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Released under the John F. Kennedy  
Assassination Records Collection Act of  
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# "Diff Files" for NARA 2025 Documents Release JFK Assassination Records

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This file highlights **differences**  
**between the 2025 release, and previous releases.**

**Red:** Newly revealed in 2025.  
**Blue:** Present in earlier releases, but not in 2025.  
**Black:** Unchanged between versions.

For Original Documents visit:  
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Notes:

Black text on a blue background indicates content  
that was previously redacted using black ink.

I did my best to be accurate in revealing what is new,  
but please confirm with the original sources  
where accuracy is essential.

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

REFER TO:  
IPO-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.

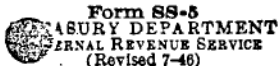
The above-mentioned documents are being sent to you in their entirety. We have withheld only the records of wage and self-employment income maintained under the direction of 42 U.S.C. 405(c)(2). This record is created on the basis of tax return information received from the Internal Revenue Service. 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  
INTERNAL 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 <u>LEE</u>		MIDDLE NAME. (IF YOU HAVE A MIDDLE NAME OR INITIAL, DRAW A LINE —) <u>HARVEY</u>		LAST NAME <u>OSWALD</u>	
2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE) <u>126 Exchange St. N.O. LA.</u>				3 PRINT FULL NAME GIVEN YOU AT BIRTH <u>LEE HARVEY OSWALD</u>			
4 AGE ON LAST BIRTHDAY <u>15</u>		5 DATE OF BIRTH (MONTH) (DAY) (YEAR) <u>OCT. 18, 1939</u>		6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) <u>NEW ORLEANS LA.</u>			
7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD <u>ROBERT LEE OSWALD</u>				8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD <u>MARGARET CLEVERLY</u>			
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"/> DATE <u>NO</u>			
BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"				11 IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN <u>DAU NO</u>			
12 EMPLOYER'S ADDRESS (No. AND STREET) (CITY) (ZONE) (STATE) <u>126 Exchange St. N.O. LA.</u>				14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) <u>Lee H. Oswald</u>			
13 TODAY'S DATE <u>11/6/55</u>							

16-5528-7

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

DO NOT WRITE IN THIS SPACE



OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER 467 82 4034 PRINTED ON 071978

FORM 1 APPL/CYCLE 08 64 ENTRY 0

REF# 65163940518

NAME LINE MARINA NICHOLAEVNA OSWALD 243

SIGNATURE CODE S  
BIRTH DATE 0717941 SEX 2 RACE 1

MOTHER CLAUDIA V PROOSAKOVA FATHER NICHOLAI UNKNOWN  
BIRTHPLACE ARCHANGEL UR\*

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

OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER 467 82 4034 PRINTED ON 071978

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

NAME LINE MARINA NIKOLAEVNA PORTER 636  
2ND NAME MARINA NIKOLAEVNA OSWALD 243

SIGNATURE CODE S  
BIRTH DATE 0717941 SEX 2 RACE 0

MOTHER KLAVDIA PROOSAKOVA FATHER ALEXANDR MEDVEDEV  
BIRTHPLACE ARCHANGEL UR\*

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

OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER 467 82 4034 PRINTED ON 071978

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

NAME LINE M N PORTER 636  
2ND NAME MARINA NIC OSWALD 243

SIGNATURE CODE D  
BIRTH DATE 0717941 SEX 2 RACE 0

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



DALLAS, TEXAS

Form approved.  
Budget Bureau No. 72-R094.11.

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.

(Do not write in this space)

Received  
Dallas DO JAN 9  
JEL

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.

- When was the deceased born? Month 10 Day 19 Year 39
- In what State or foreign country did the deceased have his fixed, permanent home when he died? Texas
- (a) Did the deceased ever serve in 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 \_\_\_\_\_

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

1. Wagers-Chiles Stovall 522 Browder Dallas 10 62 4 63  
2. Am. B. Realty Co. Inc. 640 Magazine New Orleans 5 63 7 63

- 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

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

- 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

4/30/61 Minsk, Belorussia Marina N. Prossakova Lie death 11/24/63 Dallas Tex

- What was your maiden name? Marina Nikolaevna Prossakova

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

\* This may also be considered an application for survivors benefits under Section 5 of the Railroad Retirement Act and for Veterans Administration payments under Title 38 USC., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).

Form OA-C3

PLEASE DO NOT WRITE IN MARGIN

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.....

PLEASE DO NOT WRITE IN MARGIN

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

Margie 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



TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

STATE OF TEXAS			CERTIFICATE OF DEATH			STATE FILE NO.		
1. PLACE OF DEATH a. COUNTY <b>Dallas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Dallas</b>					
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>			c. LENGTH OF STAY in l. b. <b>13 Mo.</b>			c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Dallas</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Parkland Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1026 N. Beckley</b>					
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 <b>Lee</b> (b) Middle <b>Harvey</b> (c) Last <b>Oswald</b>			4. DATE OF DEATH <b>November 24, 1963</b>					
5. SEX <b>Male</b>			6. COLOR OR RACE <b>White</b>			7. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH <b>October 19, 1939</b>			9. AGE (In years last birthday) <b>24</b>			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) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Printing, Book, Metal</b>			11. BIRTHPLACE (State or foreign country) <b>New Orleans, La</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Robert Edward Lee Oswald</b>			14. MOTHER'S MAIDEN NAME <b>Marguerite Claverie</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>			16. SOCIAL SECURITY NO. <b>10-1955 9-1959 433-54-3937</b>			17. INFORMANT <b>Robert L Oswald</b>		
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) <b>Hemorrhage, secondary to a gun shot wound of the chest.</b> DUE TO (c) <b></b>			INTERVAL BETWEEN ONSET AND DEATH <b>Approx 45 minutes</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			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.) <b>Deceased shot at close range while officers were in process of transferring him from city to county jail.</b>		
20c. TIME OF INJURY (Hour) <b>11:25</b> (a.m.) <input checked="" type="checkbox"/> (p.m.) <input type="checkbox"/> Month <b>11</b> Day <b>24</b> Year <b>63</b>			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.) <b>City Hall</b>		
20f. CITY, TOWN, OR LOCATION <b>Dallas</b>			20g. COUNTY <b>Dallas</b>			20h. STATE <b>Texas</b>		
21. I hereby certify that I attended the deceased from <b>Field Inquest</b> on <b>11-24-63</b> and last saw the deceased on <b>11-24-63</b> at <b>12:45 P</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE <b>Pine McBride J.P.</b>			22b. ADDRESS <b>310 Court House</b>		
22c. DATE SIGNED <b>12-5-63</b>			23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>			23b. DATE <b>November 25, 1963</b>		
23c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Burial Park</b>			23d. LOCATION (City, town, or county) <b>Fort Worth</b>			23e. STATE <b>Texas</b>		
24. FUNERAL DIRECTOR'S SIGNATURE <b>Miller Funeral Home, Ft Worth, Texas</b>			25a. REGISTRAR'S FILE NO. <b>6717</b>			25b. DATE REC'D BY LOCAL REGISTRAR <b>DEC 6 1963</b>		
25c. REGISTRAR'S SIGNATURE <b>J.W. Baca</b> BY <b>Maurine Lamm</b> 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.

**J.W. Baca**  
BY **Maurine Lamm**  
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, Mikhok, Dist. Leningrad

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 Melotovsk, Dist. Arkhangelsk

were married on April 30, 1961

Reg. No. 415

Cert. No. 332281

REQUESTING OFFICE:

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Kotishen

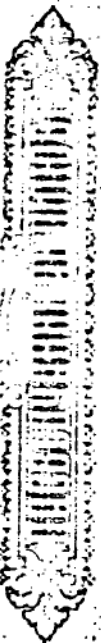
TITLE

cl auth V-1

DATE

1/23/64

# Marrige Certificate



## СВИДЕТЕЛЬСТВО О БРАКЕ

Грамадзяніні  
Грамадзяніні

*Освадов*  
(прізвище)

*Ми Карсевич*  
(прізвище)

*1939* года народження  
(число і рік на брешу)

*187* года народження  
(число і рік на брешу)

*гор Норми Оросон*  
(місце народження)

*Грудасова*  
(прізвище)

*Мірасова*  
(прізвище)

*1944* года народження  
(число і рік на брешу)

*гор Мадонтов*  
(місце народження)

*Гор Мадонтов*  
(місце народження)

уступили у шлюб  
(прізвище і рік на брешу)

*Мірасова*  
(прізвище)

*Мірасова*  
(прізвище)

*Освадов*  
(прізвище)

аб чим у книзі запису акту громадянського стану  
аб шлюб

о чим у книзі записей актів громадянського стану  
о браке

*1961* года *август* місяця *30* числа  
(число і рік на брешу)

зробили запис за  
(прізвище)

Наступні записи за  
(прізвище)

Прізвище і рік на брешу  
(прізвище)

*Освадов*  
(прізвище)

*Мірасова*  
(прізвище)

*Мірасова*  
(прізвище)

*Рослова*  
(прізвище)

*30. август* 19*61*  
(число і рік на брешу)

*Рослова*  
(прізвище)

*Рослова*  
(прізвище)

*Рослова*  
(прізвище)

*Рослова*  
(прізвище)

*Рослова*  
(прізвище)

*Рослова*  
(прізвище)



*Рослова*  
(прізвище)

*Рослова*  
(прізвище)



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

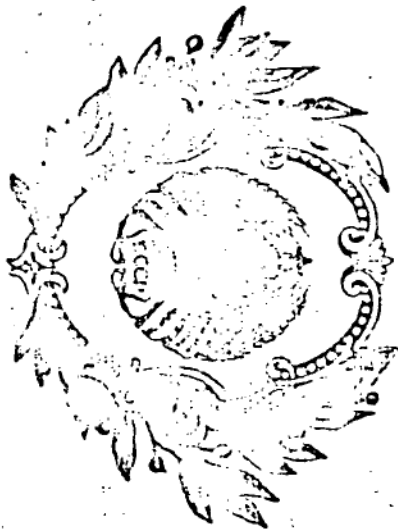
Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

*This is a true copy of a document held by the British Museum and is a reproduction of the original document by the F.B.I. Laboratory. It is not evidence of disclosure. It is a reproduction of the original document by the F.B.I. Laboratory.*

Photocopy of original document.  
Form 1059.



СОВЕТСКИЙ СОЮЗ  
ЦЕНТРАЛЬНЫЙ КОМИТЕТ КПК



СЕРИЯ ПЕРВЫХ О БРАКЕ





# TRANSLATION

## 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:

NAME OF INSURED INDIVIDUAL

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

TRANSLATING OFFICE

Social Security Administration

## 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 Nikolaevna 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. Rotishkov  
Ch Auth In

DATE

1/23/64



Հանրապետության  
Մանուկների  
Ծննդության Ծանոթագրություն

Ծննդության օրը և ժամը  
11.02.2014 թ. 14:30

Ծննդության վայրը  
ՀՀ Երևան քաղաք

Ծննդության հիմնական տվյալներ  
ՀՀ Երևան քաղաք

Ծննդության օրը և ժամը  
11.02.2014 թ. 14:30

Ծննդության վայրը  
ՀՀ Երևան քաղաք



Ծննդության օրը և ժամը  
11.02.2014 թ. 14:30

# 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

First Name: June

Patronymic: Lee

BORN: February 15, 1962

Place of Birth: Minsk, White Russian SSR

REG. No. 208

FATHER'S NAME: OSWALD, LEE HARVEY

FATHER'S NATIONALITY: AMERICAN

MOTHER'S NAME: OSWALD, MARINA NIKOLAEVNA

MOTHER'S NATIONALITY: RUSSIAN

(over)

REQUESTING OFFICE:

☐ Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Koteshon

TITLE

DATE

1/23/64

Place of Registration: Minsk, District Lenin  
Office of Registration  
Certificate No. 123610

# ПОВЕДЕНИЕ ДО ЗАРАЖЕНИЯ

СВИДЕТЕЛЬСТВО О РОЖДЕНИИ

Гр. Осваля

Гр. Духи Лу

нарождения (даты) 15. II. 1962.

родился (даты) (присвоено и отцовское имя, место и число -  
рождения в цифровом виде, месяц и число)

Язанава моя дзеврава

моя дзеврава

шестидесять второго года

Место рождения дитя: город, село Минск

Место рождения родителей: город, село Бесса

область Бесса

область Бесса

область Бесса

область Бесса

область Бесса

область Бесса

область Бесса

область Бесса

область Бесса

область Бесса

*Issued See Birth Certificate*

БАЛКИ: 4 33 - 54 - 5151

Отец Осваля

Мать Духи Лу

национальность американец

Мать Осваля

Мать Духи Лу

национальность русская

Место рождения Минск

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

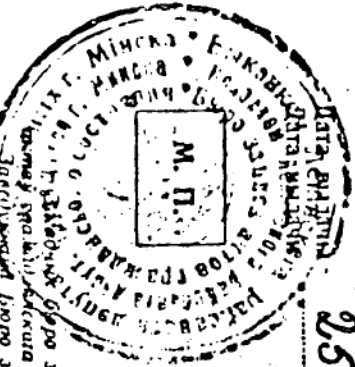
Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса

Место рождения Бесса



*Handwritten signature*

IV-ПР № 123610



# 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 <i>Andrey Marina Rachel Oswald</i>	BORN <i>10/20/63</i>	AGE <i>no</i>	BIRTHDAY AT WHICH AGE SHOWN <input type="checkbox"/> LAST <input type="checkbox"/> NEXT <input checked="" type="checkbox"/> NEAREST <input type="checkbox"/> NOT GIVEN	DATE RECORDED <i>no</i>
--	-------------------------	------------------	--	----------------------------

NAME OF FATHER <i>Lee H. Oswald</i>	<input type="checkbox"/> NOT SHOWN	AGE	NAME OF MOTHER <i>Marina Nikolaevna Prosakova</i>	<input type="checkbox"/> NOT SHOWN	AGE <i>no</i>
--	------------------------------------	-----	--	------------------------------------	------------------

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:

☒ APPLICANT

NATURE OF EVIDENCE

*Cert. of Birth Reg.*

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)

*BVS, Dallas, Tex*

☐ CUSTODIAN

DOCUMENT NO.

*19133*

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

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:

☐ APPLICANT

NATURE OF EVIDENCE

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)

☐ CUSTODIAN

DOCUMENT NO.

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

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:

☐ APPLICANT

NATURE OF EVIDENCE

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)

☐ CUSTODIAN

DOCUMENT NO.

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

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:

☐ APPLICANT

NATURE OF EVIDENCE

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)

☐ CUSTODIAN

DOCUMENT NO.

## B. MARRIAGE OF:

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

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

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS:

☐ APPLICANT

DATE OF MARRIAGE

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication)

☐ 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

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

## PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

LAST NAME - FIRST NAME - MIDDLE NAME <b>Oswald, Lee Harvey</b>		DATE OF BIRTH <b>10/19/39</b>	DATE OF DEATH <b>11/24/63</b>	SOCIAL SECURITY NUMBER <b>433-54-3951</b>
BRANCH OF SERVICE <b>Marine Corps</b>	DATE(S) OF ENTRY INTO SERVICE <b>10/24/56</b>	DATE(S) OF SEPARATION <b>9/11/59</b>		PLACE OF SEPARATION
RATE OR RANK				
SERIAL NO. <b>1653230</b>				

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 <b>24Oct56</b>	2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE <b>11Sep59</b>	3. CHARACTER OF SEPARATION (S) * (If Bad Conduct, indicate if given as a result of a General Court Martial) <b>Honorable</b>
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? <input type="checkbox"/> YES <input type="checkbox"/> NO		* IF CHARACTER OF SEPARATION WAS NOT <i>Honorable</i> , Under <i>Honorable Conditions</i> , <i>Dishonorable</i> , NOR <i>Bad Conduct</i> AS A RESULT OF A General COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:
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? <input type="checkbox"/> INDUCTED <input type="checkbox"/> CALLED FROM INACTIVE SERVICE <input type="checkbox"/> ENLISTED <input type="checkbox"/> RE-ENLISTED <input type="checkbox"/> COMMISSIONED		a. <input type="checkbox"/> DESERTION. b. <input type="checkbox"/> RESIGNATION FOR THE GOOD OF THE SERVICE (Officers Only). c. <input type="checkbox"/> CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY. d. <input type="checkbox"/> 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. <input type="checkbox"/> NONE OF THE ABOVE.

## 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

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.

## INSTRUCTIONS

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

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, Hdqs. 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.

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

*L. Benning*  
Lorene B. Benning  
Claims Policy Examiner

*This Act does not apply since military service is not required for insured status and benefits were computed based on non-military service in 1962 and 1963.*

*Walter D. Labenstein*  
Claims Policy Examiner



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

IN REPLY REFER TO  
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. BOWMAN  
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. *10*

1. LAST NAME - FIRST NAME & MIDDLE NAME <b>OSWALD, Leo Harvey</b>		2. SERVICE NUMBER <b>1653230</b>		3. GRADE, RATE OR RANK <b>PFC (E-2)</b>		4. DATE OF RANK (Day, Month, Year) <b>1 Mar 59</b>	
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>USMC</b>		6. PLACE OF BIRTH (City and State or Country) <b>New Orleans, Louisiana</b>		7. DATE OF BIRTH <b>18 Oct 39</b>		8. MARITAL STATUS <b>Single</b>	
9. RACE <b>Caucasian</b>	10. SEX <b>Male</b>	11. COLOR HAIR <b>Brown</b>	12. COLOR EYES <b>Grey</b>	13. HEIGHT <b>71M</b>	14. WEIGHT <b>150</b>	15. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>High School - 1</b>		17. MAJOR COURSE OR FIELD <b>Academic</b>					
18. TYPE OF TRANSFER OR DISCHARGE <b>Transferred</b>		19. STATION OR INSTALLATION AT WHICH EFFECTED <b>H&amp;HS, MCAS, El Toro, (Santa Ana), California</b>					
20. REASON AND AUTHORITY <b>226-Dependency. Par 10273 MARCOMAN &amp; MCO</b>		21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>1000.2B &amp; CG 3dMMW's 5th Bnd of 31 Aug 59</b>		22. CHARACTER OF SERVICE <b>HONORABLE</b>		23. TYPE OF CERTIFICATE <b>DD-217-MC</b>	
24. SELECTIVE SERVICE NUMBER <b>N/A</b>		25. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>N/A</b>		26. DATE INDUCTED <b>N/A</b>		27. DATE OF ENTRY <b>24 Oct 56</b>	
28. TERMINAL DATE OF RESERVE OBLIGATION <b>8 Dec 62</b>		29. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> REENLISTED		30. TERM OF SERVICE (Years) <b>3</b>		31. DATE OF ENTRY <b>24 Oct 56</b>	
32. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		33. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>Private</b>		34. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Dallas, Texas</b>			
35. RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>4936 Collinwood Street Port Worth, Tarrant, Texas</b>		36. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE					
37. SPECIALTY NUMBER AND TITLE <b>6741: Avnlectrold Operator</b>		38. RELATED CIVILIAN OCCUPATION AND O. T. NUMBER <b>Radio Operator 0-61.30</b>		39. YEARS <b>2</b>		40. MONTHS <b>9</b>	
41. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NONE</b>		42. YEARS <b>2</b>		43. MONTHS <b>0</b>		44. DAYS <b>0</b>	
45. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NONE</b>		46. YEARS <b>2</b>		47. MONTHS <b>9</b>		48. DAYS <b>3</b>	
49. RECORDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>NONE</b>							
50. RECORDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>NONE</b>							

REVERSE SIDE

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 a. CREDITABLE FOR BASIC PAY PURPOSES (1) MILITARY SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line (1) + Line (2)) b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE		YEARS 2 0 2 2 1	MONTHS 9 0 9 9 2
25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN ELIGIBLES AWARDED OR AUTHORIZED NONE		26. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NONE			
27. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSE AND/OR POST-GRADUATE COURSE SUCCESSFULLY COMPLETED a. SCHOOL OR COURSE b. DATES (from - to)		28. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED USAFI GED HSI LOW			
29. a. JACKSONVILLE, FLORIDA b. DULAND, MISSISSIPPI c. DATE 18Mar57-2May57 d. DATE 19May57 19Jun57		30. a. AMOUNT OF ALLOTMENT N/A b. VA CLAIM NUMBER C- N/A		31. MONTH ALLOTMENT DISCONTINUED N/A	
32. REMARKS Lump sum leave settlement due but not settled Mileage paid: \$91.55 Recommended for Reenlistment. Time lost current active duty: Forty-five (45) days Permanence 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) 3131 W. 5th Street, Fort Worth, Tarrant, Texas			
34. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER A.G. AYERS JR, 1st Lt USMC Ass't OIC SepSec		35. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED See Mary Ann Ayers b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN A.G. Ayers			

433-54-1157

# 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 receipt)

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)

*As above* By direction

U. S. GOVERNMENT PRINTING OFFICE

16-63063-2

UNIT DESTINATION	
<input type="checkbox"/> ADJ	<input type="checkbox"/> COR
<input 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.

Enter date of marriage

2. MARRIAGE  
Show new name

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*

*Richardson, Tex.*

Zone No.

State

*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 SIGNATURE)

## REPORTING CARD

Form Approved  
Budget Bureau  
No. 72-8597-3

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 .....

Fill in both boxes

MONTH AND YEAR

AMOUNT

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

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

ENTER DATE OF DEATH

5. ☐ 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 &amp; 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

DALLASTexas

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

# **SOCIAL SECURITY ADMINISTRATION** **ANNUAL REPORT ON EARNINGS - 1964**

Please read enclosed INSTRUCTIONS leaflet carefully.

Form Approved  
Budget Bureau  
No. 7-5531-1  
Rev. Exp. 12-31-64

**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.

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.)

MONTHS	Amount or value	WHAT WORK DID YOU DO?
		CR 01/
		2/21/65
		Apr 65
SEPT	457	WRITER
OCT	457	"
NOV	457	"
DEC	457	"

FORM OA-C777 (12-64) DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—SOCIAL SECURITY ADMINISTRATION

EAC HIP 720

1. WERE YOU AN EMPLOYEE IN 1964?  
☐ YES  
☒ NO

2. WERE YOU SELF-EMPLOYED IN 1964?  
☒ YES  
☐ NO

3. DO YOU EXPECT TO EARN OVER \$1,200 IN 1965?  
☒ YES  
☐ 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

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

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

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?  
☒ YES ☐ NO

SIGNATURE: Mrs. Margaret Brown

DATE: [blank]

SOCIAL SECURITY CLAIM NUMBER: 435-54-3937

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. 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 3/63, + 6/63 as they say. The same show some wrong number. reports on 1001.  
for under employer amounts as  
E. J. O'Brien, Jr. Chief Police  
clear

CONTACT MADE BY

Joe A. Carter  
(SIGNATURE)

Asst. Mgr.  
(TITLE)

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



# **SOCIAL SECURITY ADMINISTRATION** ANNUAL REPORT OF EARNINGS - 1965

Please read enclosed INSTRUCTION leaflet carefully.

Form Approved  
Budget Bureau  
No. 72-R574-9  
App. Exp. 12-31-66

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 F. JALD  
1245 DONNA DR  
RICHARDSON TEX  
75080

Please do not bend, pin or tear this card.

FOR A COMPLETE EXPLANATION OF REPORTING REQUIREMENTS, SEE INSTRUCTIONS AND REVENUE REPORTING GUIDE.

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  
2L. (Also explain if ownership of your business changed.)

MONTHS	HOLIDAYS OF WORK	WHAT WORK DID YOU DO?
Jan		WORKER
Feb		"
June		"
July		"
Aug		"
Sept		"
Oct		"
Nov		"
Dec		"
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**1. WERE YOU AN EMPLOYEE IN 1965?**  
 YES ☐ NO ☒ If "yes" complete a & b

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

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

**a. Show amount of wages earned from January 1, 1965 through December 31, 1965 (gross wages before payroll deductions)**

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

**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

**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

**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** 467 82 4034

JFK 3-1-66 (9) 2 (D)

In replying, Address: SOCIAL SECURITY ADMINISTRATION  
3716 Rawlins St. P. O. Box 6556  
Dallas, Texas 75219  
RI 9-2885 Telephone 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. E. Hickman*  
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>62</u>	WAGES PAID YEAR 19. <u>63</u>	WAGES PAID YEAR 19. ....	WAGES PAID 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  Camera Dept.	7. NATURE OF BUSINESS  Typography
4. BUSINESS NAME OF EMPLOYER (Type or print)  Jaggars-Chiles-Stovall, Inc.	8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM  <i>J. E. Hickman</i>
5. STREET ADDRESS OF EMPLOYER  522 Browder St.	9. TITLE OF PERSON SIGNING ABOVE  Secretary-Treasurer
6. CITY  Dallas, Texas	10. EMPLOYER'S FEDERAL IDENTIFICATION NO.  75 0359250
STATE  Texas	11. DATE THIS STATEMENT FILLED OUT  1-10-64

3716 Rawlins St. P. O. Box 6556  
Dallas, Texas 75219  
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 1963	WAGES PAID YEAR 19.....	WAGES PAID YEAR 19.....	WAGES PAID YEAR 19.....
January 1-March 31, inclusive.....	\$ NONE	\$ .....	\$ .....	\$ .....
April 1-June 30, inclusive.....	\$ NONE	\$ .....	\$ .....	\$ .....
July 1-September 30, inclusive.....	\$ NONE	\$ .....	\$ .....	\$ .....
October 1-December 31, inclusive.....	\$ 261.68	\$ .....	\$ .....	\$ .....

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 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.

2. PERIOD	WAGES PAID YEAR 1963	WAGES PAID YEAR 1964	WAGES PAID YEAR 1965	WAGES PAID YEAR 1966
January 1-March 31, inclusive	\$ 63	\$	\$	\$
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. Schlundsen, Controller

5. STREET ADDRESS OF EMPLOYER

640 Magazine St

9. TITLE OF PERSON SIGNING ABOVE

6. CITY

STATE

New Orleans La. 70130

10. EMPLOYER'S FEDERAL  
IDENTIFICATION NO.

11. DATE THIS STATEMENT FILLED OUT

1/10/64

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. G. 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

ACKNOWLEDGED

OCT 15 1964

LP

Previous balance	\$
Current remittance	\$
Current balance	\$
Next date for payment	

## REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:

Dallas, Texas

DATE:

1/16/64

A/N

433-54-3437

W/E OR S/E PERSON

Lee Harvey Oswald

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~~ <sup>check</sup> 3/63<sup>6/63</sup> earnings from this source (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)



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

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. Cushman, Jr.*

W. A. CUSHMAN, 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)





UNITED STATES GOVERNMENT

# Memorandum

CONFIDENTIAL - ADMINISTRATIVE

TO : Kansas City Payment Center

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

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

DATE: June 3, 1965

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*

*433-54-3937C*

*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 res 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

DO NOT WRITE BELOW THIS LINE

Check Number

Date

DALLAS, TEXAS	
AUG 12 1969	
Amount	71014
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

SIGNATURE OF PAYEE OR CLAIMANT

*Mrs. Kenneth Parker*

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

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

2. NAME

RESIDENCE NUMBER AND STREET

*733 Scottsdale Dr*

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

CITY, STATE AND ZIP CODE

*Richardson Tex*

DATE (Mo., Day, and Year)

TELEPHONE NUMBER

*Aug 12, 1969*

*AD 1-0720*



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 claim  
always give Claim No. **467-82-4034**

*22*  
*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?  
(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.

753 Scottsdale dr.  
(Number and Street)Richardson, Texas  
(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.

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

Mrs. Kenneth Porter

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

733 Scottsdale dr.

RESIDENCE NUMBER AND STREET

Richardson, Texas, 75080

CITY, STATE AND ZIP CODE

DATE (Mo., Day, and Year)

July 18, 1969

TELEPHONE NUMBER

AD-1-0720

433-54-2927

**GUARDIAN OF**

- NW 883262 DocId:32245128 Page 53

### DETERMINATION OF RESUMPTION OF AWARD

Department of  
Health, Education, and Welfare  
Social Security Administration

DISTRICT OFFICE

3716 Rawlins St.  
Dallas, Tex. 75219

CLAIM NUMBER	
--------------	--

433-54-3937

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS

Marina N. Oswald  
629 Belt Line Rd.  
Richardson, Tex. 75080

FOR MINOR CHILDREN OF

FOR

GUARDIAN OF

☒ 1. TEMPORARY REDUCTIONS      E      EMPLOYED      9/64 ON (Partial)

☐ 2. PERMANENT DEDUCTIONS EMPLOYED

TOTAL EARNINGS \$	TOTAL EXCESS EARNINGS \$	CHARGEABLE EXCESS EARNINGS \$	TOTAL MONTHLY BENEFIT \$
100.00	100.00	100.00	100.00
200.00	200.00	200.00	200.00
300.00	300.00	300.00	300.00
400.00	400.00	400.00	400.00
500.00	500.00	500.00	500.00
600.00	600.00	600.00	600.00
700.00	700.00	700.00	700.00
800.00	800.00	800.00	800.00
900.00	900.00	900.00	900.00
1000.00	1000.00	1000.00	1000.00
1100.00	1100.00	1100.00	1100.00
1200.00	1200.00	1200.00	1200.00
1300.00	1300.00	1300.00	1300.00
1400.00	1400.00	1400.00	1400.00
1500.00	1500.00	1500.00	1500.00
1600.00	1600.00	1600.00	1600.00
1700.00	1700.00	1700.00	1700.00
1800.00	1800.00	1800.00	1800.00
1900.00	1900.00	1900.00	1900.00
2000.00	2000.00	2000.00	2000.00
2100.00	2100.00	2100.00	2100.00
2200.00	2200.00	2200.00	2200.00
2300.00	2300.00	2300.00	2300.00
2400.00	2400.00	2400.00	2400.00
2500.00	2500.00	2500.00	2500.00
2600.00	2600.00	2600.00	2600.00
2700.00	2700.00	2700.00	2700.00
2800.00	2800.00	2800.00	2800.00
2900.00	2900.00	2900.00	2900.00
3000.00	3000.00	3000.00	3000.00
3100.00	3100.00	3100.00	3100.00
3200.00	3200.00	3200.00	3200.00
3300.00	3300.00	3300.00	3300.00
3400.00	3400.00	3400.00	3400.00
3500.00	3500.00	3500.00	3500.00
3600.00	3600.00	3600.00	3600.00
3700.00	3700.00	3700.00	3700.00
3800.00	3800.00	3800.00	3800.00
3900.00	3900.00	3900.00	3900.00
4000.00	4000.00	4000.00	4000.00
4100.00	4100.00	4100.00	4100.00
4200.00	4200.00	4200.00	4200.00
4300.00	4300.00	4300.00	4300.00
4400.00	4400.00	4400.00	4400.00
4500.00	4500.00	4500.00	4500.00
4600.00	4600.00	4600.00	4600.00
4700.00	4700.00	4700.00	4700.00
4800.00	4800.00	4800.00	4800.00
4900.00	4900.00	4900.00	4900.00
5000.00	5000.00	5000.00	5000.00
5100.00	5100.00	5100.00	5100.00
5200.00	5200.00	5200.00	5200.00
5300.00	5300.00	5300.00	5300.00
5400.00	5400.00	5400.00	5400.00
5500.00	5500.00	5500.00	5500.00
5600.00	5600.00	5600.00	5600.00
5700.00	5700.00	5700.00	5700.00
5800.00	5800.00	5800.00	5800.00
5900.00	5900.00	5900.00	5900.00
6000.00	6000.00	6000.00	6000.00
6100.00	6100.00	6100.00	6100.00
6200.00	6200.00	6200.00	6200.00
6300.00	6300.00	6300.00	6300.00
6400.00	6400.00	6400.00	6400.00
6500.00	6500.00	6500.00	6500.00
6600.00	6600.00	6600.00	6600.00
6700.00	6700.00	6700.00	6700.00
6800.00	6800.00	6800.00	6800.00
6900.00	6900.00	6900.00	6

☐ 3. \_\_\_\_\_ EMPLOYED OUTSIDE THE U. S. ☐ 4. MOTHER HAS A CHILD IN  
HER CARE BEGINNING

☐ 5. IT HAS BEEN DETERMINED THAT THE ABOVE PERSON IS NOW THE PROPER PAYEE. ☐ 6. AGE 65, RECOMP. ☐ 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO. ☒ 8. NEW ADDRESS

☐ 9. ATTAINED AGE 72      ☐ 10. TO COMBINE A & B BENEFITS      ☐ 11. OTHER

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

**BENEFICIARY NOTICE:**

"S"

[illegible]

REMARKS

PIA 71.00

MAX. 106.60

E 31.40

C2 37.60 C1-37.60

AA-Excess refund received on  
Schedule #74, dtd. 10/15/64

3-00 35KC OCT

PREPARED BY-EXAMINER

DATE \_\_\_\_\_

APPROVED BY-REVIEWER

DATE \_\_\_\_\_

ACCOUNT NUMBER
----------------

43354-3937 E

FOR MINOR CHILDREN OF

MARINA N. OSWALD

FOR

GUARDIAN OF

- ☐ 3. EMPLOYED OUTSIDE THE U. S. ☐ 4. MOTHER HAS A CHILD IN HER CARE BEGINNING \_\_\_\_\_
- ☐ 5. IT HAS BEEN DETERMINED THAT THE ABOVE PERSON IS NOW THE PROPER PAYEE. ☐ 6. AGE 65. RECOMP. ☐ 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO. ☐ 8. NEW ADDRESS \_\_\_\_\_
- ☐ 9. ATTAINED AGE 72 ☐ 10. TO COMBINE A & B BENEFITS ☐ 11. OTHER \_\_\_\_\_ 202 (T) EXC \_\_\_\_\_
- ☐ ONE CHECK ONLY ☐ A- ☐ AWARD ☐ ADJUSTMENT ☐ SUPP L/S ☐ CONDITIONAL ADJUSTMENT ☒ FOLDER REFERENCE

**BENEFICIARY NOTICE:**

BENEFICIARY IN  
NLW

[illegible]

REMARKS

PIA 71.00

PREPARED BY EXAMINER

DATE \_\_\_\_\_

APPROVED BY-REVIEWER

DATE



DISTRICT OFFICE		DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE		CLAIM NO. <b>433-54-3937-E</b>	PIC <b>E</b>
		ADJMT. CODING		DATE <b>6/7/65</b>	
<b>Marina N. Oswald</b>		CR. BLOCK NO. <b>0208 JUN '65 KC</b>			
		DATE OF BIRTH		INITIALS	
		PAYEE FILE			
CLC <b>45</b>	MONTHLY RATE <b>31.40</b>	SHOULD HAVE BEEN (SHOULD BE) STOPPED <b>6/65</b>	DIARY FILE <i>mg</i>		
SPA	LAST SCHED. NO. <b>9A</b>	TREASURY REQUESTED TO DISCONTINUE PAYMENT <b>6/65</b>	CROSS-REF. ACCOUNT NO.		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 0. Investigation pending determ. of cont. disability  <input type="checkbox"/> 1. Worked outside the United States  <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200  <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200         </div> <div> <input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care  <input type="checkbox"/> 5. OAIB worked outside the United States         </div> <div> <input type="checkbox"/> 7. Refused VR Services  <input type="checkbox"/> 8. Payee not determined  <input type="checkbox"/> 9.         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 0. Benefits payable by some other agency  <input type="checkbox"/> 1. Death of beneficiary  <input type="checkbox"/> 2. Dependent terminated due to death of insured individual  <input checked="" type="checkbox"/> 3. <del>Divorced</del> Remarriage  <input type="checkbox"/> 4C. Attained age 18 and not disabled  <input type="checkbox"/> 4. Child attained age 18 and not disabled  <input type="checkbox"/> 5. Beneficiary entitled to other benefits  <input type="checkbox"/> 6C. Child no longer disabled  <input type="checkbox"/> 9.         </div> <div> <input type="checkbox"/> 6. Death Marriage of child  <input type="checkbox"/> 7C. Adoption  <input type="checkbox"/> 7. Adoption of child  <input type="checkbox"/> 8H. DIB no longer disabled  <input type="checkbox"/> 8. Mother terminated- Child no longer disabled  <input type="checkbox"/> X. DIB attained age 65  <input type="checkbox"/> R. Claim withdrawn         </div> </div>					

mjb *[Signature]* 6/7/65  
 (Clerk) (Date) (Reviewer) (Date)


DISTRICT OFFICE		DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE		CLAIM NO. <b>433-54-3937</b>	PIC <b>E</b>
				W. E.	
		ADJMT. CODING <b>A9</b>	DATE <b>10/16/64</b>		
Marina N. Oswald		CR. BLOCK NO. <b>W-0402 OCT '64 KC</b>			
		DATE OF BIRTH		INITIALS	
		PAYEE FILE		<i>Bea S</i>	
DIARY FILE					
CLC <b>45</b>	MONTHLY RATE <b>37.60</b>	SHOULD HAVE BEEN (SHOULD BE) STOPPED			
SPA	LAST SCHED. NO. <b>9A</b>	TREASURY REQUESTED TO DISCONTINUE PAYMENT <b>10/64</b>		CROSS-REF. ACCOUNT NO.	
<input type="checkbox"/> 0. Investigation pending determ. of cont. disability <input type="checkbox"/> 1. Worked outside the United States <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care <input type="checkbox"/> 5. OAIB worked outside the United States <input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7. Refused VR Services <input type="checkbox"/> 8. Payee not determined <input type="checkbox"/> 9.					
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 0. Benefits payable by some other agency  <input type="checkbox"/> 1. Death of beneficiary  <input type="checkbox"/> 2. Dependent terminated due to death of insured individual  <input type="checkbox"/> 3. Divorce Marriage Remarriage  <input type="checkbox"/> 4C. Attained age 18 and not disabled  <input type="checkbox"/> 4. Child attained age 18 and not disabled  <input type="checkbox"/> 5. Beneficiary entitled to other benefits  <input type="checkbox"/> 6C. Child no longer disabled  <input type="checkbox"/> 9.         </div> <div> <input type="checkbox"/> 7C. Adoption  <input type="checkbox"/> 7. Adoption of child  <input type="checkbox"/> 8H. DIB no longer disabled  <input type="checkbox"/> 8. Mother terminated-              Child no longer disabled  <input type="checkbox"/> X. DIB attained age 65  <input type="checkbox"/> R. Claim withdrawn         </div> </div>					

 red  
 (Clerk)

(Date)

(Reviewer)

(Date)

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

FORM OA-C610 (2-64)

FILE COPY

PREVIOUS DISTRICT OFFICE		DEPARTMENT OF <b>HEALTH, EDUCATION, AND WELFARE</b> SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE	
DATE 05/05/65 06		WAGE EARNER		3716 <del>RAWLINS ST</del> 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 <b>HEALTH, EDUCATION, AND WELFARE</b> SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE	
4-3-64		WAGE EARNER		PIC <b>E</b>	
LLOA <b>4</b>		MBA <b>03760</b>		CLAIM NO.	
CODE		CLC		S & C CODE	
		15390			
DRESS CHANGE OLD CK DATED _____ FEE CHANGE 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



Form OA-C-101

## Determination of Award

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

1. INSURED INDIVIDUAL <b>Lee H Oswald</b>		RACE <b>X</b>	W	N	O	DATE OF BIRTH <b>10/19/39</b>	DATE OF DEATH <b>11/24/63</b>	DATE CLAIM FILED
2. REQUIRED QTRS. <b>6</b>	HAS AT LEAST <b>6</b>	CURRENT QTRS.	3. First Base Yr. Or Starting Date <b>1951</b>			LAST BASE YR. OR CLOSING DATE <b>1963</b>		4. LUMP SUM AMOUNT <b>213.00</b>
5. TOTAL EARNINGS <b>3306.85</b>		DISABILITY PERIOD EXCLUDED		ELAPSED YRS. OR YRS. DROPPED <b>61-62</b>		DIVISOR <b>24</b>	INCREMENTS	PRIMARY AMOUNT <b>71.00</b>
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	47-2-4251	
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 <b>112.80</b>
11. REMARKS								O.O. CODE

3716 Rawlins St  
Dallas Tex 75219

814

117 P 74KC 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. Lynde  
(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 53.30
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	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 53.30
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	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	T 0 31.40
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

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

(Name of wage earner or self-employed individual)

433-54-3937

(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. Marina 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 adviser  
(Union representative, relative, etc.)

James H. Martin  
(Signature)

11611 Farrar St.  
(Address)

Dallas, Texas

Jan 10, 1964  
(Date)

(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  
A/N: 433-54-3937

W/E OR S/E PERSON

Lee Harvey Oswald

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 \$2600<sup>00</sup> 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

Joe A. 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

*John Carter*  
(SIGNATURE)

*Asst. Mgr.*  
(TITLE)

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