

DEPARTMENT OF THE NAVY, BUREAU OF NAVAL PERSONNEL
SERVICE SCHOOLS



UNITED STATES OF AMERICA

This certifies that

LEE H. OSWALD PVT 1653230 USMC

has satisfactorily completed the prescribed course of study of the
AVIATION FUNDAMENTALS SCHOOL (CLASS P) (ELECT-ELECTRON, OCCUPATIONAL GROUP)

NAVAL AIR TECHNICAL TRAINING CENTER, JACKSONVILLE, FLORIDA

this 3rd day of MAY 19 57

C. J. ...
Captain

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NAVY

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLÉRIE

This is to certify that
 Je certifie que LEE OSWALD

whose signature follows
 dont la signature suit *[Signature]* DATE 01
 ANNÉE 68
 has on the date indicated been vaccinated or revaccinated against cholera.
 a été vacciné(e) ou revacciné(e) contre la choléris à la date indiquée.

Date	Indicate by "1" whether Indiquer par "1" si l'un des	Signature, professional status, and address of vaccinator Signature, statut professionnel, et adresse du vaccinateur	Approved stamp Stamps approuvés
JUN 8 1963	<input checked="" type="checkbox"/> Primary vaccination performed <input checked="" type="checkbox"/> Revaccination <input type="checkbox"/> Not vaccinated <input type="checkbox"/> Revaccinated	<i>[Signature]</i> W. H. DEEL P.O. BOX 30016 NEW ORLEANS, LA.	
	<input type="checkbox"/> Not vaccinated <input type="checkbox"/> Revaccinated		
	<input type="checkbox"/> Not vaccinated <input type="checkbox"/> Revaccinated		

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of a successful primary vaccination or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed. (In the United States, the stamp is that of the local or State health department of the area in which the vaccinating physician practices, the Department of Defense, a designated yellow fever vaccination center, the seat of the Public Health Service, or the special "S-C" stamp approved by the latter service.) Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT s'étend pendant une période de trois ans commençant huit jours après la date de la vaccination effectuée avec succès (après la date de la vaccination effectuée avec succès) ou, en cas de revaccination, à partir de cette revaccination. Le cachet d'autorisation dont il est mentionné ci-dessus doit être conforme à la forme prescrite par l'administration sanitaire du territoire où la vaccination est effectuée. (Aux États-Unis, ce cachet doit être celui du Service d'Hygiène, de l'État, de la ville ou du comté où le vaccinateur exerce sa profession, du Département de la Défense, d'un centre désigné de vaccination contre la fièvre jaune, le centre de Service de la Santé Publique des États-Unis, ou le cachet spécial "S-C" approuvé par ce service.) Toute correction ou effacement sur le certificat ou l'omission d'une partie des mentions qu'il comporte peut entraîner sa nullité.

If unsuccessful, vaccination must be repeated and a new certificate issued.
 Si la vaccination n'a pas réussi, il faudra recommencer et un nouveau certificat devra être établi.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIÈVRE JAUNE

This is to certify that
 Je certifie que _____

whose signature follows
 dont la signature suit _____
 has on the date indicated been vaccinated or revaccinated against yellow fever.
 a été vacciné(e) ou revacciné(e) contre la fièvre jaune à la date indiquée.

Date	Signature and professional status of vaccinator Signature et statut professionnel du vaccinateur	Origin and date number of vaccine Origine de vaccin, date et numéro de	Official stamp of health issuing center Cachet officiel du centre de vaccination

Socialist Workers Party

116 University Place

New York 3, N. Y.

ALGONQUIN 5-7400

JAMES P. CANNON
National Chairman

PARRELL BOBBS
National Secretary

March 27, 1963

Mr. Lee H. Oswald
P.O. Box 2915
Dallas, Texas

Dear Mr. Oswald:

We have received your letter of March 24. Thank you for writing again. The clipping was very interesting also.

Because of your young age and location, we are sending your name to the Young Socialist Alliance for further correspondence. I am sure that they will be able to inform you about what the youth in the movement are doing. Their address is: P.O. Box 471, Cooper Station, New York 3, New York.

If we can be of any more help, please write again.

With best wishes,

Sincerely,

Joseph Task
Joseph Task

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EXPIRES

EX-IMPORTANT

This passport is NOT VALID until you pay the balance on page two. Please do so soon.

REMARKS

NAME

ADDRESS

DATE OF BIRTH

SEX

HAIR

EYES

COMPLEXION

HEIGHT

WEIGHT

SCARS

OTHER

EXPIRATION AND RENEWAL

Unless stated to a shorter period, this passport remains valid for one year from the date of issue. It may be renewed for an additional period of one year from the date of issue. This passport shall be renewed only if the holder is present in the United States at the time of renewal. Renewal is subject to a stamp placed in the passport on page two.

NEW PASSPORT

When this passport expires and you apply for a new one, you must pay the fee for the new passport. The fee for a new passport is \$10.00. The fee for a new passport is \$10.00.

446

EXPIRES



The Secretary of State

1970

United States of America

Under my hand and the seal of the Department of State

this 1st day of August 1970

at Washington, D.C.

John Edgar Hoover

Director

Federal Bureau of Investigation

Washington, D.C.

WARNING—ALTERATION, ABUSE OR MISUSE OF THIS PASSPORT IS PROHIBITED
ANY UNLAWFUL ACTS WILL BE PROSECUTED

LEE HARVEY OSWALD	
OCTOBER 12, 1939	LOUISIANA, U.S.A.
5 11	BIRTH DATE
X X X	JUNE 25, 1963
X X X	PASSPORT RENEWAL

IMPORTANT: UNLESS OTHERWISE LIMITED
THIS PASSPORT EXPIRES THREE YEARS FROM ISSUANCE DATE.
IF RENEWED, IT EXPIRES FIVE YEARS FROM ISSUANCE DATE.



DEPARTMENT OF STATE
PASSPORT AGENCY NEW ORLEANS

OSWALD

REMARKS: Insert N/A to the items below which are not applicable.

1. NAME (Last, First, Middle Initial) OSWALD, Lee Harvey		2. SOCIAL SECURITY NUMBER 1653230		3. GRADE, RATE OR RANK PTC (E-2)		4. DATE OF ENTRY INTO SERVICE 11 Mar 59	
5. ORGANIZATION, COMPONENT AND BRANCH OR UNIT USMC		6. PLACE OF BIRTH (City and State or Country) New Orleans, Louisiana				7. DATE OF BIRTH 18 Oct 39	
8. RELIGION Catholic	9. SEX Male	10. COMPLEXION Brown	11. HAIR Gray	12. HEIGHT 71"	13. WEIGHT 150	14. U.S. CITIZENSHIP <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. HIGHEST GRADE OR DEGREE High School - 1		16. GRADE COVERED OR FIELD Academic					
17. TYPE OF TRANSFER OR ASSIGNMENT Transferred to Marine Corps Reserve				18. GRADE OR RATHERED GRADE AT TIME OF TRANSFER EM5, MCAS, El Toro, (Santa Ana), California			
19. DATES AND AUTHORITY 22 Dependency, For 1960.25 & CO 304A's 5th Ed of 11 Aug 59		20. DATES AND AUTHORITY 11 Sep 59		21. DATES AND AUTHORITY 11 Sep 59		22. DATES AND AUTHORITY 11 Sep 59	
23. NAME AND ADDRESS OF LAST COMMAND McFARLANE, MCAS, El Toro (Santa Ana) California		24. NAME AND ADDRESS OF PREVIOUS COMMAND McFARLANE		25. TYPE OF ASSIGNMENT MC-217-400		26. DATES AND AUTHORITY N/A	
27. GRADE COVERED N/A		28. GRADE COVERED N/A		29. GRADE COVERED N/A		30. GRADE COVERED N/A	
31. NAME AND ADDRESS OF HOME (Street, City, State, Zip) MARIC HAS, Glenview, Illinois							
32. DATE OF ENTRY INTO SERVICE 2 Dec 62		33. CURRENT ACTIVE SERVICE GRADE (Date of Promotion) <input checked="" type="checkbox"/> EM5 (Date 11 Sep 59) <input type="checkbox"/> EM4 (Date) <input type="checkbox"/> EM3 (Date) <input type="checkbox"/> EM2 (Date) <input type="checkbox"/> EM1 (Date)				34. TYPE OF SERVICE 3	
35. GRADE COVERED EM5		36. GRADE COVERED Private		37. GRADE COVERED Dallas, Texas		38. GRADE COVERED 24 Oct 56	
39. HOME ADDRESS (Street, City, State, Zip) 4936 Collinwood Street Fort Worth, Tarrant, Texas				40. PROPERTY OF SERVICE			
41. HOME ADDRESS (Street, City, State, Zip) 6741/2 Audubonville Operator				42. PROPERTY OF SERVICE			
43. HOME ADDRESS (Street, City, State, Zip) Radio Operator 0-61,30				44. PROPERTY OF SERVICE			
45. GRADE COVERED NONE							
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100. GRADE COVERED NONE							

REPLACES FORM OF 1 JUL 58 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

447

P. HENRY LANAUZE
 DEPUTY RECORDER AND CLERK
 OFFICE OF THE RECORDER AND CLERK
 OF RECORDS OF THE PARISH OF ORLEANS
 MARRIAGES AND DEATHS
 NO. 37034
 I, **LEE HARVEY OSWALD**
 Son of **ROBERT E. AND OSCALA** (Died)
 was born on _____
 registered in Book _____
 of _____
 on the _____ day of _____ 1939
 at _____
 Parish of Orleans, Louisiana
 I, **Henry Lanauze**
 Deputy Recorder

8BR



NEW REPORT

The report is now available and should be of interest to those who have this copy.

See - 452 - 100 - 100 - 100

See - 452 - 100 - 100 - 100

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See - 452 - 100 - 100 - 100

449



REPORT

U.S. DEPARTMENT OF STATE



United States of America

Department of State

449

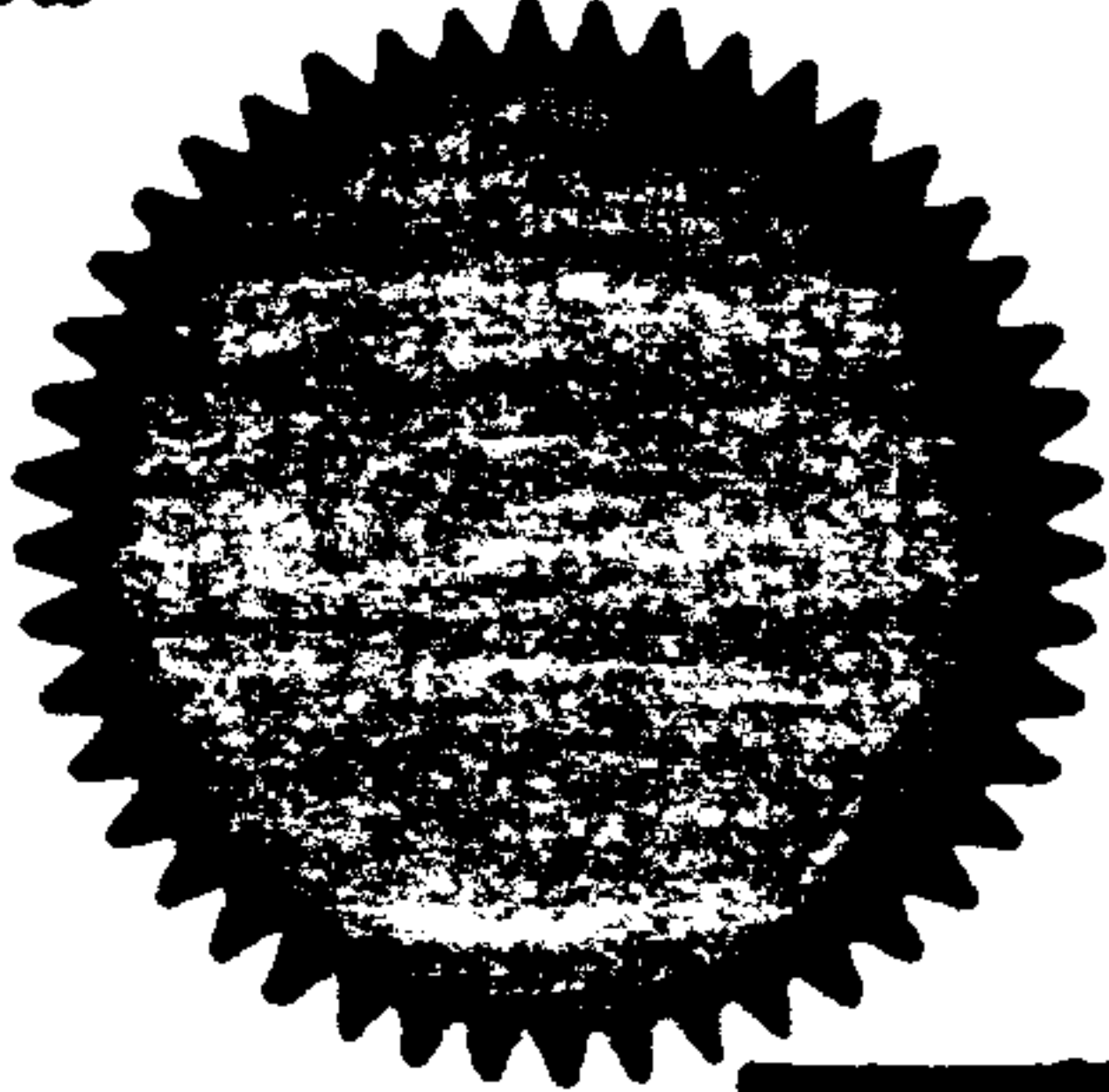
WARNING—ALTERATION OR MISUSE OF THIS PASSPORT IS PROHIBITED
DESCRIPTIVE DATA SEE PAGE XIII 6 AND 75

LEE HARVEY OSWALD	
X X X	
X X X SEE PAGE -14	
5 11	BROWN X X X
NEW ORLEANS, LA.	
OCT. 18 1939	SHIPPING EXPORT AGENT
SEPT. 10, 1959	<i>Lee H. Oswald</i>

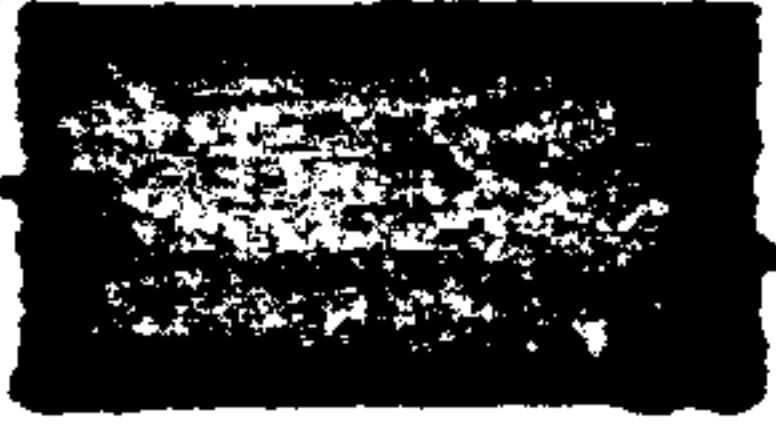
THIS PASSPORT IS NOT VALID UNLESS ISSUED BY
THE OFFICE TO WHICH IT HAS BEEN ISSUED

*I, the undersigned, Secretary of State of the United States of America,
hereby request all whom it may concern
to permit safely and freely to pass,
and in case of need to give all lawful
aid and protection to the above named
citizen(s) of the United States.*

*Given under my hand and the
seal of the Department of State.*



Charles E. [Signature]



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Mr. H. David
Photograph of bearer



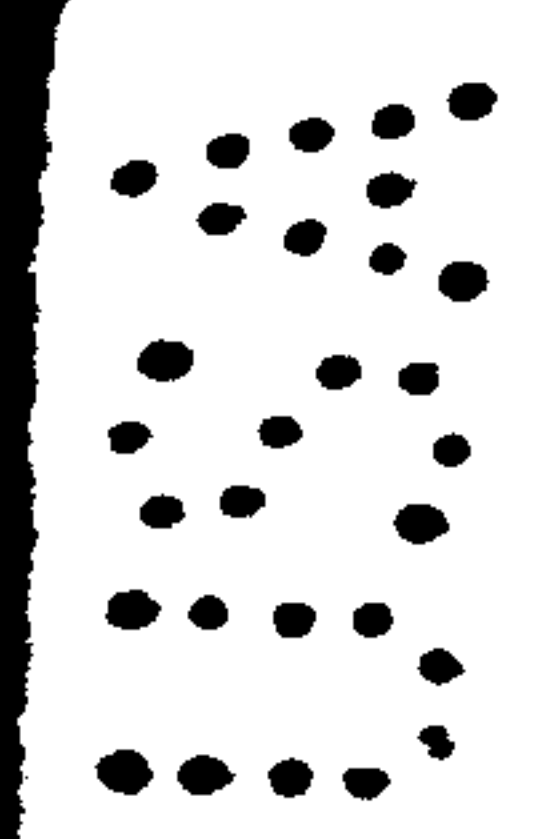
DEPARTMENT OF STATE
LOS ANGELES, CALIF.

*General extensions, amendments,
limitations, and restrictions*

This passport, properly vised, is valid for travel in all countries unless otherwise restricted. It is not valid for travel to or in any foreign state for the purpose of entering or serving in the armed forces of such a state.

This passport is not valid for travel to the following areas under control of authorities with which the United States does not have diplomatic relations: Albania, Bulgaria, and those portions of China, Korea and Viet-Nam under Communist control.

THIS PASSPORT IS NOT VALID
FOR TRAVEL IN HUNGARY.



RECEIVED
65611306-
OCT 1959

RECEIVED
65611306-
OCT 1959

VALID UP TO THREE MONTHS

RECEIVED
65611306-
OCT 1959



Handwritten text, possibly a signature or name.

EMBASSY OF THE UNITED STATES IN AMSTERDAM
AS REQUESTED, THIS IS VALID UNTIL 30/11/59.
THIS PASSPORT IS VALID ONLY FOR
DIRECT TRAVEL TO THE UNITED
STATES.
RICHARD S. BRYAN
ATTORNEY GENERAL

65-11306-15

684

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Туристская *Хиан*

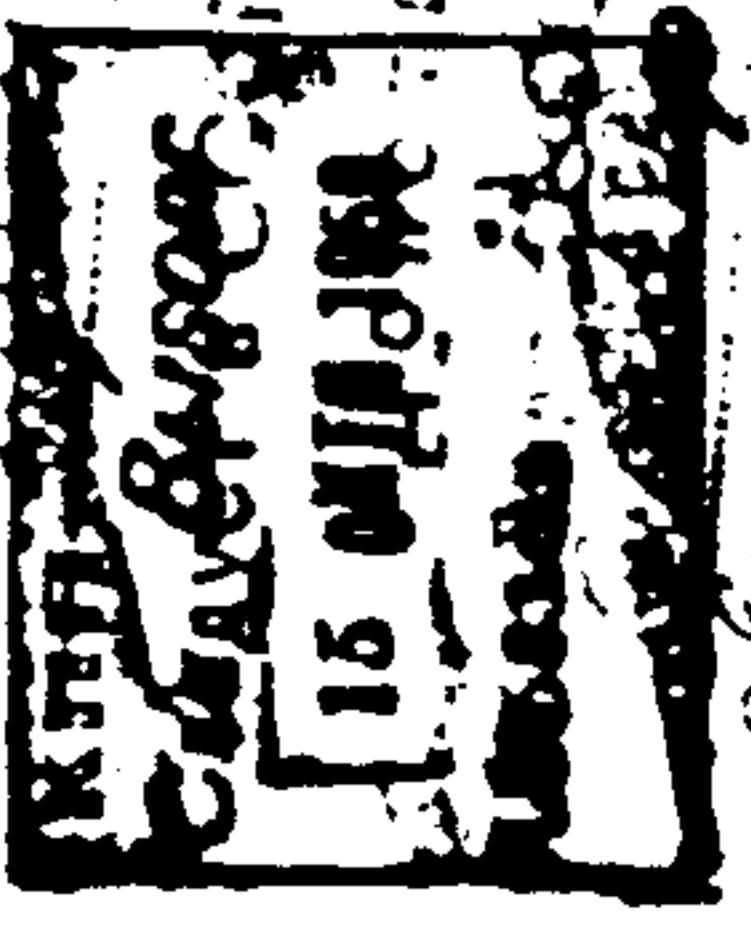
ВИЗА № 403339

ЗЕТ. *продлено октябрь 59 г.*

ВЫЕЗДНАЯ, ВЪЕЗДНАЯ-ВЫЕЗДНАЯ,
~~ВЪЕЗДНАЯ~~

С. С. С. С. С. С.

Освальд Лу Карвей



г. г. г. *Москва*

С. П. ГОЛЬЦА

г. г. г. *Москва*

до *продлено октябрь 59 г.*

Для пребывания в СССР и для выезда

из СССР через погран. пункт *Видлер?*

в течение *шестидесяти* суток

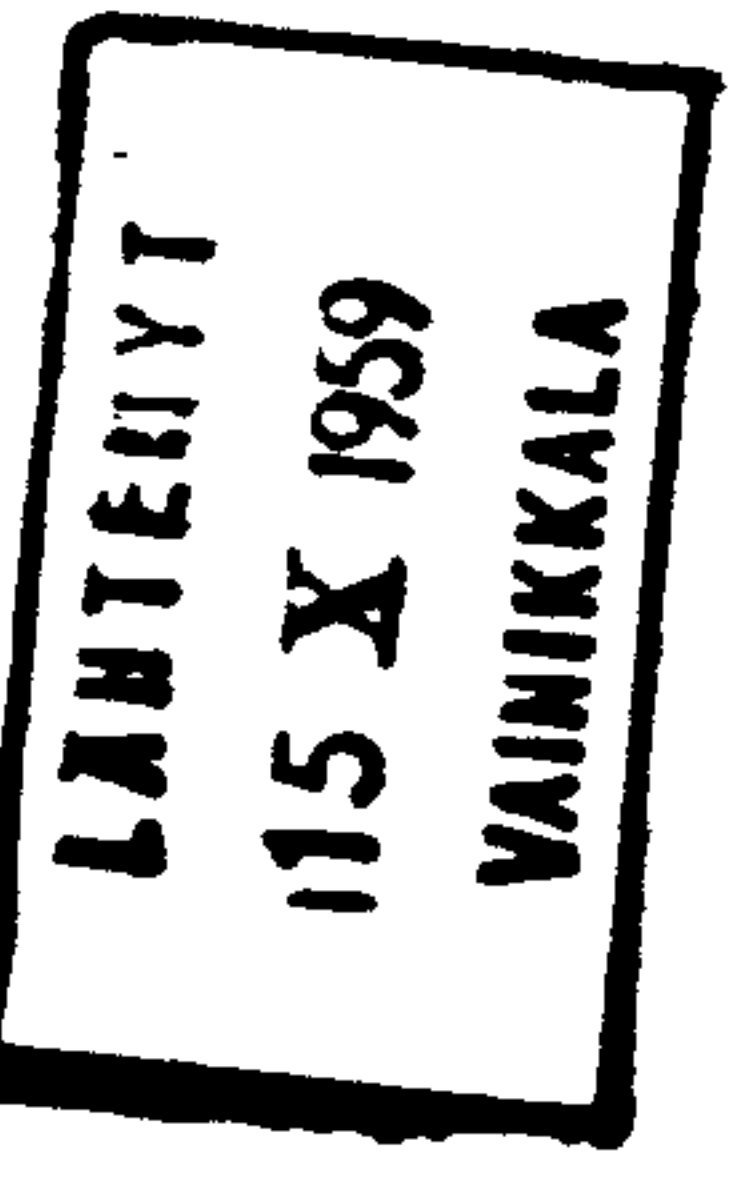
с момента перехода границы.

Начальник СССР *Волосовский*

Волосовский



Хиан



г. *Освальд Лу Карвей*

Зарегистрирован в Отделе Виз и Регистрации

УВД Монгоговета

для проживания в г. *Москва*

до *22 октября* 1959 г.

Начальник *Волосовский*



№ *403339* 1959 г.

г. Москва

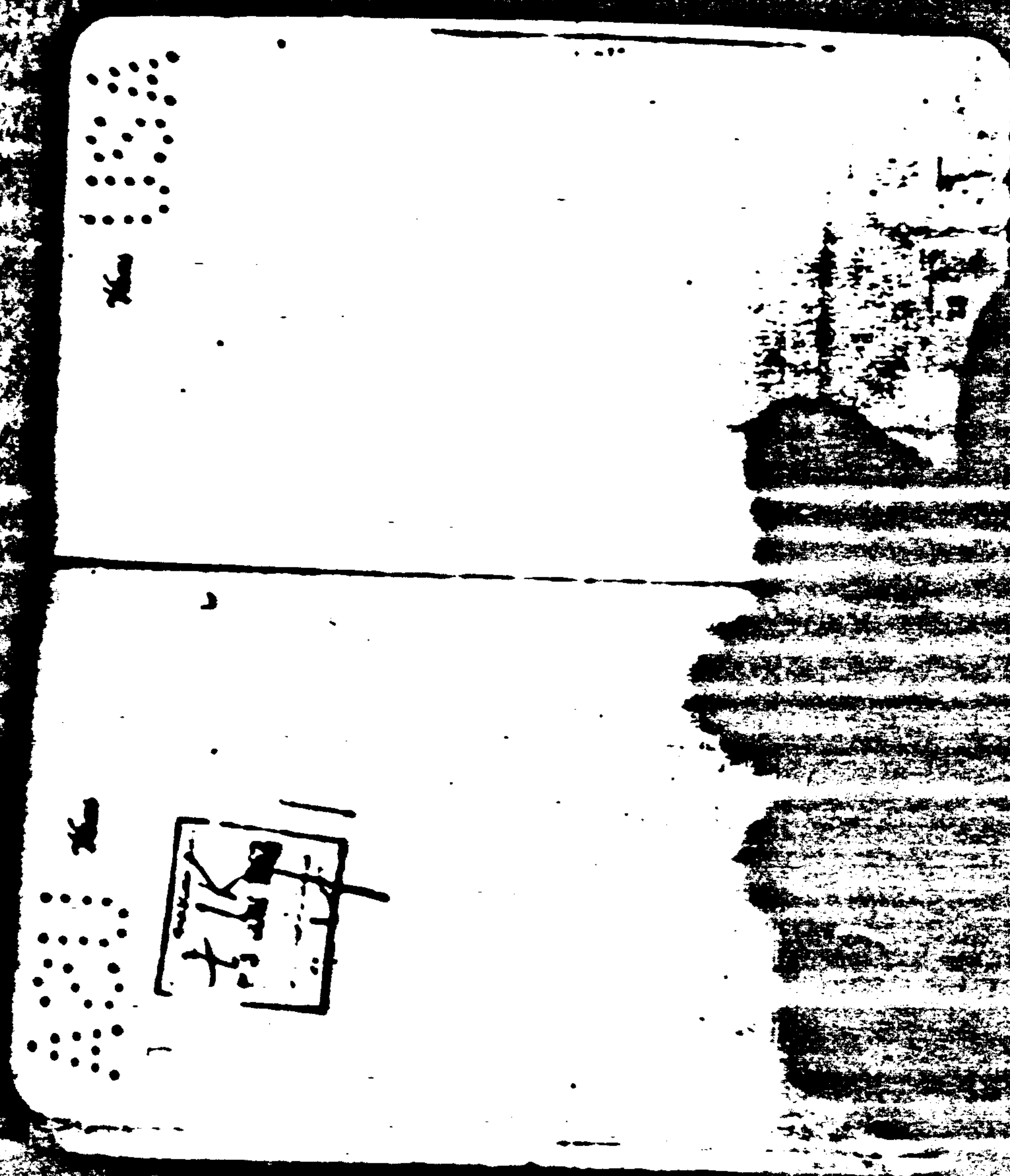
Кроме *Визы 403339*

продлена до 22 октября

1959 года

Начальник *Волосовский*





949

SEE PAGE 6

AMERICAN CONSUL
 JOSEPH B. NOBURY
 MAY 21, 1962
 JUNE 21, 1962
 MOSCOW
 U.S.S.R.
 EMBASSY

JUN 18 1962

MAIL & MATZ SERVICE
NEW YORK, N. Y. 100
ADMITTED

Office of the United States of America
Joseph B. Nobury, Jr.

Embassy of the United States of America
 at Moscow, U.S.S.R. MAY 21, 1962.
 THIS PASSPORT IS MENDED TO
 INCLUDE DAUGHTER JUNE LEE.
 Joseph B. Nobury, Jr.

GBR

DDR
KPH
28 268
Frankfurt

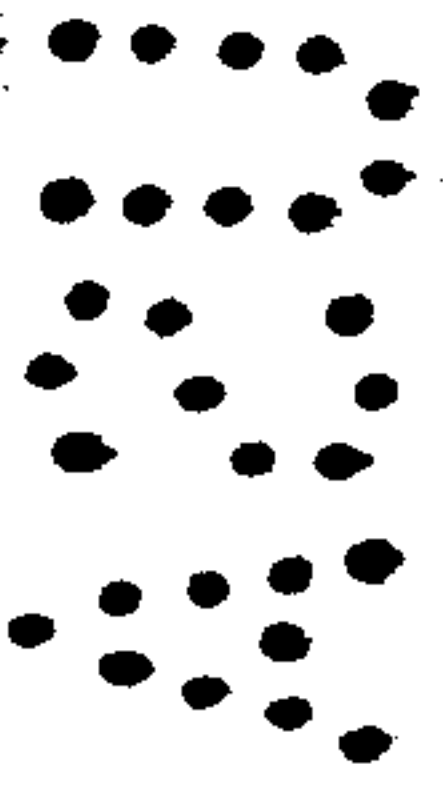
28/5/62

Deutsches Volk

Herrn Herrn Oswald
an Herrn ...
der
durch die Deutsche Demokratische Republik
über die ...
zu Herrn Frankfurt (Oder)
gehört
Gültig für Verbindungen in ...
bis zum 10. Juni 1962
Postamt des 28. Mai 1962



Handwritten signature



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449

POSTAGE WILL BE PAID BY ADDRESSEE

THE UNIVERSITY OF CHICAGO
Department of Chemistry
5708 South Woodlawn
Chicago, Illinois 60637



684

**APPLICATION FOR
TEXAS DRIVER'S LICENSE**

Operator **DLB**
Com. Operator **DLB**
Charter **DLB**

First or Type of License Full Name		Last Name		Occupation	
LEE		HARVEY		OSWALD	
Address		Date of Birth		Sex	
2575 West 5th St.		OCT. 18 1939		M	
City or Town		Color of Eyes		Height	
IRVING TEXAS		GREY		5'9"	
State of Birth		Color of Hair		Weight	
C		BROWN		140	
Date of Issue		Date of Expiration		Signature	
				PHOTOGRAPHER	

READ THIS FIRST

- All information on this form except the signature must be typewritten or PRINTED in ink.
- GIVE FULL NAME. If you do not have a middle name, print the word "NONE" between the first and last names. If you have an initial only, print the word "ONLY" after the first name, and MARRIED NAME. MRS. MARY JONES SMITH.
- GIVE PERMANENT RESIDENCE ADDRESS.

THESE QUESTIONS MUST BE ANSWERED by placing an X in the square under the word YES or NO. If an answer is YES, details must be given in the space provided in the question.

1. Have you ever held a TEXAS license? When last? _____	Number of licenses _____
2. Have you ever been suspended for a Texas license? When last? _____	Did you pass? _____
3. Have you ever held a license in any other State? Where? _____	When last? _____
4. Have you ever been denied a license? Why? _____	
5. Has your license or driving privileges ever been suspended, revoked, or annulled? When? _____	Why? _____
6. Have you ever been convicted of: Driving while intoxicated, Failure to stop and render aid, Aggravated assault with a motor vehicle, Negligent homicide with a motor vehicle, or Murder with a motor vehicle? Number of convictions _____	When? _____
7. Have you ever been convicted of any other moving traffic violation? How many times? _____	When? _____
8. Have you ever been involved as a driver in a motor vehicle accident? How many times? _____	When? _____
9. Have you ever been subject to issues of consciousness or muscular control? Are you now cured? _____	When? _____
10. Have you ever been addicted to the use of intoxicating liquor or narcotic drugs? Are you now cured? _____	When? _____
11. Do you have any physical or mental defects? What are they? _____	When? _____
12. Have you ever been a patient in a hospital for mental illness? _____	When? _____
13. In addition to the penalties to drive, do you agree to drive safely and obey Traffic Laws? _____	Were you committed by a court for an indictable crime? _____

I DO SOLEMNLY SWEAR THAT I AM THE PERSON NAMED AND DESCRIBED HEREIN AND THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

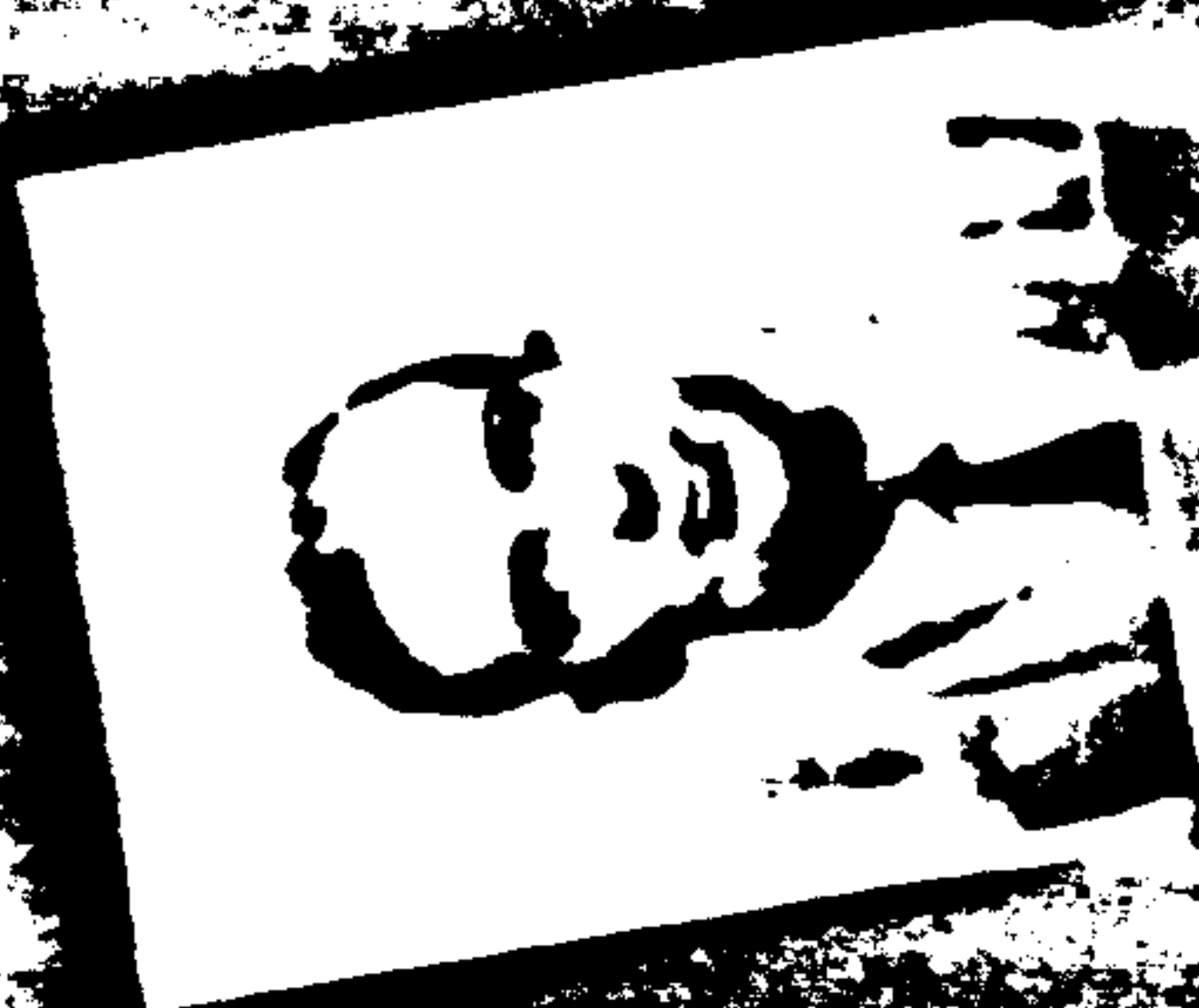
TO BE USED ONLY IF APPLICANT IS UNDER 18 YEARS OF AGE

I do solemnly swear that the above named applicant is my _____ and that _____ was born the _____ day of _____ 19____. I further swear that the above statements are true and this is my contribution to the Department of Public Safety to grant my _____ License.

Given to and obtained before me this _____ day of _____, 19____.

Notary Public or Authorized Officer

450



No. 7 86640
 CARD EXPIRES 12 31 1968
 OSWALD, LEE H.
 4907 MAGAZINE ST.
 CITY

IS ENTITLED TO BORROW BOOKS FROM ANY AGENCY OF THE
 NEW ORLEANS
 PUBLIC LIBRARY SYSTEM
 AND IS RESPONSIBLE FOR ALL BOOKS TAKEN ON THIS CARD

THIS CARD NOT TRANSFERABLE
Lee H. Oswald
 1910 1/2 TURKEY

451



Department of Surgery
Surgical Instruments

152

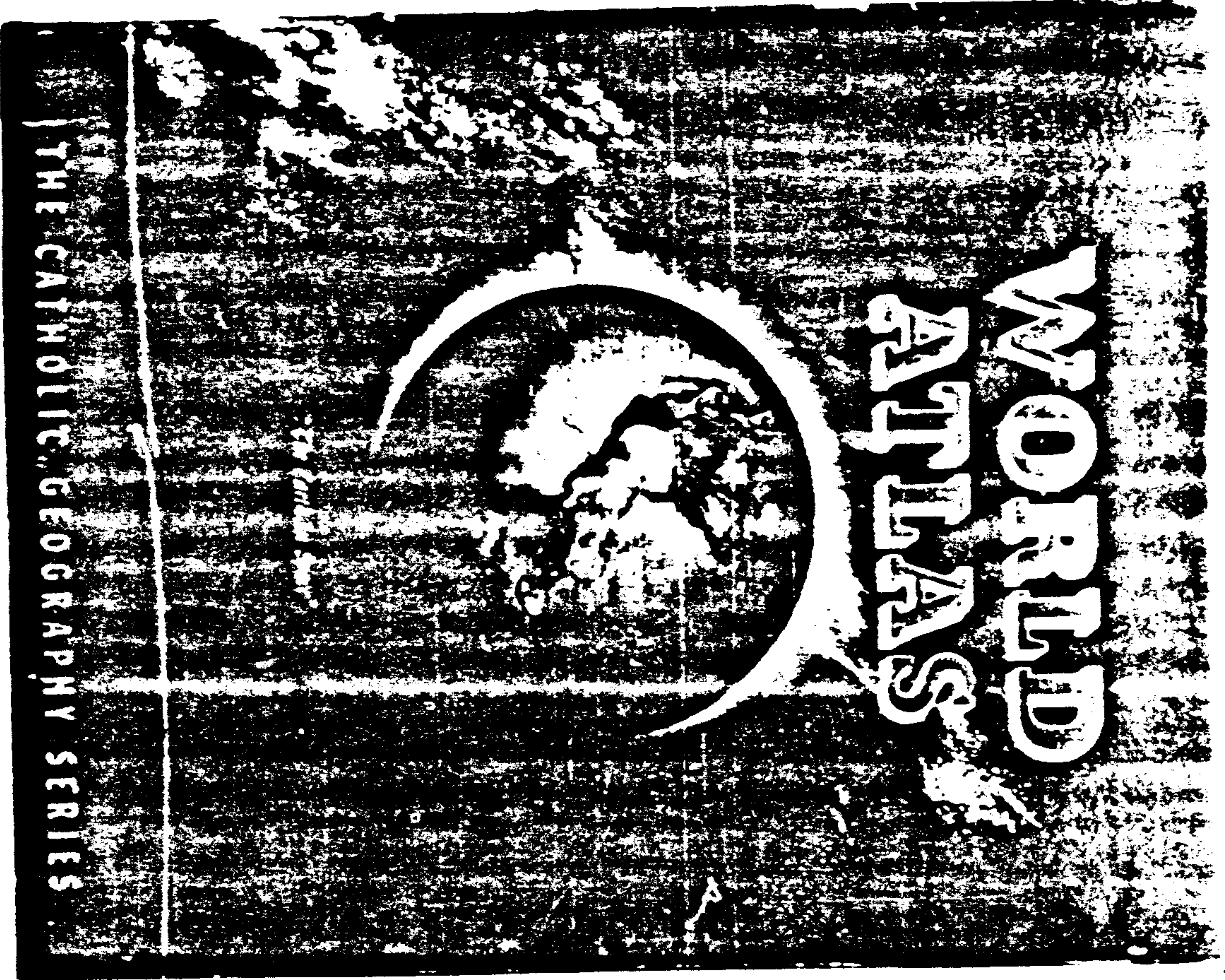
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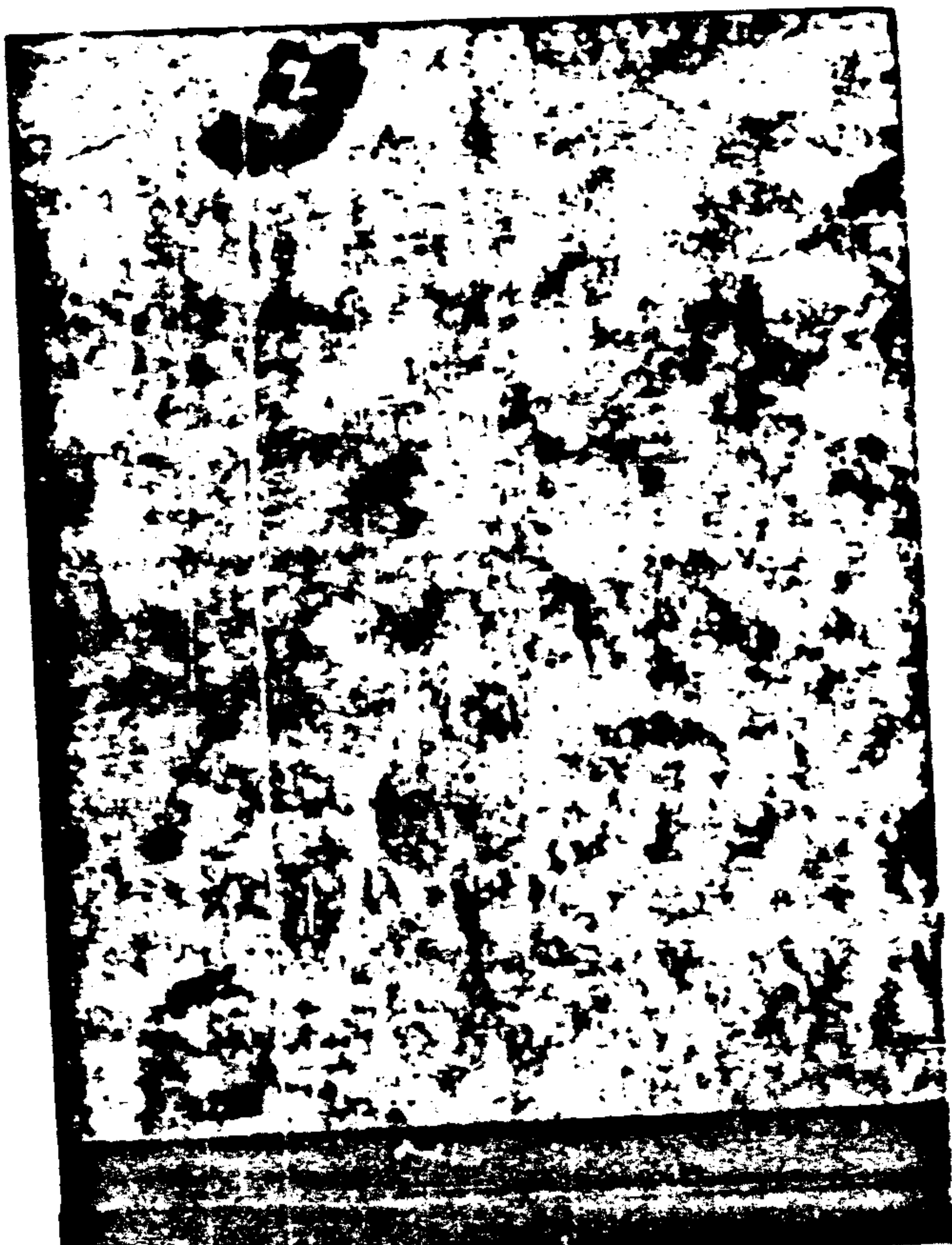
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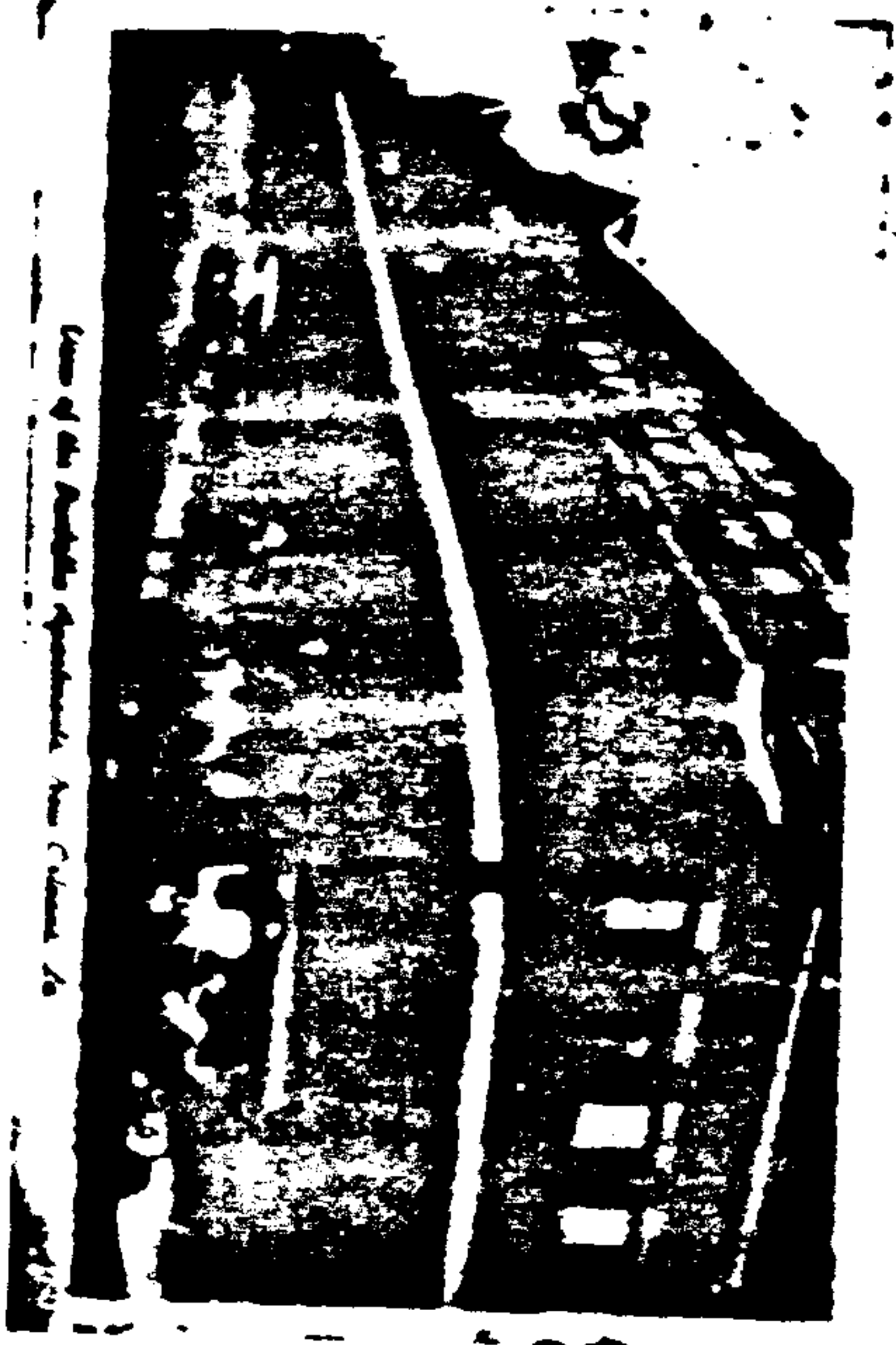
453



Fifth Avenue
LINE
WRITING TABLET

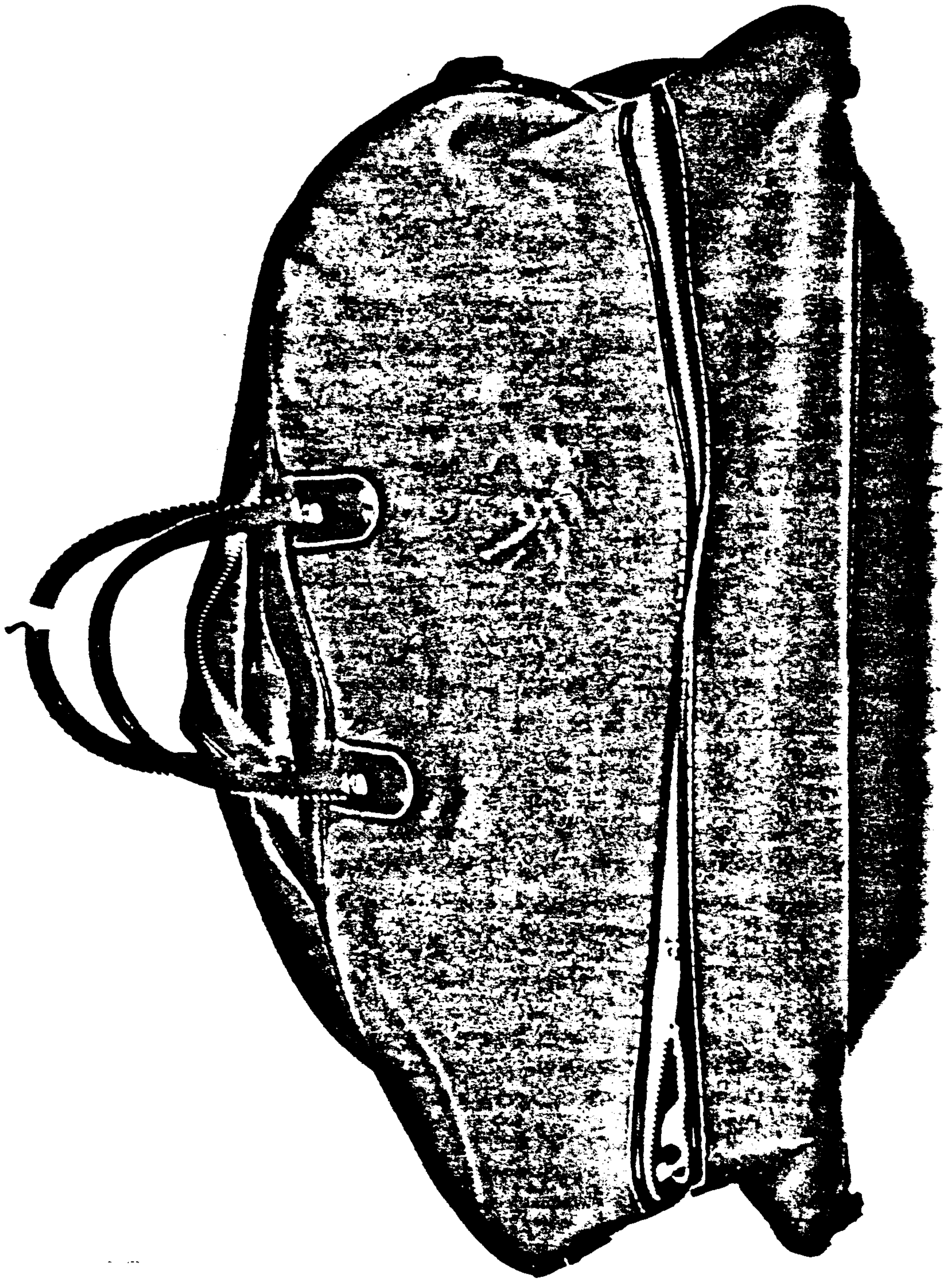
YOU HAVE JUST OBSERVED AN EXCEPTIONAL
TABLET OF CONDENSED STATEMENT
ASK FOR FIFTH AVENUE PAPER
- WATERPROOF - FOR YOUR PROTECTION
SOLD ONLY AT
WOOLWORTH'S
HENRY BACK SURRAN
DUNSMUIR ST. N.Y.C. N.Y.

454



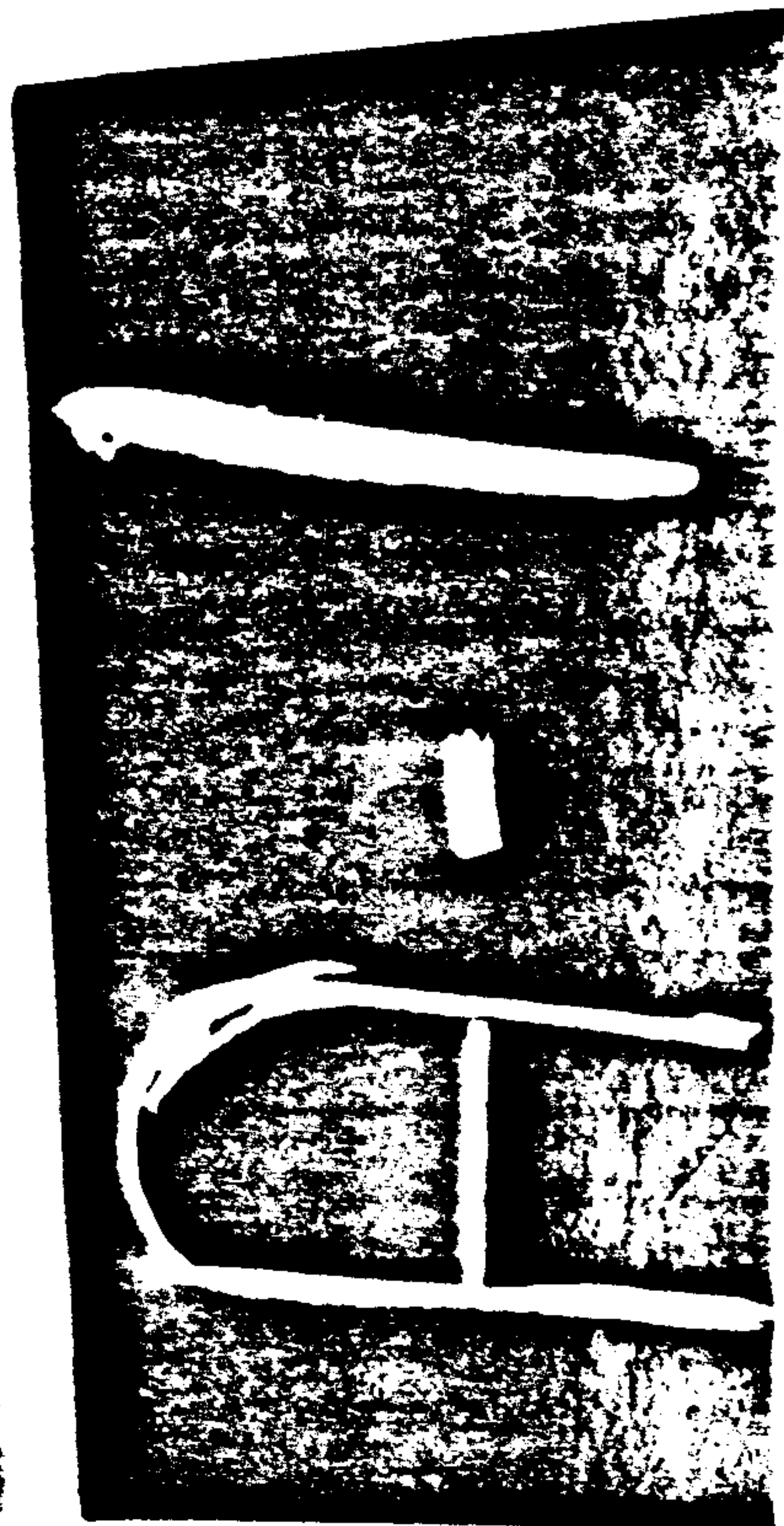
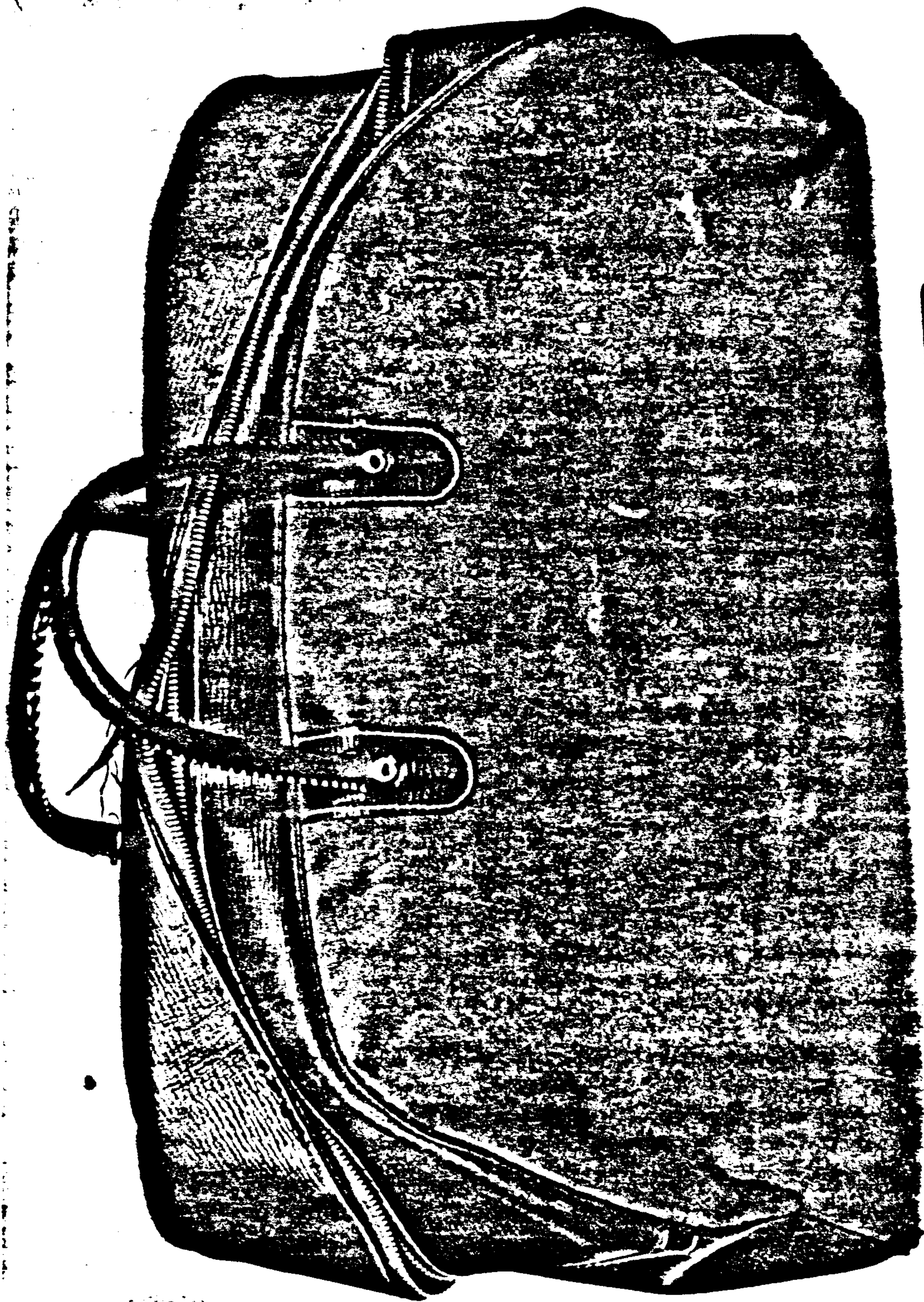
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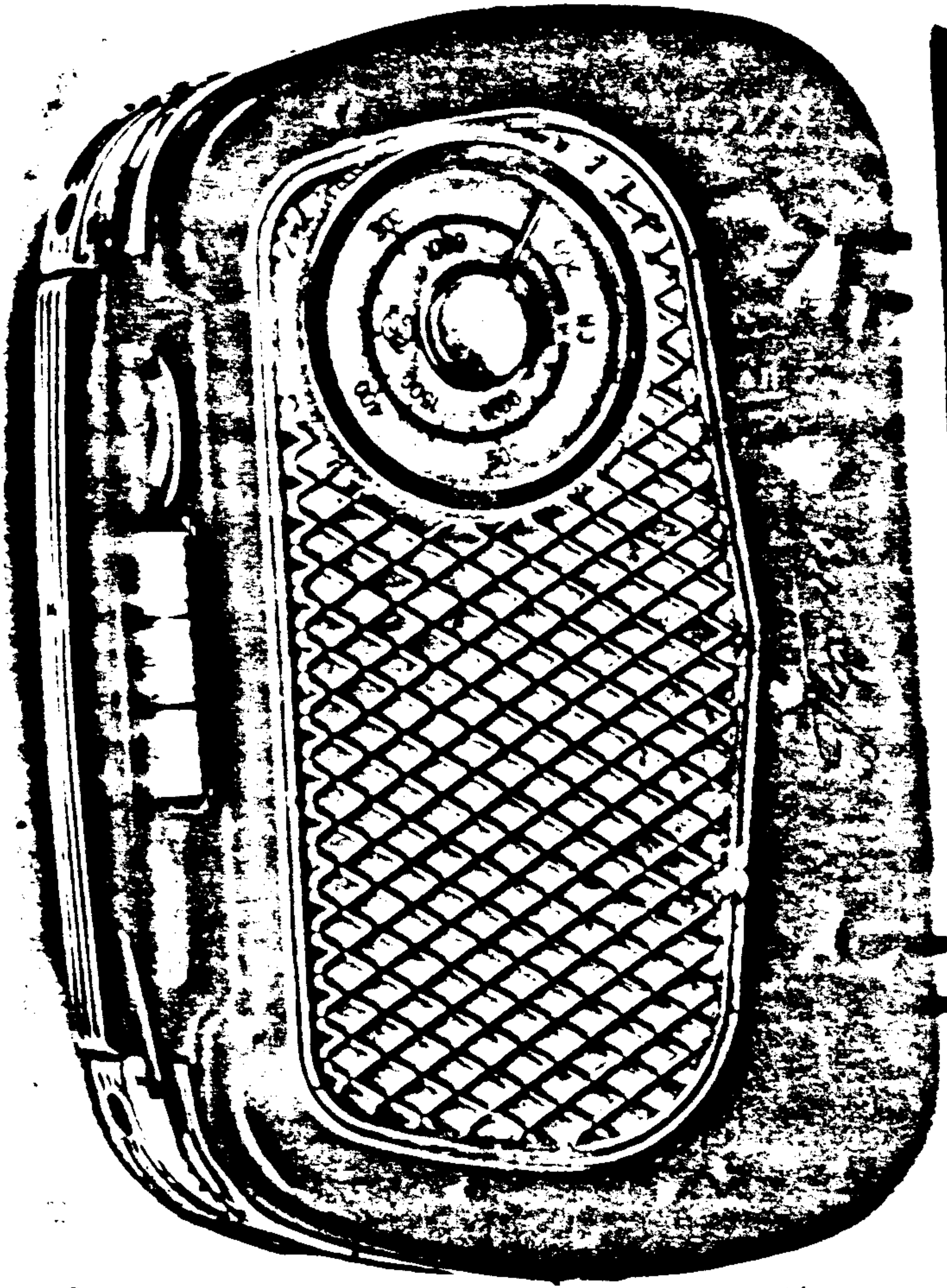
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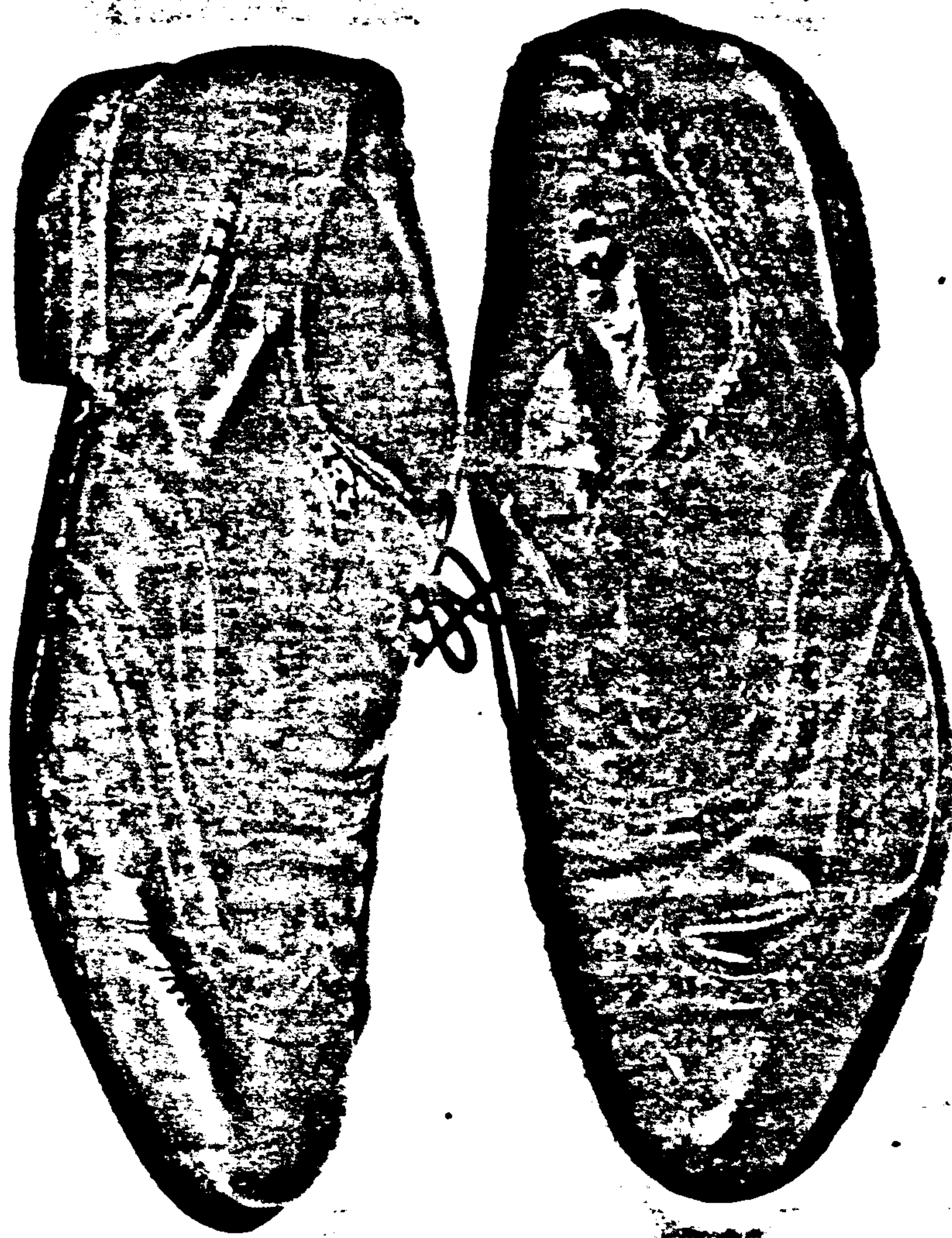


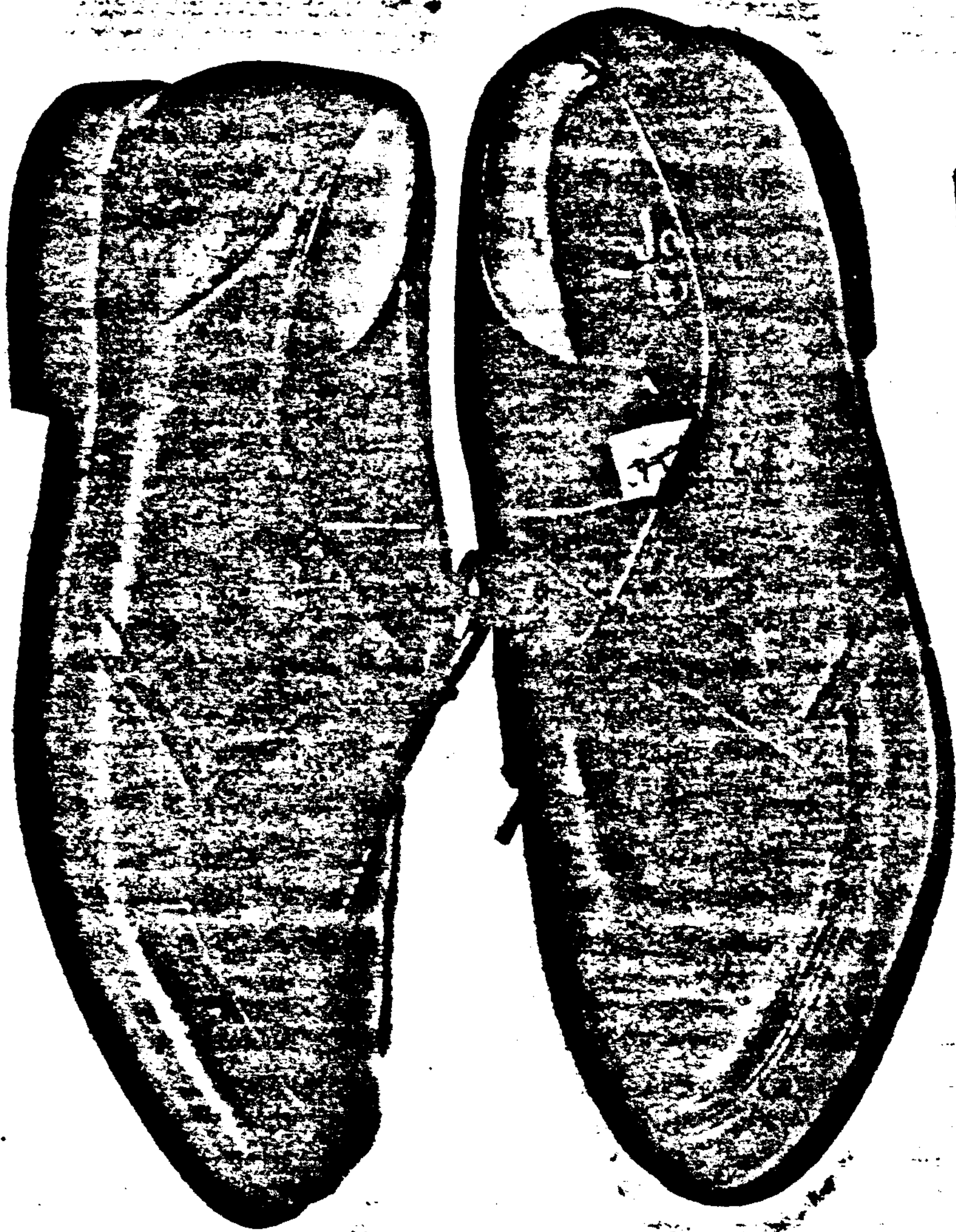
COMMISSION EXHIBIT
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C





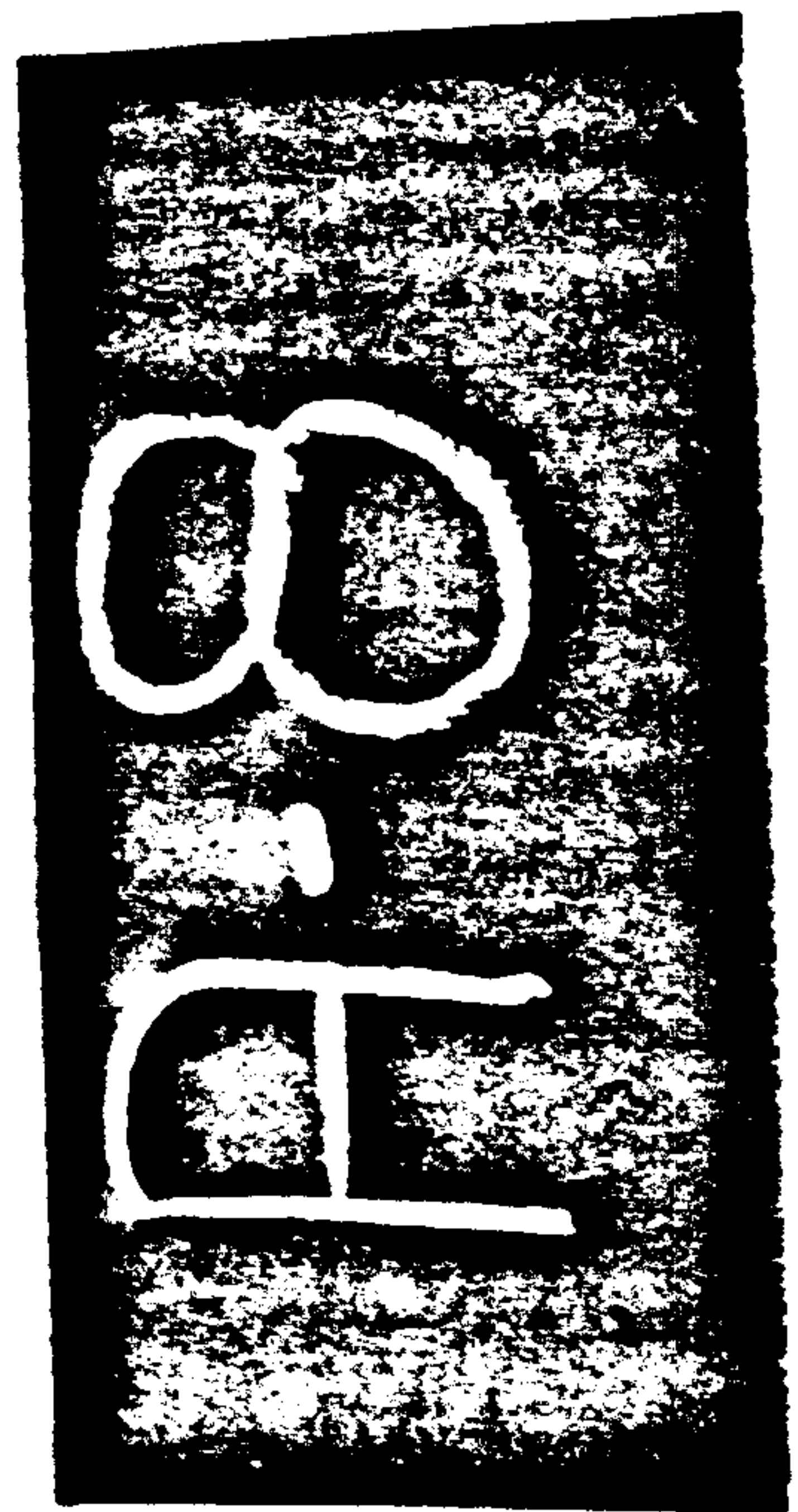
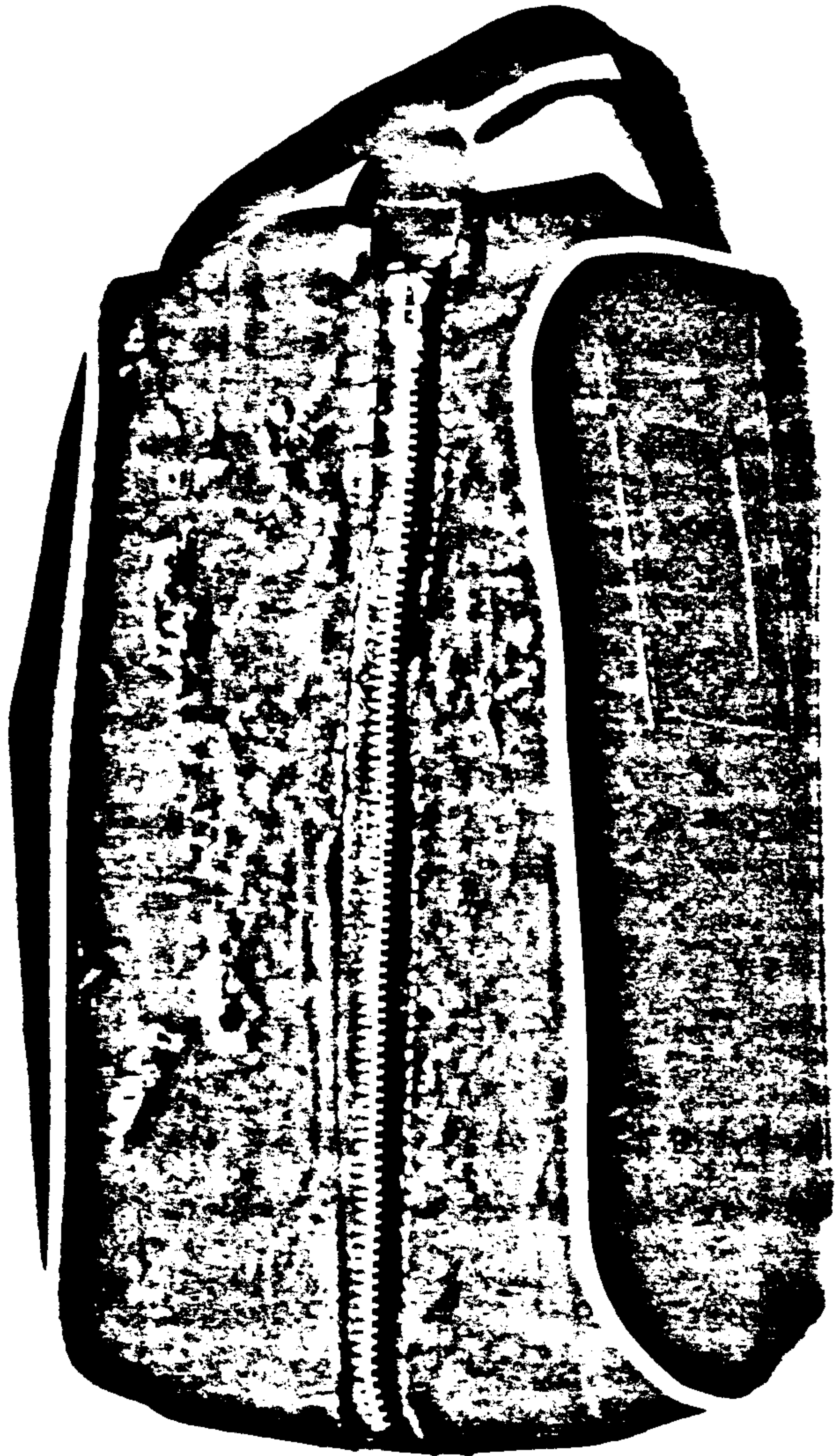






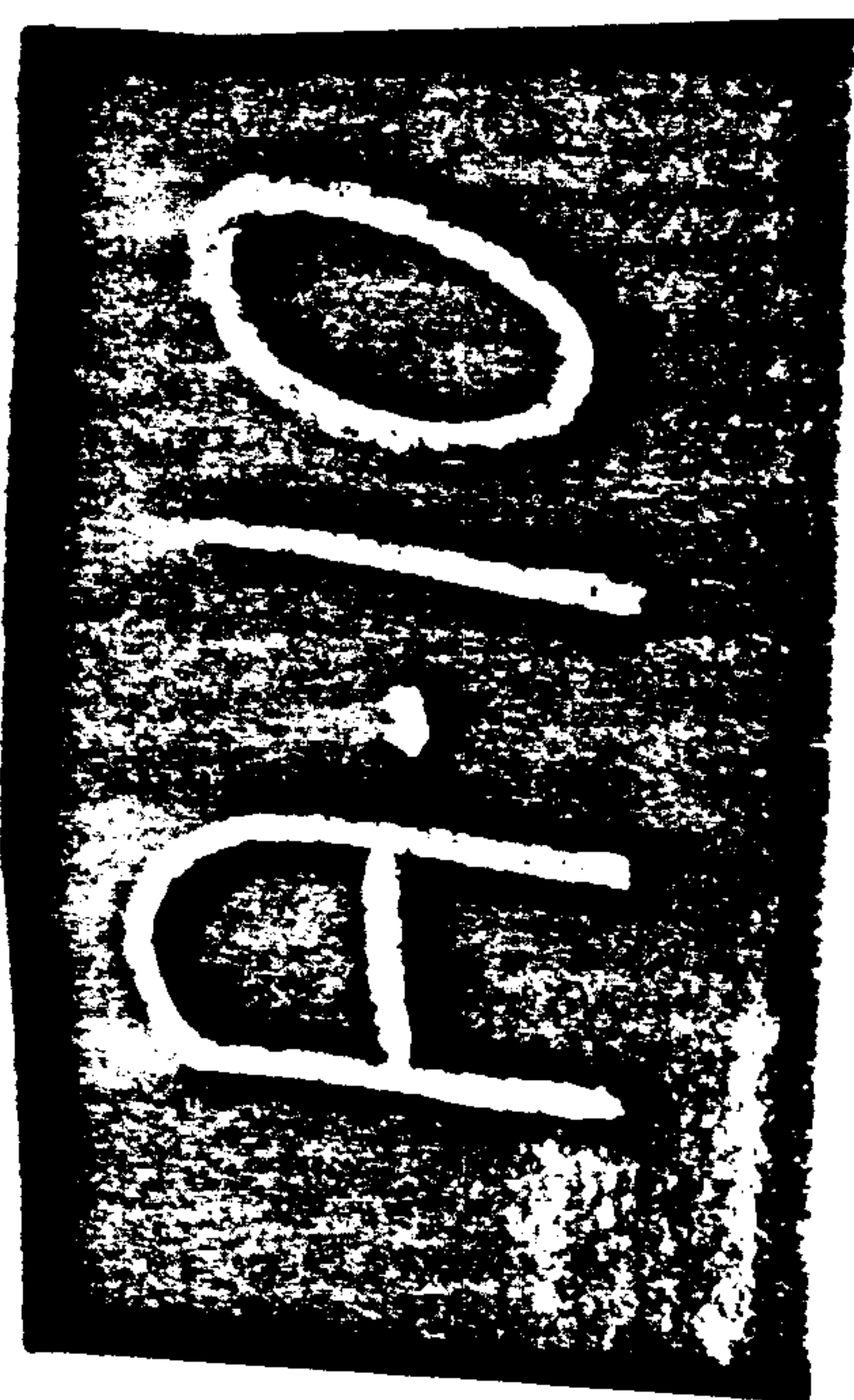
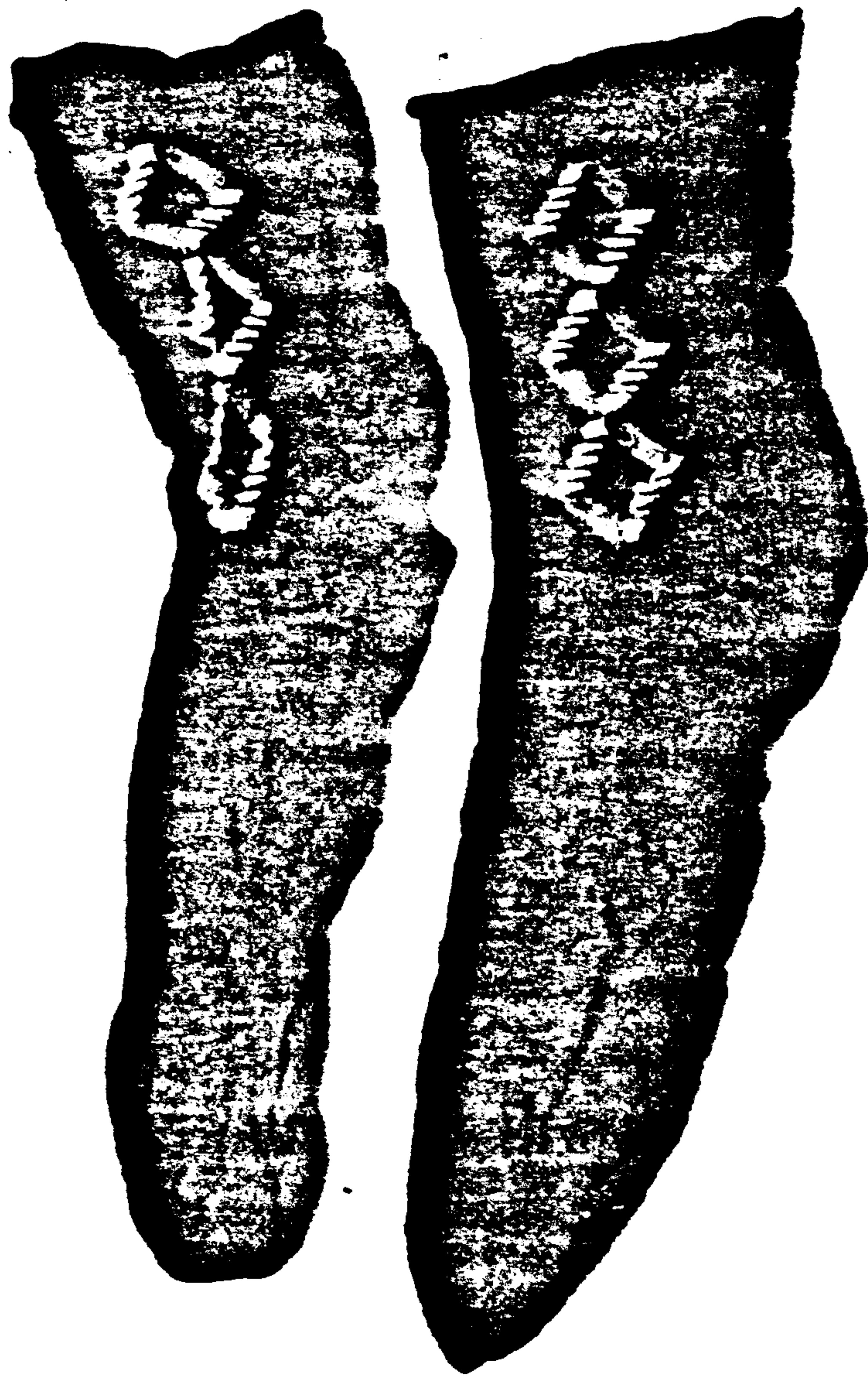
9
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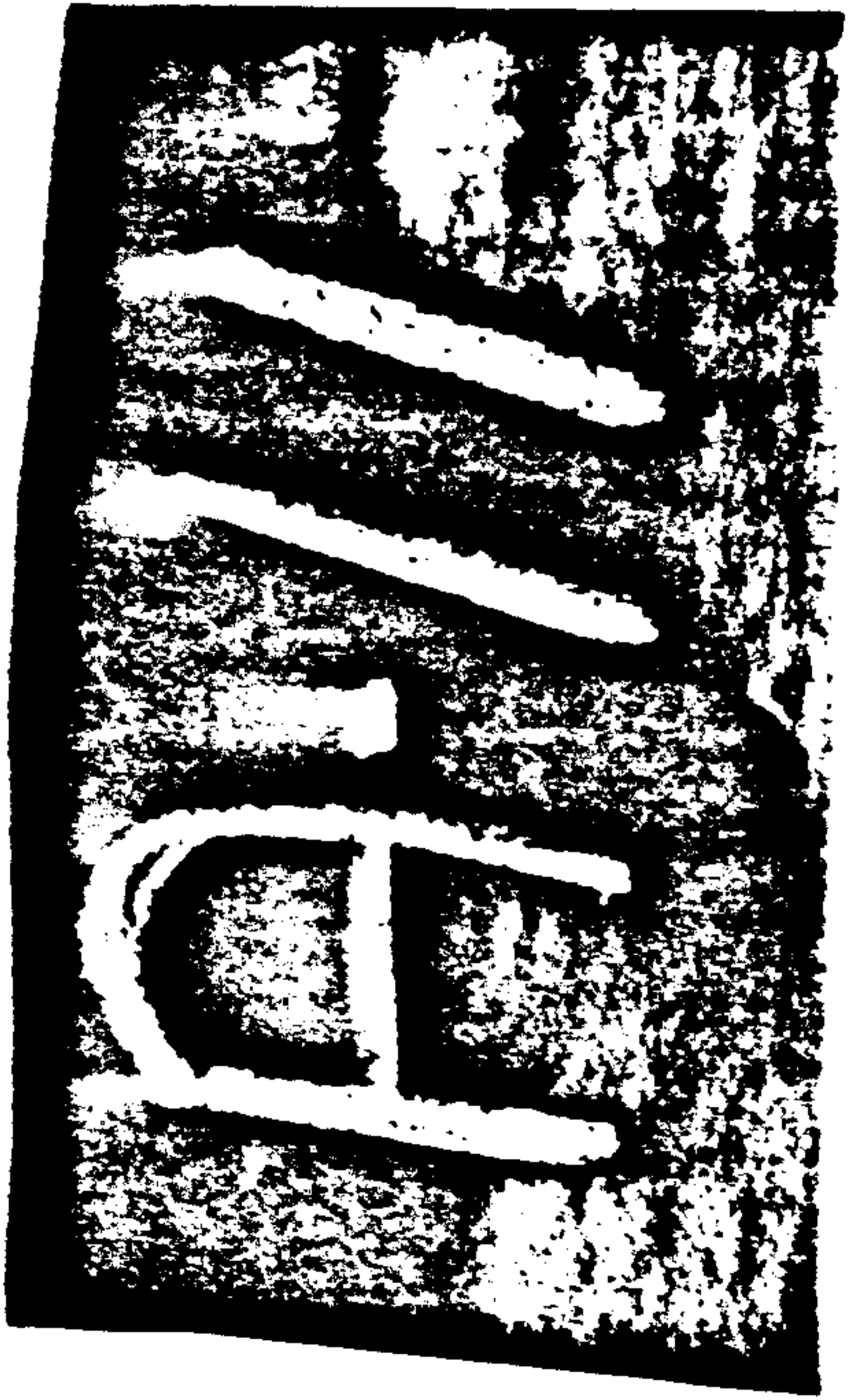






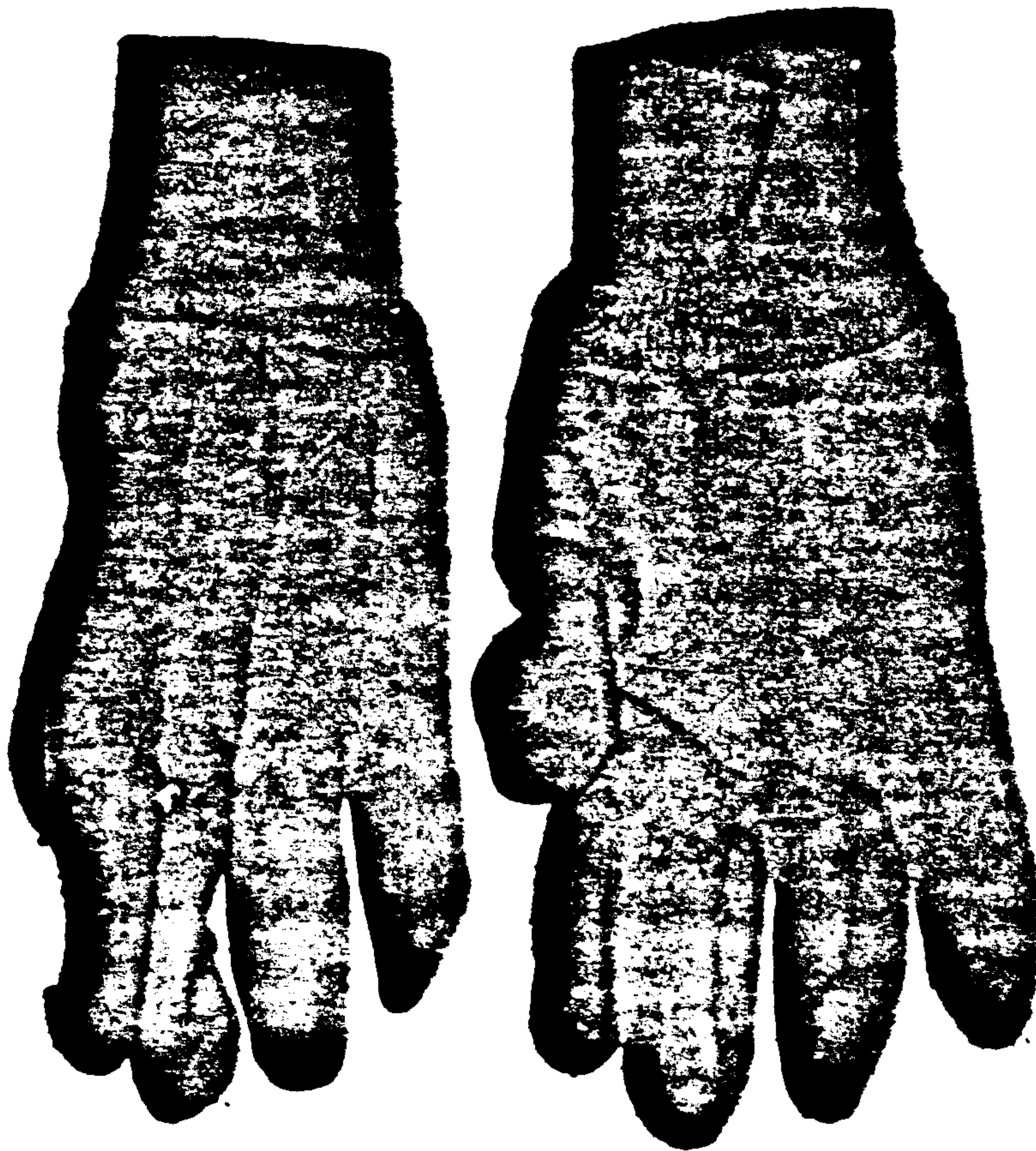
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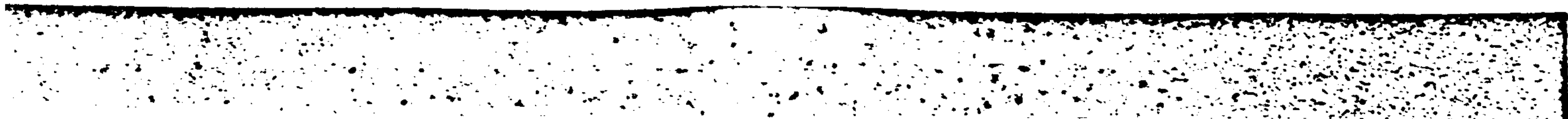


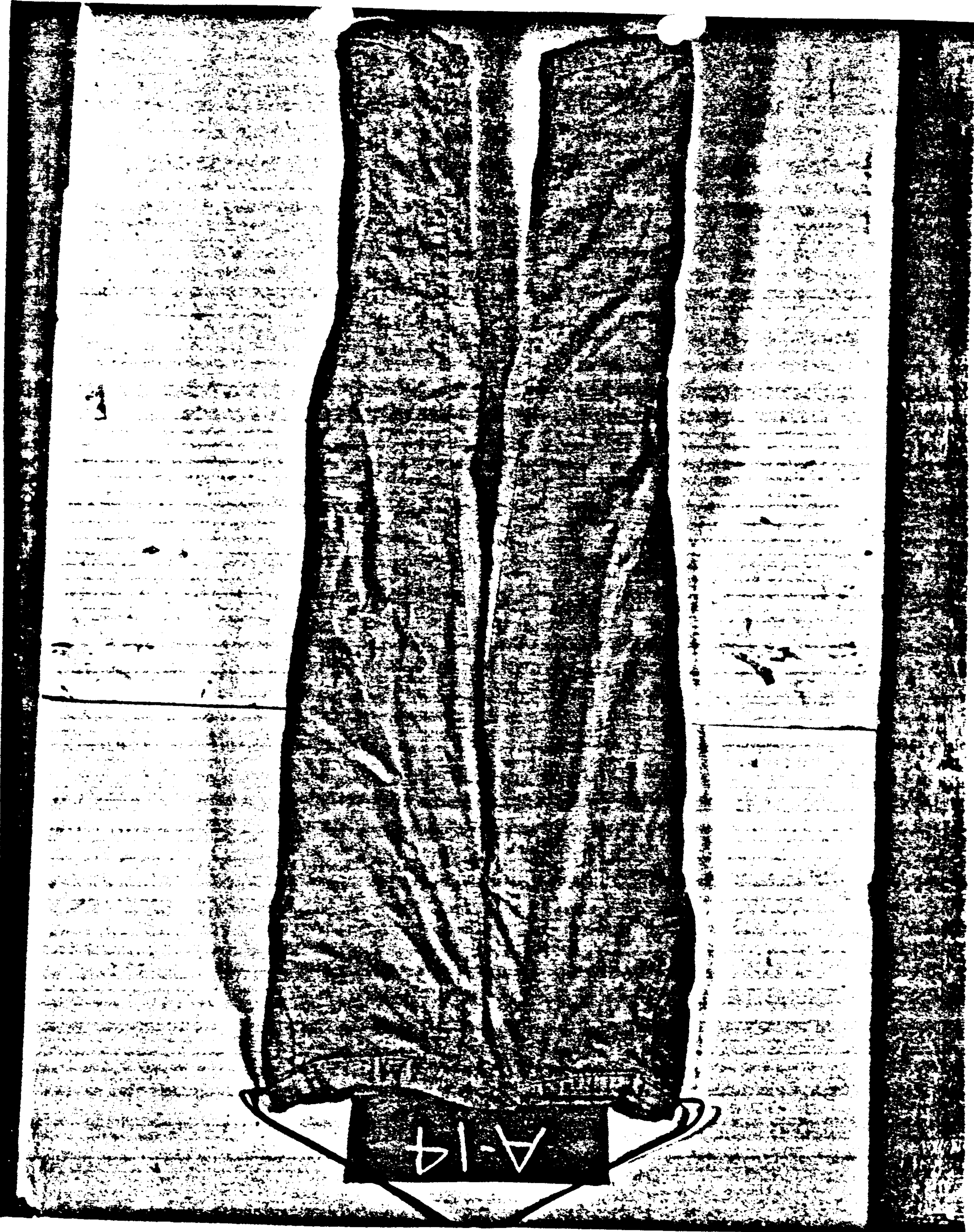


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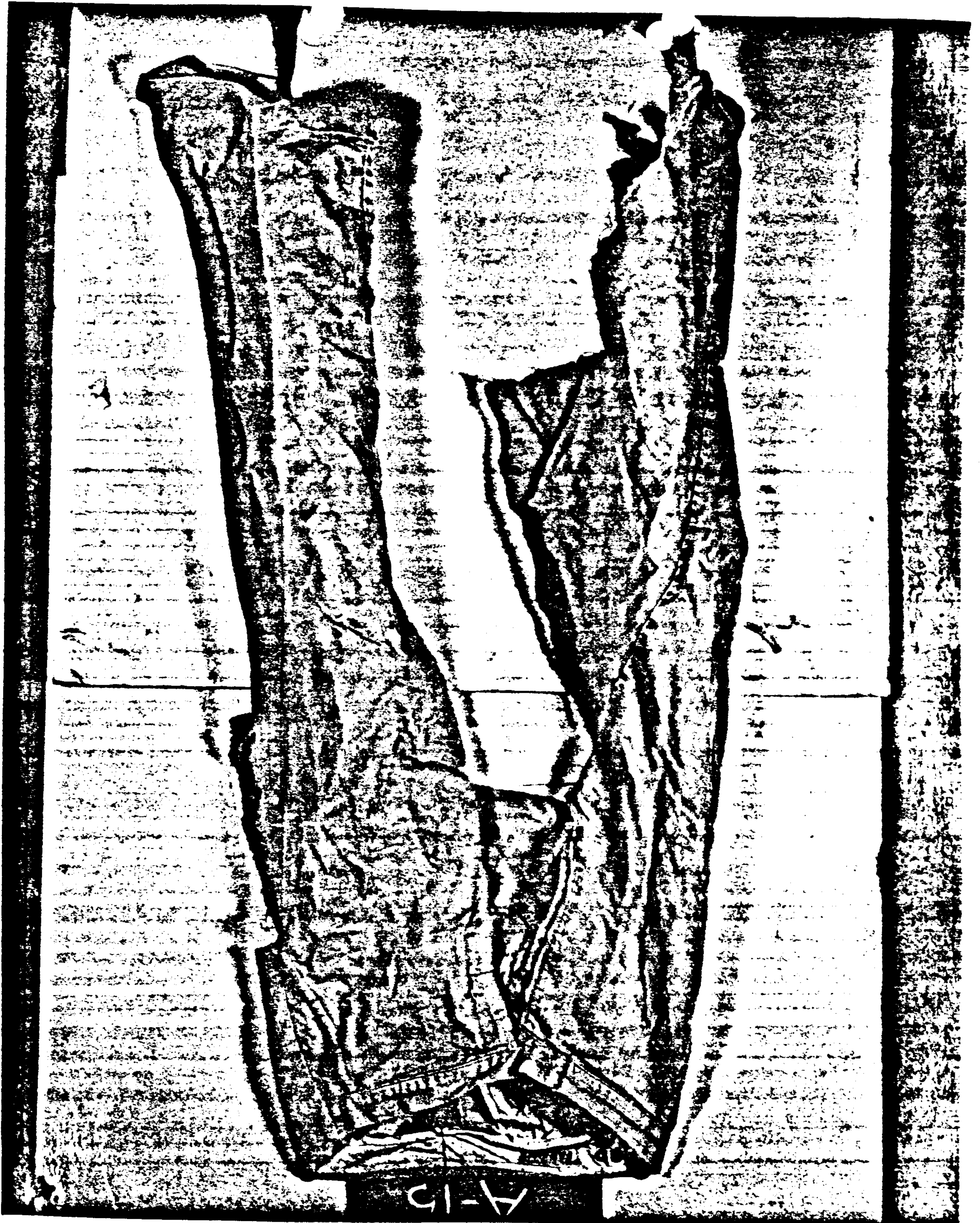


F/B





A-14



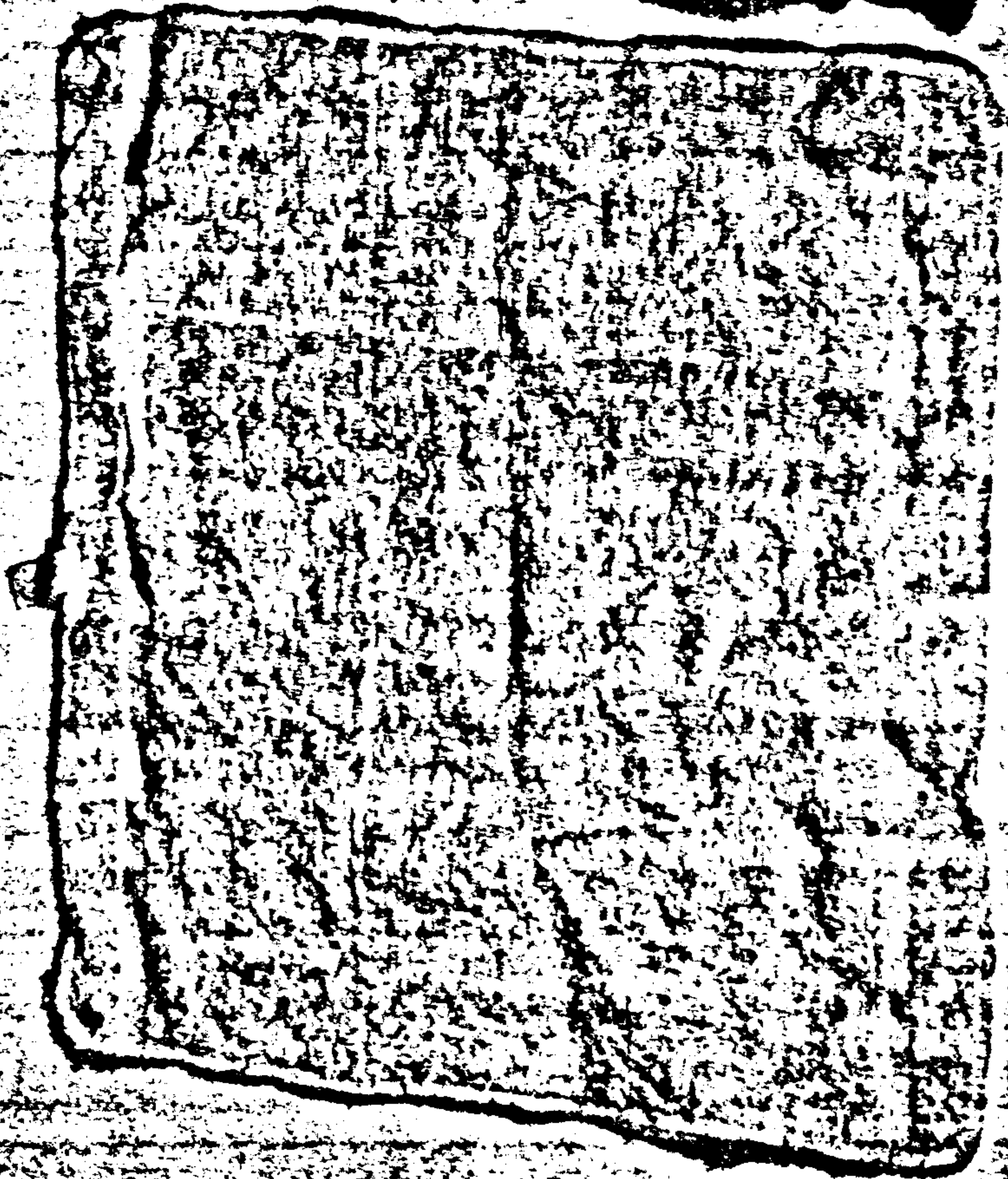
A-15

A-16

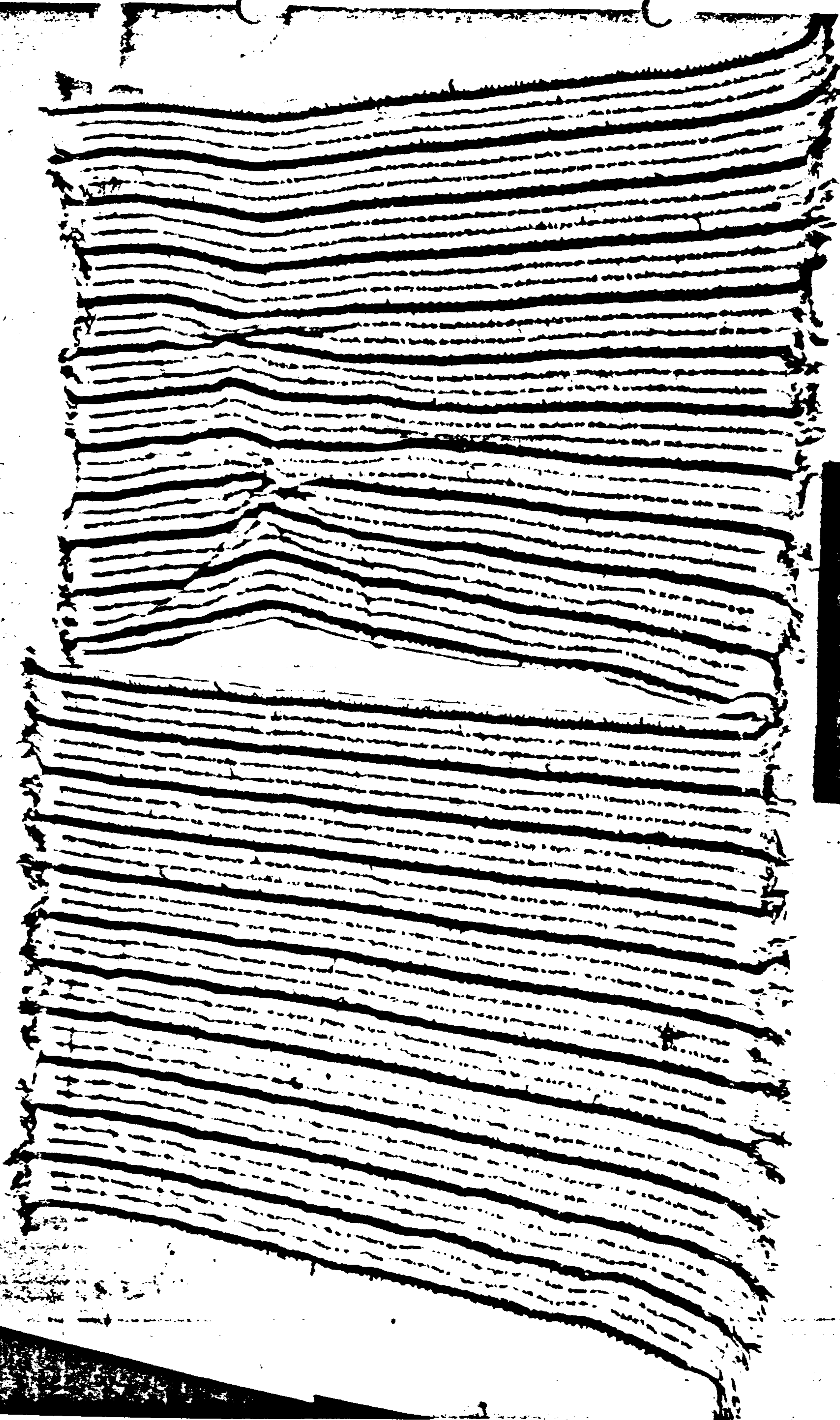




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A-18



91A