address, have you tried to find out whether
the check is being held there for you at your old address or was returned to the post
office? (If your answer is "No," this should be done.)..... ☒ Yes ☐ No

4. Have you any information which you think might assist the Treasury Department
in locating the check? (If your answer is "Yes," please give such information
under "Remarks.")..... ☐ Yes ☒ No

5. Is it possible that you received the check and cashed it, thinking it was issued
for another purpose? (If your answer is "Yes," please explain under "Remarks.") ☐ Yes ☒ No

6. If this check was illegally cashed, you will be entitled to payment of the amount of the check; however,
another check in place of it will not be issued until the case has been fully investigated by the United States
Secret Service. As it may be necessary to contact you for further information, please furnish on the line below
the address at which you may be reached during the daytime, if such place is different from your residence.

same as Residence
.....
(Number and Street)

.....
(City, State and ZIP Code)

7. If the check was mailed to a different address than shown below, please furnish that address.

.....
(Number and Street)

.....
(City, State and ZIP Code)

8. After reviewing all circumstances, I/we wish to make formal claim to the Treasury Department for stoppage of
payment of this check and the issuance of a substitute check. *yes*

9. REMARKS (State any other facts which may aid in locating the check):

If this questionnaire has been signed by mark (X), two witnesses
who know the person must sign below, giving their full addresses.

1. NAME

ADDRESS (Street number, City, State and ZIP Code)

2. NAME

ADDRESS (Street number, City, State and ZIP Code)

SIGNATURE OF PAYEE OR CLAIMANT

SIGNATURE OF CO-PAYEE (Both husband and wife must sign if co-payees of a combined check)

RESIDENCE NUMBER AND STREET

CITY, STATE AND ZIP CODE

DATE (Mo., Day, and Year)

TELEPHONE NUMBER



DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
SOCIAL SECURITY ADMINISTRATION

OFFICE

3716 Rawlins Street
P.O. Box 6556
Dallas, Texas 75219

WAGE EARNER: *Lee Oswald*
When writing about your
always give Claim No.

JFK Act 5 (g) (2) (D)

24
Ms. Porter
733 Scottsdale
Richardson, Tex 75080

This will acknowledge your inquiry regarding the check(s) for the month(s)
of *June 1969*

The Treasury Department desires that each person promptly receive the amount due him but wishes to avoid unnecessary expense in record searching which results in many instances in finding the check was correctly paid. On a notice, such as you have furnished us, the Treasury Department must necessarily search its payment records from the date of issuance of the check until the date that a substitute check will be issued. Because of the large volume of payments, the searching operation entails a heavy expense for each item. Accordingly, it is requested that you fill out the questionnaire on the reverse of this notice and RETURN IT IN THE ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER ACTION WILL BE TAKEN.

If you receive the check before hearing from the Treasury Department you should notify the social security district office shown above. ~~You may use the enclosed post card to notify us.~~ After sending in this notification, you may cash the check.

Upon receipt of this questionnaire, action if necessary, will be taken by the Treasury Department to place a stop payment on the check and to refer the case to the United States Secret Service for investigation and clearance so a duplicate check can be sent to you. The Treasury Department will get in touch with you if it needs further information.

Sincerely yours,

Clarence M Vaden

District Manager

Enclosures:

Envelope

~~Post Card OA-C1247~~

DO NOT WRITE BELOW THIS LINE

Check Number

Date

Amount

75080

7/3/69

FORM SSA-L735 (10-66)
(FORMERLY OA-CL735)

A PROMPT REPLY WILL EXPEDITE ACTION

QUESTIONNAIRE

1. Have you received the check described on the other side of this sheet? ☐ Yes ☒ No
If your answer is "Yes" destroy this form; fill out and mail the enclosed post card.
2. If your answer is "No," have you asked your local post office about the check? ☒ Yes ☐ No
(If your answer is "No," this should be done.)
3. If you recently changed your mailing address, have you tried to find out whether the check is being held there for you at your old address or was returned to the post office? (If your answer is "No," this should be done.) ☐ Yes ☒ No
4. Have you any information which you think might assist the Treasury Department in locating the check? (If your answer is "Yes," please give such information under "Remarks.") ☐ Yes ☒ No
5. Is it possible that you received the check and cashed it, thinking it was issued for another purpose? (If your answer is "Yes," please explain under "Remarks.") ☐ Yes ☒ No
6. If this check was illegally cashed, you will be entitled to payment of the amount of the check; however, another check in place of it will not be issued until the case has been fully investigated by the United States Secret Service. As it may be necessary to contact you for further information, please furnish on the line below the address at which you may be reached during the daytime, if such place is different from your residence.

733 Scottsdale dr.
(Number and Street)

Richardson, Texas, 75080
(City, State and ZIP Code)

7. If the check was mailed to a different address than shown below, please furnish that address.

(Number and Street)

(City, State and ZIP Code)

8. After reviewing all circumstances, I/we wish to make formal claim to the Treasury Department for stoppage of payment of this check and the issuance of a substitute check.

9. REMARKS (State any other facts which may aid in locating the check):

None

If this questionnaire has been signed by mark (X), two witnesses who know the person must sign below, giving their full addresses.		SIGNATURE OF PAYEE OR CLAIMANT Mrs. Kenneth Porter	
1. NAME		SIGNATURE OF CO-PAYEE (Both husband and wife must sign if co-payees of a combined check) 733 Scottsdale dr.	
ADDRESS (Street number, City, State and ZIP Code)		RESIDENCE NUMBER AND STREET Richardson, Texas, 75080	
2. NAME		CITY, STATE AND ZIP CODE	
ADDRESS (Street number, City, State and ZIP Code)		DATE (Mo., Day, and Year) July 18, 1969	
		TELEPHONE NUMBER AD-1-0720	

433-54-2937

GUARDIAN OF

DATE 4/25/66

NW 68261 DocId:32245128 Page 54

ACCOUNT NUMBER

433 54-3937 E

FOR MINOR CHILDREN OF

GUARDIAN OF

MARINA N. OSWALD

☐ ONE CHECK ONLY ☐ A- ☐ AWARD ☐ ADJUSTMENT ☐ SUPP L/S ☐ CONDITIONAL ADJUSTMENT ☒ FOLDER REFERENCE

BENEFICIARY NOTICE:

NLW

[illegible]

REMARKS	
PIA <i>m</i>	

PIA 71.00

PREPARED BY EXAMINER

DATE _____

APPROVED BY-REVIEWER

DATE _____

W 68261 DocId:32245128 Page 55

CLAIM NO.	
-----------	--

433-54-3937-E

PIC

E

W. E.

ADJMT. CODING

DATE

6/7/65

Marina N. Oswald

CR. BLOCK NO.

0208 JUN '65 KC

DATE OF BIRTH

INITIALS

PAYEE FILE

CLC

MONTHLY RATE	
--------------	--

SHOULD HAVE BEEN (SHOULD BE) STOPPED

45

31.40

6/65

DIARY FILE

SPA

LAST SCHED. NO.

TREASURY REQUESTED TO DISCONTINUE PAYMENT

9A

6/65

CROSS-REF.

ACCOUNT NO.

- ☐ 0. Investigation pending determ. of cont. disability
- ☐ 1. Worked outside the United States
- ☐ 2. Worked and expects net earnings to exceed \$1200
- ☐ 3. OAIB worked and expects net earnings to exceed \$1200
- ☐ 4. Failure to have a child entitled to benefits in your care
- ☐ 5. OAIB worked outside the United States
- ☐ 7. Refused VR Services
- ☐ 8. Payee not determined
- ☐ 9.
- mjb 011-1212161

mjb

(Clerk)

(Date)

(Reviewer)

(Date)

- | | |
|--|--|
| <input type="checkbox"/> 0. Benefits payable by some other agency | <input type="checkbox"/> 6. Death Marriage of child |
| <input type="checkbox"/> 1. Death of beneficiary | <input type="checkbox"/> 7C. Adoption |
| <input type="checkbox"/> 2. Dependent terminated due to death of insured individual | <input type="checkbox"/> 7. Adoption of child |
| <input checked="" type="checkbox"/> 3. Divorce Marriage Remarriage | <input type="checkbox"/> 8H. DIB no longer disabled |
| <input type="checkbox"/> 4C. Attained age 18 and not disabled | <input type="checkbox"/> 8. Mother terminated-
Child no longer disabled |
| <input type="checkbox"/> 4. Child attained age 18 and not disabled | <input type="checkbox"/> X. DIB attained age 65 |
| <input type="checkbox"/> 5. Beneficiary entitled to other benefits | <input type="checkbox"/> R. Claim withdrawn |
| <input type="checkbox"/> 6C. Child no longer disabled | |
| <input type="checkbox"/> 9. | |

DISTRICT OFFICE

DETERMINATION OF
TERMINATION OF ENTITLEMENT
OR SUSPENSION OF PAYMENTS
BASED ON SUPPORTING EVIDENCE ON FILE

CLAIM NO.

433-54-3937

PIC

E

W. E.

ADJMT. CODING

A9

DATE

10/16/64

CR. BLOCK NO.

W-0402 OCT '64 KC

Marina N. Oswald

DATE OF BIRTH

INITIALS

PAYEE FILE

DIARY FILE

Bea D

CLC

MONTHLY RATE

SHOULD HAVE BEEN (SHOULD BE) STOPPED

45

37.60

SPA

LAST SCHED. NO.

TREASURY REQUESTED TO DISCONTINUE PAYMENT

9A

10/64

CROSS-REF.

ACCOUNT NO.

- ☐ 0. Investigation pending determ. of cont. disability
- ☐ 1. Worked outside the United States
- ☐ 2. Worked and expects net earnings to exceed \$1200
- ☐ 3. OAIB worked and expects net earnings to exceed \$1200

- ☐ 4. Failure to have a child entitled to benefits in your care
- ☐ 5. OAIB worked outside the United States

- ☐ 7. Refused VR Services
- ☐ 8. Payee not determined.
- ☐ 9.

red

(Clerk)

(Date)

(Reviewer)

(Date)

- ☐ 0. Benefits payable by some other agency
- ☐ 1. Death of beneficiary
- ☐ 2. Dependent terminated due to death of insured individual
- ☐ 3. Divorce Marriage Remarriage
- ☐ 4C. Attained age 18 and not disabled
- ☐ 4. Child attained age 18 and not disabled
- ☐ 5. Beneficiary entitled to other benefits
- ☐ 6C. Child no longer disabled
- ☐ 9.

- ☐ 6. Death Marriage of child
- ☐ 7C. Adoption
- ☐ 7. Adoption of child
- ☐ 8H. DIB no longer disabled
- ☐ 8. Mother terminated- Child no longer disabled
- ☐ X. DIB attained age 65
- ☐ R. Claim withdrawn

PREVIOUS DISTRICT OFFICE			DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST			NEW DISTRICT OFFICE		
DATE 5/10/65			WAGE EARNER			PIC E		CLAIM NO.
FLOA	LLOA	MBA	SPA			Marina N Oswald 1245 Donna Dr Richardson Tex 75080 433 54 3937 E		
TR FILE CODE		CLC	S & C CODE					
9A		45	45390A					
<input checked="" type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> HOLD CK DATED _____ <input checked="" type="checkbox"/> PAYEE CHANGE REPLACE CK DATED 6/3/65 DRAWN PAYABLE TO Mariana N Oswald								

FORM OA-C610 (2-64)

FILE COPY

mvj

PREVIOUS DISTRICT OFFICE			DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE	
DATE 05/05/65 06			WAGE EARNER		3716 RAWLINS ST DALLAS TEX 75219 CLAIM NO.	
FLOA 2	LLOA 3	MBA 03140	SPA MARINA	433 54 3937 E		
TR FILE CODE 9A	CLC 45	J & C CODE 45390A	MARIANA N OSWALD 1245 DONNA DR RICHARDSON TEX 75080			
<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> HOLD CK DATED _____ <input checked="" type="checkbox"/> PAYEE CHANGE REPLACE CK DATED _____ DRAWN PAYABLE TO _____ MARIANA N OSWALD CK REDIRECTED						

Reprint 5/6/65 ll

FORM OA-C610B (6-64)

FILE COPY

US DISTRICT OFFICE		DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE	
4-3-64		WAGE EARNER		PIC E	
LLOA 4		MBA 03760		CLAIM NO.	
CODE 1		CLC 15390		S & C CODE 15390	
ADDRESS CHANGE OLD CK DATED _____ NEW CK DATED _____ PLACE CK DATED _____ PAWN PAYABLE TO _____					
Marina N Oswald 433 54 3937 E 629 Belt Line Richardson Tex 75080					



A-C610 (6-63)

FILE COPY

BENEFIT SUMMARY

Form approved by
Comptroller General, U. S., October 25, 1950

Department of Health, Education, and Welfare
Social Security Administration
Bureau of Old-Age and Survivors Insurance

CLASS OF ACTION

ACCOUNT NUMBER

433-54-3937

[illegible]

REMARKS

c1 (2)

137 P 74KC FEB

CLERK

DATE _____

REVIEWER

DATE _____

F. Corbitt

2/3/64

W. W. Lusk

2-3-67

Form OA-C-101

Determination of Award

Form approved by Comptroller General, U.S.
January 23, 1958

1. INSURED INDIVIDUAL Lee H Oswald		RACE X		W X	N X	O X	DATE OF BIRTH 10/19/39	DATE OF DEATH 11/24/63	DATE CLAIM FILED
2. REQUIRED QTRS. 6	HAS AT LEAST 6	CURRENT QTRS.	3. First Base Yr. Or Starting Date 1951		LAST BASE YR. OR CLOSING DATE 1963		4. LUMP SUM AMOUNT 213.00		
5. TOTAL EARNINGS 3306.85		DISABILITY PERIOD EXCLUDED		ELAPSED YRS. OR YRS. DROPPED 61-62		DIVISOR 24	INCREMENTS	PRIMARY AMOUNT 71.00	
6. SYMBOL	NAME	DATE OF BIRTH	DATE CLAIM FILED	ORIGINAL BENEFIT	ANY OTHER BENEFITS	ADJUSTED BENEFIT	RELATIVE'S ACCT. NUMBER (IF ANY)		
G1		7/17/41	1/9/64						
E		"	"	53.30		37.60	47-1-4571		
C2	June L	2/15/62	"	53.30		37.60			
C1	Audrey M	10/20/63	"	53.30		37.60			
8. REIMBURSABLE F. H. EXPENSES ARE		PAID AS FOLLOWS				REMAINS UNPAID		7. MAXIMUM PAYABLE 112.80	
11. REMARKS									O.O. CODE 814

3716 Rawlins St
Dallas Tex 75219

157 P 74K0 FEB

12. CERTIFICATION OF PAYMENT		DATE OF ENTITLEMENT TO MONTHLY BENEFITS	MONTHLY BENEFIT	LUMP-SUM DEATH PAYMENT
Symbol	Name and address of payee as claimant or as representative of the claimant			
E	Marina N Oswald	11/63	37.60	213.00
-63	Bx 1407			
	Grand Prairie Tex 75050			
C	Marina N Oswald for minor children of L H Oswald	11/63	75.20	
	Same			

Pursuant to lawfully delegated authority, I certify that, on application by or on behalf of the claimant(s) named above as payee(s) and the supporting evidence forwarded herewith, the foregoing statements are my determination of fact and decisions as to the benefit(s) to be paid as indicated.

By

D. Lynde
(Claims Representative)

Date

1/16/64

I certify that pursuant to lawfully delegated authority I have verified the above statements with the supporting evidence on file in this office; that I have computed all amounts and that same are correct as shown; and that all indicated benefit(s) are in accordance with the provisions of Title II of the Social Security Act as amended.

Approved

E. L. Lunn
(Claims Authorizer)

Date

2/3/64

ACCOUNT NUMBER	1958 PIA	1965 PIA	FAMILY MAXIMUM	REMARKS	TRANSCRIPT
433 54 3937	71.00	76.00	114.00 T A		09/65R

BENEFICIARY'S NAME	PIC	BIC	LAF	RETROACTIVE AMOUNT PAID	NEW MONTHLY RATE
--------------------	-----	-----	-----	----------------------------	---------------------

OSWALD	AUDREY	M	C1	C1	C	24.60	57.00
--------	--------	---	----	----	---	-------	-------

01 37.60	01 37.60	01 37.60	01 37.60	01 37.60	01 37.60	01 37.60	01 53.30
PD 2.70	PD 2.70	PD 2.70	PD 2.70	PD 2.70	PD 2.70	PD 2.70	PD 3.70
40.30	40.30	40.30	40.30	40.30	40.30	40.30	57.00

01 53.30	01 53.30						
PD 3.70	PD 3.70						
57.00	57.00						

OSWALD	JUNE	L	C1	C2	C	24.60	57.00
--------	------	---	----	----	---	-------	-------

01 37.60	01 37.60	01 37.60	01 37.60	01 37.60	01 37.60	01 37.60	01 53.30
PD 2.70	PD 2.70	PD 2.70	PD 2.70	PD 2.70	PD 2.70	PD 2.70	PD 3.70
40.30	40.30	40.30	40.30	40.30	40.30	40.30	57.00

01 53.30	01 53.30						
PD 3.70	PD 3.70						
57.00	57.00						

TOTAL PAYMENT AMOUNT						49.20	114.00
----------------------	--	--	--	--	--	-------	--------

OSWALD	MARINA	N	E	E	T3	10.00	33.40
--------	--------	---	---	---	----	-------	-------

21 31.40	21 31.40	21 31.40	21 31.40	21 31.40	21 31.40	21 31.40	T 0 31.40
PD 2.00	PD 2.00	PD 2.00	PD 2.00	PD 2.00	PD 2.00	PD 2.00	NP 2.00
33.40	33.40	33.40	33.40	33.40	33.40	33.40	33.40

R	W	B	OLD MBA	R	W	B	OLD MBA	R	W	B	OLD MBA	R	W	B	OLD MBA	R	W	B	OLD MBA
F	I	P	INCREASE	F	I	P	INCREASE	F	I	P	INCREASE	F	I	P	INCREASE	F	I	P	INCREASE
D	C	D	NEW MBA	D	C	D	NEW MBA	D	C	D	NEW MBA	D	C	D	NEW MBA	D	C	D	NEW MBA

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

APPOINTMENT OF REPRESENTATIVE

I appoint James H. Martin to act as my repre-
(Name of representative)

sentative with respect to my claim under the Social Security Act, based on the earnings record of

Lee Harvey Oswald 433-54-3937
(Name of wage earner or self-employed individual) (Social security account number)

The above-named representative is authorized to obtain from the Administration information concerning my claim; and it is understood that any notice or request sent to him shall have the same force and effect as if sent to me.

Mrs. Marino N. Oswald
(Signature)

P. O. Box 1407
(Address)

Grand Prairie, Texas

Jan 10, 1964
(Date)

ACCEPTANCE OF APPOINTMENT

I accept the above appointment. I am a person in good standing in my community and I am able to assist and advise the above party in this case.

I am Business advisor
(Union representative, relative, etc.)

James H. Martin
(Signature)
11611 Farrar St.
(Address)

Jan 10, 1964
(Date)

Dallas, Texas

(SEE REVERSE SIDE FOR REGULATIONS AS TO FEES OF REPRESENTATIVES FOR SERVICES TO A PARTY AND INFORMATION ON CONFLICT OF INTEREST)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:

Dallas, Tex.

DATE:

1-10-64

W/E OR S/E PERSON

Lee Harvey Oswald

A/N

433-54-3937

NAME AND ADDRESS OF PERSON(S) CONTACTED:

Mr. James H. Martin - Business
Manager for Mrs. L. H. Oswald

CONTACT MADE:

IN PERSON ☒TELEPHONE ☐

PLACE OF CONTACT

Dallas

I discussed the amount of earnings for 1963 with Mr. Martin. He said our 1001's were correct. He stated, the \$2600⁰⁰ shown on the application form was simply a very liberal "guess".

I feel that we can accept the 1001 total for 1963 without hesitancy.

CONTACT MADE BY

Jewell Carter

(SIGNATURE)

Asst. Mgr.

(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:

DATE:

A/N

W/E OR S/E PERSON

NAME AND ADDRESS OF PERSON(S) CONTACTED:

= Transmittal =

CONTACT MADE:

IN PERSON ☐

TELEPHONE ☐

PLACE OF CONTACT:

Since there were several million witnesses to the shooting which resulted in Lee H. Oswald's death, we feel it is not necessary to obtain a statement from authorities showing Mrs. Oswald was not involved.

CONTACT MADE BY

Joe Carter
(SIGNATURE)

Asst. Mgr.
(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)