

COPY

PLEASE FILL OUT APPLICATION BLANK COMPLETELY

NAME OSWALD LEE H STREET & NUMBER 2515 W 5th St CITY IRVING  
LAST NAME FIRST

PHONE NO BL-3-1628 SOCIAL SECURITY NO 433-54-3937 AGE 23 WEIGHT 150 HEIGHT 5'9"

PLACE OF BIRTH NEW ORLEANS LA. HOW LONG LIVED IN DALLAS CONTINUOUSLY

EDUCATION WHAT GRADE IN SCHOOL 11<sup>TH</sup> NAME SCHOOL ARLINGTON HEIGHTS CITY FT WORTH, TEXAS

DO YOU ATTEND COLLEGE NO HOW LONG - NAME COLLEGE -

MARRIED  OR SINGLE ( ) HOW MANY DEPENDENTS 2 DEPENDENTS

WHERE DID YOU LAST WORK USMC (THREE YEARS) NATURE OF WORK AIR WING

REASON FOR LEAVING LAST JOB HONORABLE DISCHARGE

HOW LONG DID YOU WORK ON YOUR LAST JOB THREE YEARS

WHERE IS YOUR FATHER EMPLOYED DEAD NATURE OF WORK -

IS YOUR MOTHER EMPLOYED YES NATURE OF WORK PRACTICAL NURSE

MEMBER OF ORGANIZATIONS: CHURCH LODGE VETERAN

HAVE YOU ANY PHYSICAL DEFECTS (ANSWER YES OR NO) IF ANSWER IS YES STATE WHAT THEY ARE:  
No

DO YOU ROOM AND BOARD No DO YOU LIVE WITH PARENTS No

SHOULD YOU LIKE TO MENTION SOME OF YOUR SPECIAL ABILITIES YOU WOULD LIKE COMPANY TO KNOW IN CONSIDERING YOUR APPLICATION USE THE THREE LINES BELOW

CLERICAL (ACCOUNTING) WORK IN MILITARY SERVICE  
EXPERIENCED WITH DITTO, ADDING, AND SOME TYPING  
MACHINE AND FILING SYSTEM

DATE OF APPLICATION

OCT 15, 1963

Lee H Oswald  
SIGNATURE OF APPLICANT  
By Brian  
INDEXED  
DATE 2-11-64  
INITIALS S

2965-15