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JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

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

DOCUMENT INFORMATION

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

WHITE, JOSEPH TIMOTHY

[RESTRICTED]

AFFIDAVIT

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
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SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
COLUMBIA MISSOURI	3 OCT 82	1136	

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
GLAISTER, HENRY DANIEL	547-76-1040	CPT

ORGANIZATION OR ADDRESS

812 MAPLEWOOD DR COLUMBIA MO 65201

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

I HENRY D. GLAISTER, 547-76-1040, CPT, FA, RESIDING AT 812 MAPLEWOOD DR, COLUMBIA, MISSOURI AUTHORIZE RELEASE OF AGENT REPORT, DA FORM 341, DATED 22 SEPTEMBER 1982, SUBMITTED BY MR RAUL J. LOZANO, 902d MI GROUP CONCERNING JOSEPH TIMOTHY WHITE, TO MR NORVAL (NMN) WHITE JR. (FATHER OF JOSEPH TIMOTHY WHITE) //////// END OF STATEMENT ////////

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EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF___ TAKEN AT___ DATED___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE___ OF___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 1 JUL 72 2823 SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

STATEMENT *(Continued)*

NOT USED

AFFIDAVIT

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

(Signature of Person Making Statement)

WITNESSES:

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

ORGANIZATION OR ADDRESS

Raul J. Lozano
(Signature of Person Administering Oath)

RAUL J. LOZANO, 902d MI Group
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Article 136(b), UCMJ
(Authority To Administer Oaths)

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INITIALS OF PERSON MAKING STATEMENT

☆ U.S. G.P.O. 1980-665141/1344

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