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JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : INSCOM/CSF
RECORD NUMBER : 194-10001-10496
RECORDS SERIES : FOREIGN PERSONNEL AND ORGANIZATIONS
AGENCY FILE NUMBER : AB632604W - PAGES 76-79

DOCUMENT INFORMATION

ORIGINATOR :
FROM : EDIFANIO ROMERO-DELGADO
TO :
TITLE : DD FORM 398 - STATEMENT OF PERSONAL HISTORY
DATE : 01/18/63
PAGES : 4
SUBJECTS : ROMERODELGADO, EPIFANIO

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
CLASSIFICATION : UNCLASSIFIED
RESTRICTIONS : 3
CURRENT STATUS : RELEASED WITH DELETIONS
DATE OF LAST REVIEW : 03/07/95
OPENING CRITERIA :
COMMENTS :

STATEMENT OF PERSONAL HISTORY

CUBAN

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. <input checked="" type="checkbox"/> (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS Edifanio ROMERO-Delgado			2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY		
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) Piche			4. PERMANENT MAILING ADDRESS 1140 SW 9th St. Miami, Fla.		
5. DATE OF BIRTH (Day, month, year) 21 Jan 1936		PLACE OF BIRTH (City, County, State, and Country) Candelario, PinardelRio, Cuba		PLACE CERTIFICATE RECORDED Candelario, PinardelRio, Cuba	
RACE Cau	HEIGHT 66"	WEIGHT 165	COLOR OF EYES Brown	COLOR OF HAIR Brown	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS NONE
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.					
7. U. S. CITIZEN <input type="checkbox"/>		NATIVE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NATURALIZED, CERTIFICATE NO.	
ALIEN <input checked="" type="checkbox"/>		REGISTRATION NO. A13 108 636		NATIVE COUNTRY Cuba	
		DATE AND PORT OF ENTRY 21 Sept 1962 Texas		DO YOU INTEND TO BECOME A U. S. CITIZEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

B. MILITARY SERVICE					
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO.	SERVICE AND COMPONENT	ORGANIZATION AND STATION		DATE CURRENT ACTIVE SERVICE STARTED	
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO.	SERVICE AND COMPONENT	ORGANIZATION AND STATION OR UNIT AND LOCATION			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.

9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)					
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL	GRADUATE		DEGREE
FROM--	TO--		YES	NO	
Sep 46	Jun 49	Escuela Publica San Cristobal			

10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)					
RELATION AND NAME		DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING	
FATHER		date unknown		DECEASED	
Felipe Romero		Conzolaciondel Sur, Cuba			
MOTHER (Maiden name)		date unknown		Finca Sabana La Mar	
Sagunda Delgado		" " "		SanCristobalPinardelRio, Cuba	
SPOUSE (Maiden name)		1 Feb 1936 Candelaria		" " " "	
Ilda Martinez		PinardelRio, Cuba		" " " "	
OTHER (Specify)		9 May 1962 San Cristobal		" " " "	
Arturo Romero Son		Finar delRio, Cuba		" " " "	
Balerio Romero B		Finca Sabana La MarSan CristobalPinardelRioCuba		" " " "	
Jose Manuel Romero B		" " "		" " " "	
Aniceto Romero B		" " "		" " " "	
Santiago Romero B		" " "		" " " "	

11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)

RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
Juan Delgado	U 36	farmer	Consolaciondel Sur, Cuba	Cuban
Pedro Delgado	U 38	"	Candelaria Pinardel Rio, Cuba	"
Francisco Delgado	U 40	"	Santa Cruz Pinardel Rio, Cuba	"
Niebe Delgado	A 39	housewife	" " " "	"
Maria Delgado	A 39	"	" " " "	"

12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM—	TO—		
29 Aug 62	21 Sep 62	Mexico	in transit to USA

13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM—	TO—			
Feb 59	Jan 60	Equipos Presada Pinardel Rio, Cuba	Nestor Prieto	Political reasons

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

SOCIAL SECURITY NO.
463-74-2051

14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories.)

CREDIT	NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
		NONE			
CHARACTER	Juan Noriega	10	1040 15th St. Apt #15	Miami Beach	Fla.
	Gustado Acosta	10 mo	1140 SW 9th St.	Miami	"

REMARKS:

15. LIST ALL RESIDENCES FROM 1 JANUARY 1937				
MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM—	TO—			
Jan37	Aug62	Finca Sabana Lamar	Pinardel Rio	Cuba
Aug62	Dec62	1140 SW 9th St.	Miami	Fla.

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS				
NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM—	TO—
MRC CUBA	Subject claims he assisted any and all organizations against Castro. These were all in Cuba			
MDC CUBA				
UNIDAD REVOLUCIONARIA, CUBA				
OdeNov, CUBA				

17.

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

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

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

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

Has been in Jail without trial in the G-2 of Pinar del Rio, Cuba about 18 days from 22 April 1961 for political reasons.

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

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

20. REMARKS

ITEM #10

Fernando Romero B	San Cristobal Pinardel Rio Finca Santa Amalia Sabana La Mar	San Cristobal Pinardel Rio, Cuba
Sabina Romero S	" " " "	" " " "
Augustina Romero S	" " " "	" " " "

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

DATE
18 Jan 63

SIGNATURE OF PERSON COMPLETING FORM

Elyanis Romero Dolgado

TYPED NAME AND ADDRESS OF WITNESS

LUIS A. ZAYAS, MSGT, AFES&IS, CORAL GABLES, FLA.

SIGNATURE OF WITNESS

Luis A. Zayas

21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

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

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RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS