

BOX NO. 1

FOLDER NO. 18

photographs of immigration records: Ayda Sirhan (sister)

RFK Assassination 2017-0108

1814

NEW YORK

T. n. "G. COLOMBO"

JAN 12 1957

6-14 P2703 of the Immigration and Naturalization Service

Kennan
(Immigration officer)

Under the condition $\lambda = 0$, the system (1) is reduced to the system

$$\begin{cases} \dot{x} = -x \\ \dot{y} = y \end{cases} \quad (2)$$

which has the solution

$$x(t) = x_0 e^{-t}, \quad y(t) = y_0 e^t.$$

Therefore, the system (1) is asymptotically stable at the origin if and only if $\lambda < 0$.

Notations F.L. 205-4 (a)
(Bryn Mawr)

Synthesis

IMMIGRANT VISA NO/

Issued on

The validity of this view remains

Nationality of employee or state

Section 3 of the

This visa is issued under/Sec
and upon the basis of the fact
that the holder is to enter the
of the United States he is found

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the Refugee Relief Act of 1953 &

1. Birth Certificate.
2. Extra Photographic.
3. Medical Certificate.
4. Readmission Certificate.
5. Police Certificate.
6. Verified Assurance Form [redacted] No. [redacted] Attache to [redacted]

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1970-1971, 1972-1973.

2025 RELEASE UNDER E.O. 14176

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FOREIGN SERVICE OF THE UNITED STATES OF AMERICA
APPLICATION FOR IMMIGRANT VISA
AND ALIEN REGISTRATION

I am, undersigned, being duly sworn, state the following facts regarding myself and hereby make application for a special nonquota immigrant visa under the Immigration and Nationality Act of 1953 & to the American Embassy, _____

1. My name is Ayda Samira Salameh Chattas given name Ayda Samira Salameh Chattas Initial AS 2. Place and date of birth Jerusalem, Palestine March 7, 1936

3. Other names by which I have been known _____ 4. Last permanent residence Box 709, 4073, Jerusalem

5. Name and address of person to whom destined, if any _____ 6. Name and address of person to whom destined, if any _____

7. Date of birth _____ 8. Travel documents presently held _____

9. Height _____ 10. Weight _____ 11. Nationality Jordanian 12. Race Syrian

13. Complexion Dark 14. Ethnic Classification Arab

15. Languages spoken, read, and written _____ 16. Distinguishing marks _____

17. I have _____ (no) _____ 18. Purpose of going to _____

19. I have _____ (no) _____ 20. Purpose of going to _____

21. I have _____ (no) _____ 22. Purpose of going to _____

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THE HASHEMITE KINGDOM OF JORDAN

H. O. ARAB LEGION

D.G.I. C.R.O.

Off No.



Date

GOOD CONDUCT CERTIFICATE

This is to certify that

Born in

and of

Nationality is of good conduct and is not wanted by the public security department of the Kingdom. This certificate is valid for 3 months from date of issue.



كلا الأروبة اعلمية
رب الجيش العربي الأردني
الملك عبد الله الأول

شهادة حسن سلوك

شهادة أن قائد وشارع سلامه معاليه سرحان

من مواليد القدس ايدني الجنسية
من ذوي السموك الحسن ولغير مطلوب لادارة الأمن العام
في المملكة (هذه الشهادة سارية المفعول لمدة ثلاثة اشهر
احسباً من تاريخه)

مستند
الرقم
مدير الأمن العام

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THE GOVERNMENT OF JORDAN
 Certificate of Identification
 This is to certify that the
 holder of the above mentioned
 passport is a citizen of Jordan

Ayda Sirhan
 In the event it is
 subsequently found that this person
 obtained in Jordan a special passport
 in violation of the United States
 laws, the United States Government
 will not be bound by the provisions of
 the United States laws, and the
 United States Government will not be
 responsible for the consequences
 of this person.

For the Government of Jordan
 (Signature)
 Minister of Interior

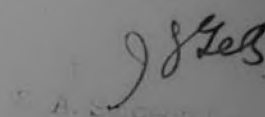
Michael Sirhan

رقم ١٥٤٤
 المملكة الأردنية الهاشمية
 : مادة إعادة ادخال
 يخدم هذا بل حكمه الملك
 الاردني الهاشمي محمد باعاد
 ادخال
عايدة سرهان

الى هذه البلاد في حالة اذا ما
 وجد فيما بين هذا البلد
 قد تم احراز في الاردن طر مسه
 حرمه للولايات المتحدة خاصة خارج
 من اللغة المسموع يعطيه لصور
 مرسوم امانة الاتحدين الموم في
 ٢ آب ١٩٥٣ من تاريخ الاعتياد
 او تقديم معلومات اساسية معرو
 فير صحيحه و علم ثروا ان لا تكون
 الحكومة مسؤولة من تحمل تكاليفه
 هذا الشيء

عن الحكومة الاردنية
 (الاعمال الرسمية)
 (الاعمال الرسمية)
 وزير الداخلية
فهد العبدالله

2025 RELEASE UNDER E.O. 14176

Form 15-59a REV. MAY 1952		FOREIGN BIRTH UNITED STATES OF AMERICA		PLACE <i>Yerusalem</i>			
MEDICAL EXAMINATION OF VISA APPLICANTS				DATE <i>1/9/56</i>			
Article required of the American Consul at		CITY <i>Yerusalem</i>	COUNTRY <i>Yordan</i>				
I certify that on the above date I examined		NAME <i>Mrs. Olga Besliara Selam Ghadas Surlan</i>		AGE <i>38 1/2</i>			
I examined for any evidence of any of the following conditions:							
CLASS A (TUBERCULOSIS in any form) DANGEROUS CONTAGIOUS DISEASES: <table border="0" style="width: 100%; font-size: small;"> <tr> <td style="vertical-align: top;"> - Actinomycosis - Amebiasis - Bacteriemia - Chancroid - Fetus - Filaria - Gonorrhea </td> <td style="vertical-align: top;"> - Gravolone Infection - Kawasaki's Disease - Leptospirosis - Legionnaires Disease - Lymphogranuloma venereum - Malaria - Parasitosis </td> <td style="vertical-align: top;"> - Syphilis, of early - syphilis, secondary stage - Trachoma - Typhoid - Yaws </td> </tr> </table> MENTAL CONDITIONS: - Epilepsy - Mental deficiency - Psychosis (Schizophrenia) - Typhoid - Chronic alcoholism - Narcotic drug addiction					- Actinomycosis - Amebiasis - Bacteriemia - Chancroid - Fetus - Filaria - Gonorrhea	- Gravolone Infection - Kawasaki's Disease - Leptospirosis - Legionnaires Disease - Lymphogranuloma venereum - Malaria - Parasitosis	- Syphilis, of early - syphilis, secondary stage - Trachoma - Typhoid - Yaws
- Actinomycosis - Amebiasis - Bacteriemia - Chancroid - Fetus - Filaria - Gonorrhea	- Gravolone Infection - Kawasaki's Disease - Leptospirosis - Legionnaires Disease - Lymphogranuloma venereum - Malaria - Parasitosis	- Syphilis, of early - syphilis, secondary stage - Trachoma - Typhoid - Yaws					
CLASS B Physical Defect, Disease, or Disability Amounting to a Substantial Departure from Normal Physical Well-being							
CLASS C Minor Condition							
Check number (1) below, or complete sentence (2) below: (1) My examination, including the X-ray and other reports below, revealed: (1) No disease or defect ☐ (2) The following condition(s) ☒ (Class A, B, or C) (Specify in pertinent details): <i>Class C. Ascariasis. Healed</i>							
 A. S. GORDON, M.D., M.P.H.							
Did examination reveal evidence or history of disease, defect or defect? Yes ☐ No ☒							
Chest X-ray report: <i>Negative (X-ray report attached)</i>							
Blood serological report: <i>Negative</i>							
Urinalysis report: <i>Not Required</i>							
Stools: <i>Over 2 Ascaris found</i>							
SIGNATURE OF MEDICAL EXAMINER		TITLE <i>M.D. Hassan. T. Elm</i>					

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[REDACTED]

S. R.

HYDA SIRHAN

Recorded

(and pertinent details)

J. G. L.

FHS

Yes ☐ No ☒



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