

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : INSCOM/CSF  
RECORD NUMBER : 194-10013-10141  
RECORDS SERIES : DOD-AFFILIATED PERSONNEL AND INCIDENT INVESTIGATIONS  
AGENCY FILE NUMBER : ZF000003W - PAGES 1183-1184

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DOCUMENT INFORMATION

ORIGINATOR : USA  
FROM :  
TO :  
TITLE : SWORN STATEMENT  
DATE : 10/03/82  
PAGES : 2  
SUBJECTS : SLOVODA, VLADIMIR

WHITE, JOSEPH TIMOTHY

[ RESTRICTED ]

AFFIDAVIT

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : UNCLASSIFIED  
RESTRICTIONS : 3  
CURRENT STATUS : RELEASED WITH DELETIONS  
DATE OF LAST REVIEW : 03/20/95  
OPENING CRITERIA :  
COMMENTS :

Released under the John F. Kennedy  
Assassination Records Collection Act of  
1992 (44 USC 2107 Note). Case#:NW  
64954 Date: 09-22-2022

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.

LOCATION COLUMBIA MISSOURI	DATE 3 OCT 82	TIME 1136	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME GLAISTER HENRY DANIEL	SOCIAL SECURITY NUMBER. JFK Act 5 (g) (2) (D)		GRADE/STATUS CPT
ORGANIZATION OR ADDRESS 812 MAPLEWOOD DR COLUMBIA MO 65201			

I, HENRY DANIEL GLAISTER, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

I HENRY D. GLAISTER, JFK Act 5 (g) (2) (D) CPT, FA, RESIDING AT 812 MAPLEWOOD DR, COLUMBIA, MISSOURI AUTHORIZE RELEASE OF AGENT REPORT, DA FORM 391, DATED 22 SEPTEMBER 1982, SUBMITTED BY MR RAUL J. LOZANO, 902<sup>nd</sup> MI GROUP CONCERNING JOSEPH TIMOTHY WHITE, TO MR NORVAL (NMM) WHITE JR. (FATHER OF JOSEPH TIMOTHY WHITE) 1111111111 END OF STATEMENT 1111111111

*[Handwritten signature]*

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EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <i>[Handwritten initials]</i>	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_ TAKEN AT \_\_\_ DATED \_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_ OF \_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

*[Handwritten mark]*

NOT USED

AFFIDAVIT

1. HENRY DANIEL GLAISTER

HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

*[Handwritten Signature]*  
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3 day of OCTOBER, 1982 at COLUMBIA MISSOURI

*[Handwritten Signature]*  
(Signature of Person Administering Oath)

RAUL J. LOZANO, 902d MI Group

(Typed Name of Person Administering Oath)

Article 136(b), UCMJ

(Authority To Administer Oaths)

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