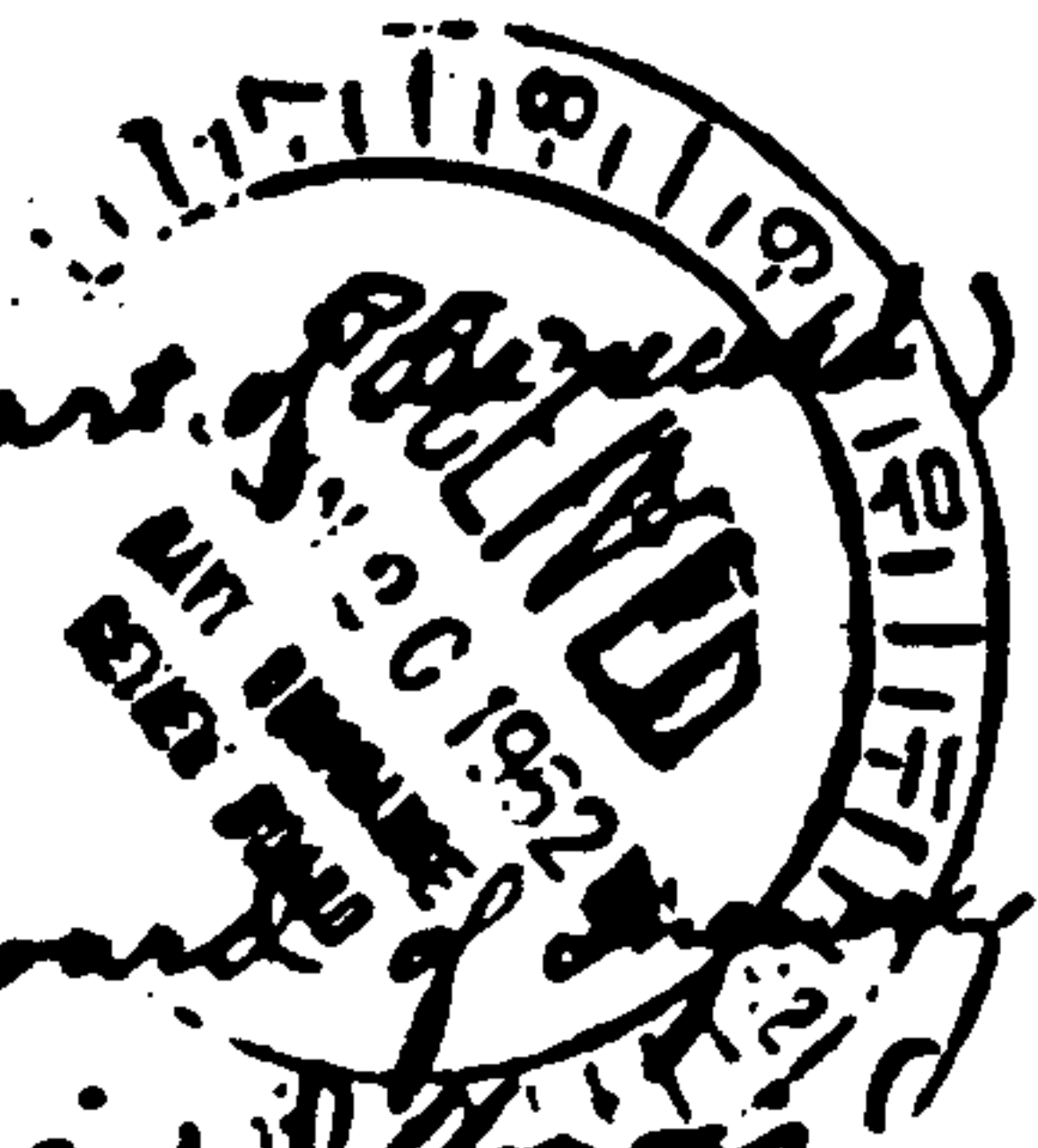


Statement of Plaintiff

I request that this statement be made part of the record.

pp. 1



I have been informed that a board was convened at Naval Air Station, Glenview, Illinois to determine my fitness to remain a member of the U.S. M.C. R.

I was separated from the U.S. M.C. R. with a undesirable discharge superseding my original honorable discharge of 11 September 1957 given at NAS Marine Corps Air Station, El Toro, Santa Ana, California.

This board was given to consider whether I had gone to the Union of Soviet Socialist Republics with the object of becoming a permanent citizen of that country.

Since I was not in the United States at the time of the convening of the board and since I was completely unable to communicate with anyone in the outside world through the Iron Curtain, this board found against me.

My relatives, who were notified of the convening of this board, could not conceivably present evidence on my behalf against such vaguely defined charges, without any knowledge of my whereabouts.

It was only on July 8, 1961 that I was able to put in a appearance at the American Embassy, Moscow after escaping from the detention.

Commission Exhibit No. 780 D5

from the Station

of the city to which the Russian authorities had sent me. Subsequent events, through the active support of the U.S. Embassy, will see myself and my Russian wife in the U.S. very shortly.

As far as the case and question is concerned I can understand how, without any inquiry directed towards me, a conclusion of disloyalty might possibly be arrived at.

However, whether my choice of permanent or temporary residence may be in the U.S.S.R., or in the United States, grounds for such arbitrary action as was instigated against me cannot be judged as being fair or impartial.

I must point out that I have not violated any laws under the U.S. Code Section 1544 title 18.

I may say that even the most prolonged residence abroad is an accepted custom, and absolutely legal (as long as other pertinent regulations have not been violated).

In introducing the letter from the U.S. Embassy, Moscow, I have it in mind the last paragraph Nov. 13, 1961, which states: "Meanwhile your retention of your present Soviet passport or an extension thereof does not prejudice in any way your claim to American citizenship." signed Joseph B. Norbury, American Consul.

222 ~~Consular~~

whereas in the letter from the Embassy of January 31, 1962, you see I am at present in the Soviet Union only because of the technical difficulties in getting my family out of the Soviet Union.

The tone of the letter, while not an affidavit, clearly reflects the opinion of the American Embassy that I am underserving, through some sort of breach of loyalty, of their attentions.

THIS AFFIDAVIT  
TO  
DISPROVE  
KOPPELSON'S  
SINCE 11/1/52

In presenting a notarized affirmation of valid U.S. citizenship I have had to present my valid U.S. passport and valid Soviet residential document to the notary.

In presenting my case I have avoided notarized affirmations, which would, under the circumstances, have to be in Russian. However I request in view of my particular case and my location that par. 12(B) NAVEXOS P-70 be in force thru out the proceeding.

affirmation of contents of affidavit can be had by contacting that naval Bureau, office or officer who can give such affirmation of contents (12(A) NAVEXOS P-70).

Since there is no other possible way to present my case, in consideration of the nature of the charge which was brought against me, I would like to include a request for the recommendation for reenlistment regardless of the findings of the Board, in accordance with

Commission Exhibit No. 780 D5

In accordance with

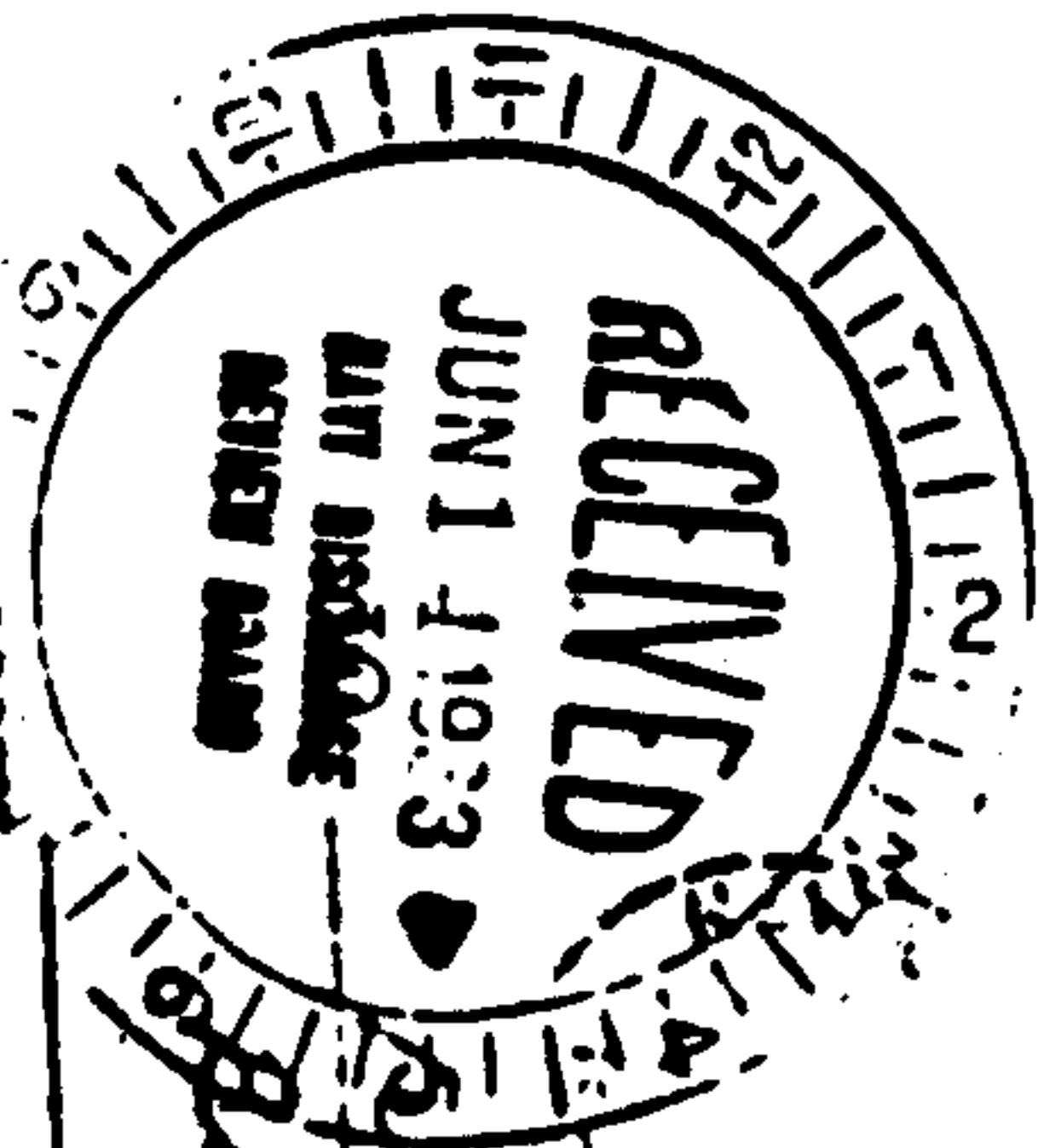
par. 15(c)(5) I request that the Board consider my sincere desire to use my former training at the aviation fundamentals school, Jacksonville, Florida, and Radar operators school, Biloxi, Miss., as well as the special knowledge I have accumulated through my experience since my release from active duty, in the naval service.

I make the foregoing statements as part of my application with full knowledge of the penalties involved for willfully making a false statement.

Signed;  
*W. A. Aswell*  
April 28, 1962

KALININIA ST. 4-24  
Minsk,  
U. S. S. R.

Commission Exhibit No. 780 D6



CHANGE OF ADDRESS  
NOTICE TO  
CORRESPONDENTS  
POB Form 3473  
MAY 1952

*Shirley MacLange Bessie  
of Memphis  
2007 1/2 St  
Washington, D.C.*



Commission Exhibit No. 780 DS

NAME	E. S. WILLY BALTIMORE NO.
OLD ADDRESS	POINT OF TYPE HOUSE NO. AND STREET, APT. NO., OR BOX OR R. D. NO. (in case of) 2703 MERRICK ST. FT. WORTH, TEXAS
NEW ADDRESS	CITY, ZONE, AND STATE HOUSE NO. AND STREET, APT. NO., OR BOX OR R. D. NO. (in case of) P.O. BOX 30041 NEW ORLEANS, LA.
SIGN HERE	SPECIFIC DATE Mr. H. S. GRANVILLE MAY 1 1963

I REFER TO ENCS. (18133) - JUN 4 1963

Commission Exhibit No. 780 D5

MR. L. W. BROWN  
233 DAVENPORT ST.  
FORT WORTH,  
TEXAS

NAVY DISCHARGE REVIEW BOARD  
WASHINGTON 25, D.C.



Commission Exhibit No. 780 DS

EXOS:OB (411)  
EIC:gha

6 Aug 1962

Mr. Lee H. Oswald  
2703 Mercedes Street  
Fort Worth, Texas

Dear Mr. Oswald:

Your application for a review of your discharge was received on 20 June.

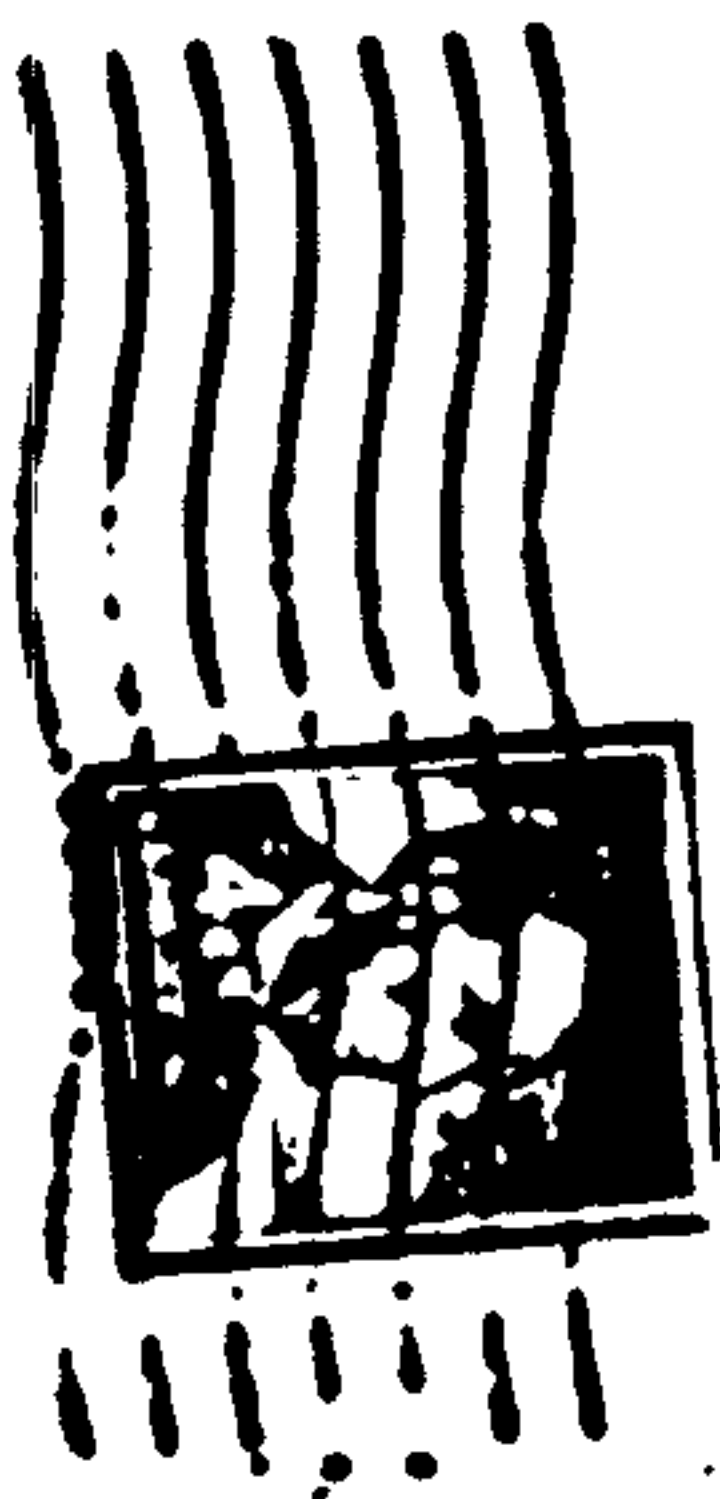
Because of the large number of applications to be processed, and the care which is given to each one, it requires from four to six months to complete a review. You will be notified promptly when final action has been taken.

Sincerely yours,

E. I. CARSON  
Commander, USNR  
Secretary  
Navy Discharge Review Board



LEE H. OSWALD  
U.S.M.C. 1653230  
2703 MERCEDES  
FORT. WORTH.  
TEXAS



NAVY DISCHARGE  
REVIEW BOARD  
WASHINGTON 25, D.C.

Commission Exhibit No. 780 D5

LEE H. OSWALD (PG 5230)  
2703 MERCEDES ST.  
FORT WORTH, TEXAS

H. G. M. C.  
Washington D. C.

Dear Sir,

In regard to my request for a  
hearing by the "board" of review H. G. M. C.  
of my discharge.

I filled in a DL form 293 and sent it  
in early July.

Please notify me of action taken  
in regard to my request.

Sincerely,  
L. H. Small





DEPARTMENT OF THE NAVY  
NAVY DISCHARGE REVIEW BOARD  
WASHINGTON 25, D. C.

REPLY BY  
EXOS:QB(33)

JAI:rfjc

From: President, Navy Discharge Review Board  
To: Commandant of the Marine Corps  
Subj: OSWALD, Lee Harvey Ex-Pfc 10 3230 WTC  
Review of Discharge of and transmittal of enclosures listed below  
Ref: (a) Servicemen's Readjustment Act of 1944 (P.L. 46-78th Cong.)  
Encl: 1. NDRB findings, conclusion and decision  
2. Copy of NDRB letter to subject individual  
3. Service Record

1. In accordance with Sec. 301 of Ref. (a), the Navy Discharge Review Board has reviewed the discharge given to the subject individual. The date of review was 10 July 1963.

2. The Secretary of the Navy has reviewed the proceedings of the Board and taken action as indicated:

<u>BOARD DECISION</u>	<u>SECNAV ACTION</u>	<u>EFFECT</u>
<input type="checkbox"/> Change to _____	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Change to _____
<input checked="" type="checkbox"/> No Change	<input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> No Change
<input type="checkbox"/> Modify or Correct (See Board's Decision)		<input type="checkbox"/> Modify or Correct

3. This letter and enclosures should be placed with subject's records.  
4. Enclosures (listed above) are forwarded for appropriate disposition. Return receipt is requested.

D. J. ROWAN

From: Commandant of the Marine Corps  
To: President, Navy Discharge Review Board

1. Receipt of above mentioned enclosures is hereby acknowledged.

REC'D BY J. A. [Signature]  
DAIF 2 522246-1-5

NAVEROS 1900/2 (REV. 11-62)

Commission Exhibit No. 70 11



DEPARTMENT OF THE NAVY  
NAVY DISCHARGE REVIEW BOARD  
WASHINGTON 25, D. C.

IN REPLY REFER TO  
EXOS:QB(33)  
JAP:JC

JUN 21 1962

Mr. Lee H. Oswald  
P. O. Box 30061  
New Orleans, La.

Dear Mr. Oswald:

The review of your discharge has been completed in accordance with the regulations governing the procedures of this Board. Careful consideration was given to the evidence presented in your behalf as well as that contained in your official records. The Secretary of the Navy has reviewed the proceedings of the Board.

It is the decision that no change, correction or modification is warranted in your discharge.

Sincerely yours,

D. W. ROEMER  
Captain, USN  
President  
Navy Discharge Review Board

RECORDED

Encls: Original Discharge Certificate.  
Two (?) letters dated 21 Jan 1962, 13 Nov 1961.  
Information on Reenlistment

NAVEROS 1900/1 (REV. 11-62)

027230

Commission Exhibit No. 780 DS

3AP:2jc

DF 8812

GENAID, Lee Harvey

Ex-Pfc

1653230

USMC

Summary of Service, Commendations and Offenses: (CONT'D)

11Sep59 Released from active duty (Honorable) and assigned to Ready Reserve, Class III, Transferred to MARTC, NAS, Glenview, Ill., for completion of 6 years obligated service ending 8Dec62.

MEDICAL RECORD: Contains nothing pertinent.

29Jul60 HQ, MARTC, NAS, Glenview, Ill.  
Mobilization Planning Officer, recommended pet be discharged by reason of unfitness based on reliable information which indicated that pet had renounced his U.S. citizenship with the intentions of becoming a permanent citizen of the Union of Soviet Socialist Republics. Pet's case was heard (in absentia) by the Hardship, Retention and Desirability Board who recommended discharge by reason of unfitness. Pet was notified by certified mail that a board would convene to determine his fitness, and afforded him his rights. The correspondence was returned unclaimed. The findings, opinions and recommendations of the Board were approved by COMART on 9Aug60, and forwarded to CMC for final determination.  
17Aug60 CMC approved and directed discharge.  
13Sep60 Discharged by HQ, MARTC, NAS, Glenview, Ill., Auth para 10277.2f, NCM.

TO: SECRETARY OF THE NAVY

JAR:pjc

NAME OF THE DISCHARGEE: <b>OWAID, Lee Harvey Ex-Pfc 1653230 USMC</b>		CHARACTER OF DISCHARGE RECEIVED: <b>UNDES (UNFIT)</b>	
DATE OF REVIEW: <b>10 Jul 63</b>	PETITIONER PRESENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IN COURT OF PRACTICE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REASON FOR REVIEW: <b>NONE</b>		FINDINGS	

DATE OF ENTRY IN NAVAL SERVICE: <b>24 Oct 56</b>	AGE: <b>17/0</b>	TIME OF SERVICE HELD: <b>15 days</b>	STATUS: <b>Pvt-Pfc-Pvt-Pfc</b>	ACCUMULATED GRADES: <b>3.94</b>	GRADES: <b>4.1</b>	NET GRADES: <b>105</b>
--	------------------	--------------------------------------	--------------------------------	---------------------------------	--------------------	------------------------

**SUMMARY OF PETITIONER'S CLAIM:** Petitioner requests recommendation for reenlistment, review of case and appropriate action. He submitted a brief which essentially states that his discharge was improperly issued. Also included was pet's statement and two letters from the U.S. Embassy, Moscow. As requested by pet, his lengthy statement was read to the board. It contained his contention that the Undesirable Discharge Board found against him primarily on the grounds that he went to USCR and allegedly renounced his U.S. citizenship to become a citizen of that country. Pet denied this allegation and claimed that since he had a choice of residence as an American citizen, such action could not be judged as being fair or impartial. He further stated that he did not violate any U.S. laws by his actions and quoted in part, an American Embassy, Moscow letter which stated: "Meanwhile, your continued retention of your present Soviet passport or an extension thereof does not prejudice in any way your claim to American citizenship."

**SUMMARY OF SERVICE, ACCOMPLISHMENTS, AND OFFENSES**

- Enl for 3 years.** No prior service claimed. Attained equiv of High School grad through USAFI; Grad 4/6/54 AvnFundScol, JAX and completed AC/OperCree, Keesler AFB.
- 1 May 57** Pro to PFC.
- 21 Apr 58** **MACS-1, MAG-11, 1stMAW, FMF**  
**EnuCM** Violate a lawful general order by having in his possession a privately-owned weapon that was not registered. Sent as appr: CHL for 20 days and forf \$25.00 per mo for two mos and red to PVT. (Confinement suspended for 6 mos etc., but vacated on 27 Jun 58)
- 27 Jun 58** **SubUnit 1, HAMS 11, MAG-11, 1stMAW**  
**SubCM** 1. Wrongfully use provoking words to a Staff NCO. (found guilty)  
2. Assault a Staff NCO (found not guilty)  
Sent as appr: CHL for 28 days and forf \$55.00 per mo for 1 month.
- 17 Oct 58** **SubUnit 1, HAMS 11, MAG-11, 1stMAW**  
**SRB** JAO found that injury received by pet on 27 Oct 57 as a result of an accidental discharge of a weapon, was incurred in line of duty and not result of misconduct. (Upon opening his locker, a .22 cal pistol fell to the floor and discharged, wounding pet in the left elbow.)
- 1 Mar 59** **MACS-9, MVMG, 3dMAW, AirFMF Pac**  
**Pro to PFC**
- 17 Aug 59** Pet submitted a request for dependency discharge, by reason of hardship on the part of his mother. Pet appeared before the Hardship/Dependency discharge Board who recommended that he be released from active duty for reason of dependency. Appr by CO, 3dMAW on 11 Aug 59.

(SEE ATTACHED SHEET)

- DF 8812

JAP:JC

REVIEW OF THE DISCHARGE OF

OSWALD, Lee Harvey

Ex-Pfc 1653230 USMC

CHARACTER OF DISCHARGE RECEIVED  
UNDES (UNFIT)

CONCLUSION

REMARKS

The service record of petitioner shows that he was discharged as unfit for good and sufficient reasons. This was based on reliable information which indicated that he had renounced his U.S. citizenship with the intentions of becoming a permanent citizen of the Union of Soviet Socialist Republics. Further, that petitioner brought discredit to the Marine Corps through adverse newspaper publicity, which was generated by the foregoing action, and had thereby, in the opinion of his commanding officer, proved himself unfit for retention in the naval service.

After careful consideration of the facts presented in all available records of the Department of the Navy and of the claims and evidence submitted, the Board finds that the discharge was proper and equitable under standards of law and discipline applicable at the time, or since made applicable, and that the discharge accurately reflects petitioner's conduct and character during the period of service which was terminated by the discharge. Not finding sufficient evidence to support a contrary conclusion, the Board concludes that no change, correction or modification should be made in the type or character of the discharge.

DECISION AND CHANGE: ~~XXXXXXXXXXXX~~

It is the decision of the Board that the character of the discharge originally issued is proper and that no change, correction or modification be made in the Undesirable Discharge.

(Auth: Sec. 201, War Relocation Authority Act of 1944, P.L. 204 - 70th Congress)

BOARD MEMBERS

President  
~~XXXX~~

JOHN H. CARROLL, LT COL, USMC

R. O. CARLICK, LT COL, USMC

~~XXXXXXXXXXXX~~  
Forwarded

MEMBER  
IYL: ... ADJ, LCDR, USN

MEMBER  
VIRGIL C. ... USMC

MEMBER - CERTIFIED TO BE IMPARTIAL  
... POLLOCK, ... USMC

Reviewed and Approved  
PAUL B. FAY, Sr.  
Under Secretary of the Navy

Secretary of the Navy

C. H. TRAVIS, CAPT, USN  
Director, Navy Council of Personnel Boards

REVIEW OF DISCHARGE  
NAVY ... (Auth: P.L. ...)

(PLEASE TYPE OR PRINT)

DEPARTMENT OF STATE  
PASSPORT APPLICATION

(Before Completing this Application, Read Information for Passport Applicants on Page 1)  
PART I - TO BE COMPLETED BY ALL APPLICANTS

(First name) (Middle name) (Last name)  
A J.F. HANLEY S. J. HILL

I, the undersigned, do hereby apply to the Department of State for a passport.

ALL PASSPORTS TO  
SUBJECT: M.C. BILK 30001  
CITY: NEW ORLEANS STATE: LA.

DATE OF BIRTH (Month, day, year) PLACE OF BIRTH  
OCT. 18, 1939 NEW ORLEANS, LA.

HEIGHT HAIR EYES APPROXIMATE DATE OF DEPARTURE  
5' 7" BRN BRN 7-20-63

VISIBLE DISTINGUISHING MARKS OCCUPATION  
A BILK 1st Lieutenant

PERMANENT RESIDENCE (Street address, City, State) (If same as in mailing block, write "Same") COUNTY OF RESIDENCE  
757 PINE ST. NEW ORLEANS, LA. 15

PERSONS TO BE INCLUDED IN PASSPORT  
This section to be completed only if wife or husband is to be included in applicant's passport (include photographic identifications in group photo)

(WIFE'S) (HUSBAND'S) FULL LEGAL NAME  
LOCATION OF ISSUING OFFICE DATE OF EXPIRY NUMBER

OTHER DISPOSITION (STATE)  
This section to be completed only if children are to be included in applicant's passport (include photographic identifications in group photo)

NAME IN FULL PLACE OF BIRTH (City, State) DATE OF BIRTH IN MADE IN THE U.S.  
DATE OF BIRTH IN MADE IN THE U.S.

HAVE YOU PREVIOUSLY APPLIED FOR A U.S. PASSPORT? (If answer is "Yes", complete box below)

BY LAST U.S. PASSPORT WAS OBTAINED FROM (Name): (If included in another's passport, state name)

LOCATION OF ISSUING OFFICE DATE OF EXPIRY  
NEW ORLEANS, LA. 7-24-65

STAPLE ONE PHOTO BELOW (DO NOT MAR FACE)



Commission Exhibit No. 731 D3

JUL-24-65 600004

JUL-24-65 600001

(Passport Office Use Only)

D-3



FORM 509-11 0-52 PART I (Continued)

FATHER'S NAME <b>ROBERT LEE VISWALD</b>	FATHER'S PLACE OF BIRTH <b>NEW ORLEANS, LA</b>	DATE OF BIRTH <b>1895</b>	<input checked="" type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> NOT U.S. CITIZEN
MOTHER'S MARRIED NAME <b>M. VISWALD, CLIPPER</b>	MOTHER'S PLACE OF BIRTH <b>NEW ORLEANS, LA</b>	MOTHER'S DATE OF BIRTH <b>1877</b>	<input checked="" type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> NOT U.S. CITIZEN

**E**

I WAS NEVER MARRIED  
 I WAS LAST MARRIED ON **APRIL 31 1961**  
 WHO WAS BORN AT **MARINA PRESSAKOVA** ON (Date of birth) **JULY 17, 1901**

I WAS NEVER PREVIOUSLY MARRIED  
 I WAS PREVIOUSLY MARRIED ON \_\_\_\_\_ ON (Date of birth) \_\_\_\_\_

FORMER HUSBAND OR WIFE WAS U.S. CITIZEN  
 FORMER HUSBAND OR WIFE WAS NOT U.S. CITIZEN  
 IF MARRIED MORE THAN ONCE, SET FORTH FACTS IN A SUPPLEMENTAL STATEMENT

**F**

PROPOSED TRAVEL PLANS

TRAVELING BY ORGANIZED TOUR?  YES  NO

PURPOSE OF TRIP  
**TOURIST**

LIST EACH COUNTRY TO BE VISITED  
**ENGLAND  
FRANCE  
GERMANY  
HOLLAND  
U.S.S.R  
FINLAND  
ITALY  
POLAND**

PORT OF DEPARTURE  
**NEW ORLEANS**

APPROXIMATE DATE OF DEPARTURE  
**OCT - DEC 1963**

NAME OF SHIP OR AIRLINE  
**LYONS LINE**

NUMBER OF PREVIOUS TRIPS ABROAD WITHIN LAST 12 MONTHS  
**—**

MEANS OF TRANSPORTATION

PLEASE INDICATE WHETHER YOU EXPECT TO TAKE ANOTHER TRIP ABROAD

DEPARTURE  SHIP  AIR  OTHER   
 RETURN  SHIP  AIR  OTHER

YES  NO  YES WITHIN YEAR  1 YEAR  2 YEARS  3 YEARS

PROPOSED LENGTH OF STAY  
**3 MENS - 1 YR.**

**G**

IN THE EVENT OF DEATH OR ACCIDENT NOTIFY NAME IN FULL **LILIAN MARRETT** RELATIONSHIP **AUNT** STREET ADDRESS, CITY, STATE **757 FRENCH ST. NEW ORLEANS, LA**

I have not (and no other person to be included in the passport has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; voted in a political election in a foreign state or participated in an election or plebiscite to determine the sovereignty over foreign territory; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; ever sought or claimed the benefits of the nationality of any foreign state; been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States; or departed from or remained outside of the jurisdiction of the United States for the purpose of evading or avoiding training and service in the military, air or naval forces of the United States; and I am not and have not been at any time during the period of 12 full calendar months preceding the date of this application (and no other person to be included in the passport is or has been at any time during the said period) a member of any organization registered or required to register as a Communist organization under Section 7 of the Subversive Activities Control Act of 1950, as amended. (50 U.S.C. 786)

If any of the above-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person to be included in the passport, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.

I solemnly swear (or affirm) that the statements made on all the pages of this application are true and that the photograph attached is a likeness of me and of those persons to be included in the passport.

**OATH OF ALLEGIANCE**

Father, I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without any mental reservation, or purpose of evasion; So help me God.

*Lee H. Viswald*  
 (To be signed by Applicant in presence of a Clerk of Court or Passport Agent)

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 1963.

(SEAL OF COURT) \_\_\_\_\_ Clerk of the Court in \_\_\_\_\_

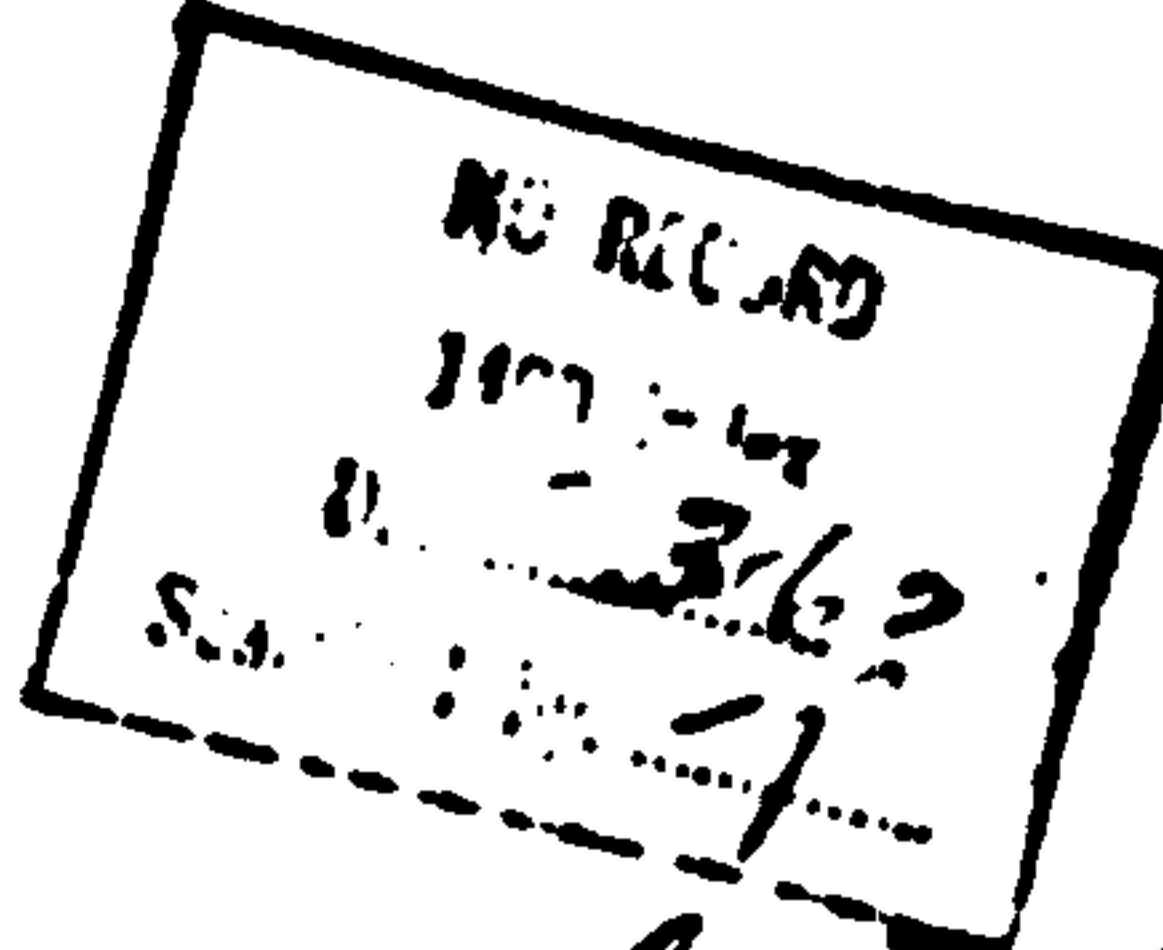
• See paragraph 6 of instructions

JUL 25 1962

77A Sherman

immigration and  
naturalization offices  
San Antonio,  
Texas

Dad



Dear Sirs

This is in regards to my wife's  
file - 912 530 645 class. sec. 101(A)(2)(A).  
my child's birth certificate which  
was given to me at the U.S. Consul  
in Moscow, was taken by customs  
officials along with my wife's visa  
papers when we arrived 11 days  
ago in the port of New York.

I request that the birth  
certificate of my daughter, Jane Lee  
Oswell be sent to us at the  
below address.

Customs officials in New York  
said my wife's visa would be  
forwarded to Texas, I assume that  
means ~~San Antonio~~ San Antonio.

Thank you  
Dad

7313 DAWNPORT ST.  
FORT WORTH, TEXAS

Commission Exhibit No. 782A DC

OFFICE OF IMMIGRATION AND  
NATURALIZATION  
DALLAS, TEXAS

LEE H. OSWALD  
7313 DAVENPORT ST.  
FORT WORTH, TEXAS

Dear Sirs;

This is in regard to my wife's  
visa papers. file # 12 530 645 section 10(A)(2)(A)  
When we arrived in the port of New  
York a few weeks ago her visa documents  
were accepted by customs officials  
who said they would send them  
to the Dallas office of immigration  
and naturalization, however, with  
those papers they also took my  
5 month old daughter's birth certificate  
issued in Moscow.

I request that my daughter's  
birth certificate be returned to me  
at the earliest possible date.

Sincerely  
Lee H. Oswald

2-6

MR. LEE H. OSWALD  
7313 HUMPHREY ST.  
FORT WORTH, TEXAS

ROOM 1102 RIO GRAND BLDG.  
251 N. FRENCH ST.  
DALLAS, 2, TEXAS

(FILE NO. A12 534 845)

Dear Sir:

In regard to your sending me  
an application N.-600 so that my  
four-month old daughter can get  
a "certificate of citizenship".

I was under the impression  
that since I am an American-born  
citizen of the United States, my  
daughter would also be a citizen of  
the United States even though she  
was born in another country.

I am certainly surprised and  
pained to find out that she is  
considered an alien.

In my wife's visa papers we  
are as follows: husband - U.S.

wife - Russian

Daughter - U.S. (9-6)

I was told that her Embassy-issued  
birth certificate was all the proof of  
her U.S. citizenship she would ever  
require.

Sincerely,  
Lee H. Oswald

Commission Exhibit No. 7820 D6

Please enroll me as an  
associate member at \$2.00

also, please notify me  
as to how I may contact  
ACLU groups in my area

Thank you.

Lee H. Oswald

NOV 4 1963

5, 4

LEE H. OSWALD

Box 4225

Waller, Tex.

D-461

Commission Exhibit No. 783 D46

AMERICAN CIVIL LIBERTIES UNION

National Office  
136 Fifth Avenue, New York 10, N.Y.

NOV 4 1968

Please send me a NEW NEIGHBOR of the ACLU.  
Here is my \$2.00 membership contribution, 50% of which is for a one-year subscription to Civil Liberties.

PLEASE PRINT CLEARLY

NAME LEE N. OSWALD

ADDRESS P.O. BOX 62235

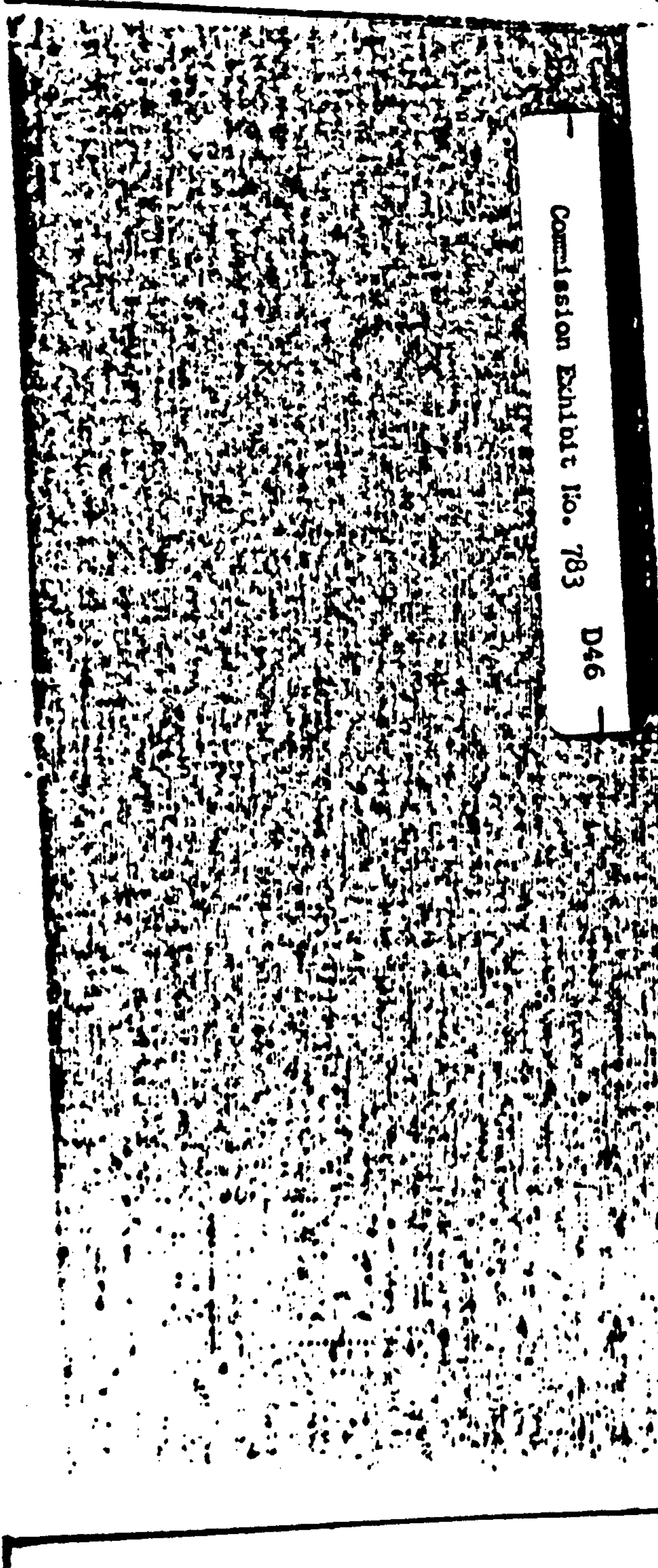
CITY DALLAS ZONE BRAS STATE TEXAS

Occupation PHOTOGRAPHER Q 1483

NOV 4 1968

2-46

Commission Exhibit No. 783 D46



A

1 debts, expenses or obligations to my firm

2 obligations of support

10 However,

3 the rest of New York.

11 However

4 Transportation

12 September

5 discharge  
filled in

8 an act of

13 Kalininia St.

9 Board.

14 KALININIA ST.

Dear Sirs.

6 This is in regards to my wife

7 I request that my

15 John H. Dowell  
E OF APPLICANT  
is therefore signed by a notary

B

Lee H. Oswald  
P.O. Box 2915  
F.D. Phillips, Texas

L.H. OSWALD  
Box 2915  
DALLAS, TEXAS

2 Dept. of State  
att. chief, Div. of Fin.  
Washington, 25  
D.C.

10 H.Q.M.C.  
Washington Dc  
account no.

7 since 11 38210.  
8 this

3 I want receipt for this 12 Refs

4 to Refs, I assume that 13 to the Refs

5 air station, Glenview, Illinois 14 Glenview Illinois,

Please enroll me as an  
associate member at \$2.00  
also, please notify me  
as to how I may contact  
R.C.V. groups in my area

15 Thank you  
Lee H. Oswald



STANDARD WRITING

LEE H. OSWALD  
U.S.M.C. 165323D  
2703 MERCEDES  
FORT. WORTH.  
TEXAS

LEE H. OSWALD  
PRINT OR TYPE TELEPHONE NO.

HOUSE NO. AND STREET, APT. NO., OR BOX OR R. D. NO. (In care of)

2703 MERCEDES ST.

CITY, ZONE, AND STATE

FT. WORTH, TEXAS

HOUSE NO. AND STREET, APT. NO., OR BOX OR R. D. NO. (In care of)

P.O. BOX 30061

CITY, ZONE, AND STATE

NEW ORLEANS, LA.

EFFECTIVE DATE

LEE H. OSWALD MAY 1 1963

7313 DAVANPORT

JUNE 18 1962

I REFER TO EXOS: (B(33))  
ERIC G-HM 5 JUN 1963

NAVY DISCHARGE  
REVIEW BOARD

LEE H. OSWALD

P.O. BOX 6225

DALLAS ZONE STATE TEXAS

PHOTOGRAPHER

(First name) LEE (Middle name) HARVEY (Last name) OSWALD

P.O. BOX 30061

NEW ORLEANS STATE LA.

~~THE DEPORTATIONS, THE~~  
~~OF DIET IN THE CONSUMER~~

~~PURPOSEFULL CURTAILMENT~~  
~~SUBSTITUTED POPULATION~~

*H. H. ...*  
P.O. Box 2815  
Dallas, Texas



Five  
cents

Return - Dept 352

Washington D.C.

Wm. ...

...

POSTAGE WILL BE PAID BY ADDRESSEE  
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES  
C 20-7750  
19-95-1750  
A. ...  
P.O. Box 2815  
Dallas, Texas

2

2

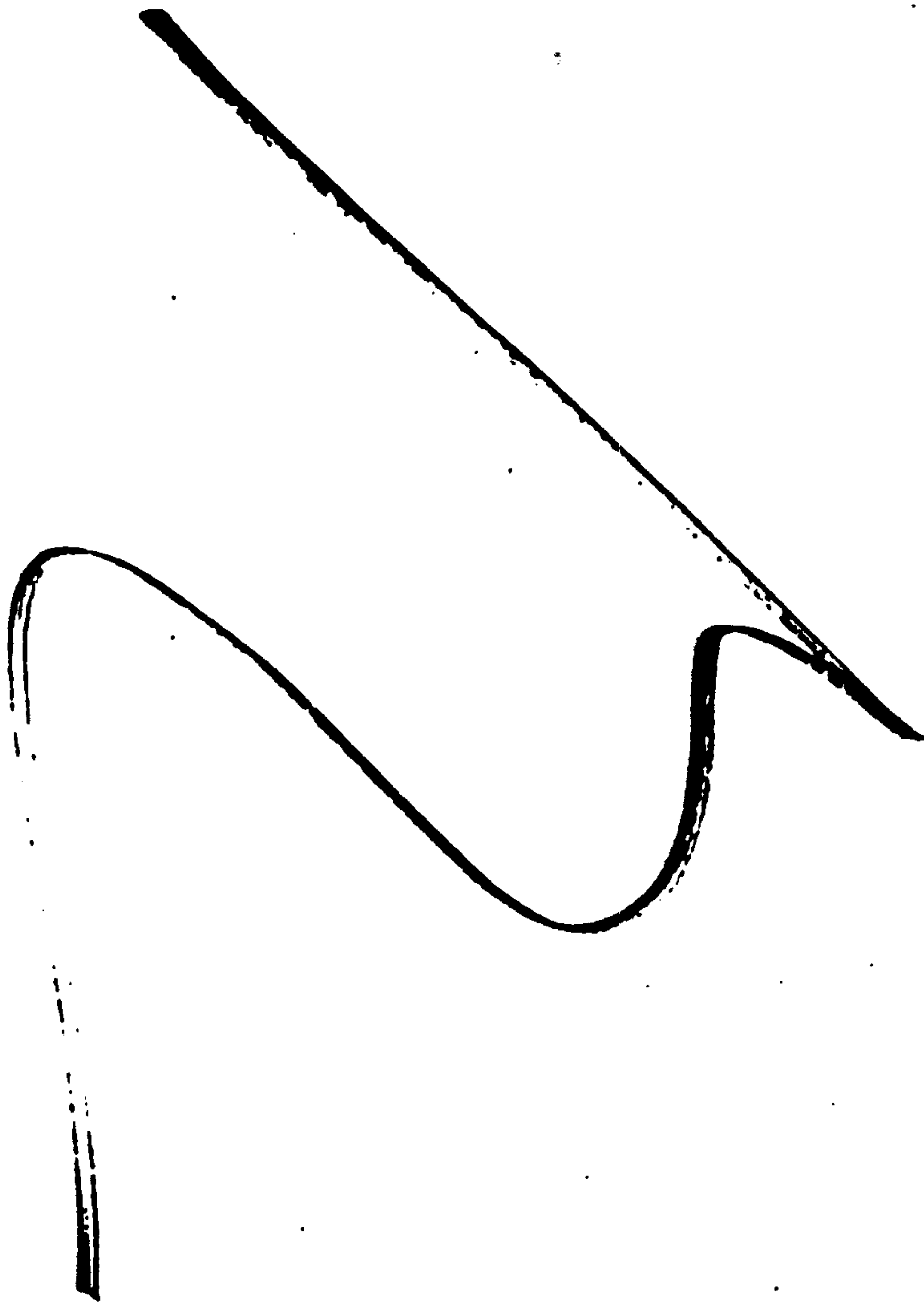
11

12

8

9

1



1

138 ① 15979 2,202,130,462

U.S. Postal Money Order  PAY TO ORDER  CASH IF

MAXIMUM VALUE ONE HUNDRED DOLLARS  
NOT VALID FOR PURCHASE OF BILLS  
DO NOT ALTERED

PURCHASES - FULL IN INFORMATION BELOW

PAY TO *Klaus Sporting Goods*

FROM *A. J. Hill*

*P.O. Box 2915*

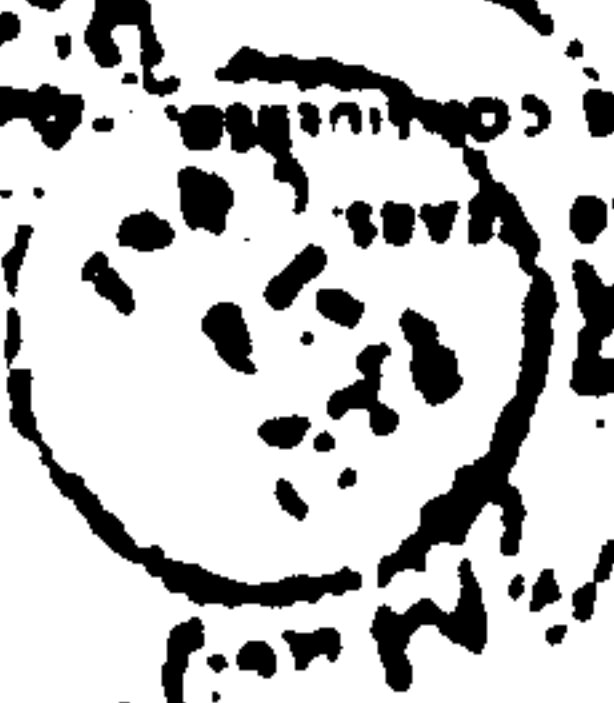
*Dallas, Texas*

DALLAS TEXAS  
MAR 12 1963

DO NOT FOLD. STAPLE, SPINDLE OR MUTILATE

Commission Exhibit No. 725

THIS CHECK BECOMES INVALID AFTER 20 DAYS  
THE PAYEE HAS NO CLAIM FOR PAYMENT ON THIS CHECK



*Handwritten:* 11-29-63  
*Handwritten:* 11-23-63  
*Handwritten:* 11-23-63  
*Handwritten:* 11-24-63  
*Handwritten:* KLEIN'S SPORTING GOODS, INC.

KLEIN'S SPORTING GOODS, INC.

50 91144

PAY TO THE ORDER OF  
The First National Bank of Chicago

CAUTION  
PAY TO THE ORDER OF

PAYEE MUST SIGN BELOW ON LINE MARKED "PAYEE"  
OWNERSHIP OF THIS CHECK MAY BE TRANSFERRED TO ANOTHER  
PERSON OR FIRM IF THE PAYEE WOULD WRITE THE NAME OF SUCH  
PERSON OR FIRM ON THE LINE MARKED "PAY TO THE ORDER OF"  
THE NAME ON THE SECOND LINE MUST BE THE NAME OF THE  
PERSON TO WHOM THE CHECK IS TO BE PAID. PAY TO THE ORDER OF  
NAME IS PROHIBITED BY LAW. BANKS MAY NOT BE HELD AS  
RESPONSIBLE.

Concession Exhibit No. 738

136 415979

2145  
DOLLARS CENTS

2,202,130,462

# U.S. Postal Money Order

MAXIMUM VALUE ONE HUNDRED DOLLARS

NOT VALID FOR MORE THAN **FIFTY DOLLARS**

PAY TO THE ORDER OF

15-119  
000

WARNING

DO NOT

CASH IF

PURCHASER-FILL IN INFORMATION BELOW

PAY TO

*Blanca Sponting Sponting*

ALTERED

FROM

PURCHASER'S NAME

*R. WILLIAMS*

*(D-19) W*

COD

PURCHASER'S STREET ADDRESS

*P.O. Box 2915*

ENTER NO.

PURCHASER'S CITY AND STATE

*Dallas, Texas*

DO NOT FOLD, STAPLE, SPINDLE OR MUTILATE

UNIT OF ISSUANCE



# MAIL COUPON

**SEAPORT TRADERS, INC.** 1221 S. Grand Ave. Dept. AM-3 L.A. 15, Cal.

Gentlemen: Please ship me the following:

Quantity	Product	Cost per Item	Total
	Mexican Bowie	5.95	
	.410 Shotgun	59.95	
	.22 Derringer	16.95	
	Flintlock Muzzle	45.00	
	Remington .22	10.95	
	.22 Long Rooco	12.95	
	.air rifle	89.95	
	.22 Mag. 6 Shooter	89.95	
	Handcuffs	5.75	
	Western .22	12.95	
	.38 S. & W. Spec.	89.95	
	30/06 Springfield	39.95	
	.38 Scotland Yd. Sp.	16.95	
	Large 6 1/2" knife;	88.95	
	.38 St. W. 2" Bbl.	29.95	
	.22 Ital. Auto	19.95	
	.22 Snubhle.	12.95	

Commission Exhibit No. 790

~~Handwritten scribbles and crossed-out text~~  
**\$10.00 TOTAL PRICE** *29.95*

Enclosed ..... check or .....  
 M.O. (COD's require 1/2 deposit). (Be sure to specify & give complete ordering info.) I understand all items are to be shipped F.O.B., L.A. express charges collect. Calif. res. add 4% state tax. When ordering pistols, please sign statement:

I hereby state that I am a citizen of the U.S., and that I have never been convicted in any court of the U.S., territories, possessions or District of Columbia of a crime of violence or a crime punishable by imprisonment for a term exceeding 1 year, nor am I at present under indictment or a fugitive from justice. I am of legal age and of sound mind.

NAME *Ad. ...* AGE *28* DATE *1/27*  
 WITNESS .....  
 ADDRESS *PO Box 2915*  
 CITY *Wichita* STATE *TEXAS*



Commission Exhibit No. 791

FOR POST OFFICE USE ONLY  DATE SENT OCT 9 - 1962 DATE SENT CLOSING PM 1 4 56 BOX NO. 2415

APPLICANT PLEASE NOTE: Completion of this application signifies your willingness to comply with all postal rules relative to the sending and use of Post Office boxes.

NAME OF APPLICANT (Print or type) KEVIN S. ...

NAME OF FIRM OR CORPORATION (If box is needed for use of either)

NAME OF BUSINESS

BUSINESS ADDRESS (Apt., street, and room) D-19

HOME ADDRESS (Apt., street, and room)

3519 MARINE BL. APT. 19

DATE OF APPLICATION OCT 1, 1962

SIGNATURE OF APPLICANT Kevin S. ...

X

11-22-63

Commiss'ion Exhibit No. 792

FOR POST OFFICE USE ONLY	POST OFFICE <b>E. B. 10335</b>	DATE BOX OPENED <b>OCT 9 - 1952</b>	DATE BOX CLOSED <b>MAY 14 1953</b>	BOX NO. <b>2915</b>
--------------------------	-----------------------------------	--	---------------------------------------	------------------------

APPLICANT PLEASE NOTE: Completion of this application signifies your willingness to comply with all postal rules relative to the renting and use of Post Office boxes.

NAME OF APPLICANT (Print or type)  
**LEE W. OSWALD**

NAME OF FIRM OR CORPORATION (If box is rented for use of either)

KIND OF BUSINESS

BUSINESS ADDRESS (No., street, and zone)

**D-12**

HOME ADDRESS (No., street, and zone)

**3519 FAIRMORE AV. A Dallas 7 Tex**

SIGNATURE OF APPLICANT

**X** *Lee W. Oswald*

DATE OF APPLICATION

**OCT 9, 1952**

39-27-11

Commission Exhibit No. 793

**CHANGE OF ADDRESS ORDER**

MAIL OR RETURN TO POST OFFICE AT OLD ADDRESS

THIS ORDER PROVIDES FOR THE FORWARDING OF FIRST-CLASS MAIL. IT ALSO PROVIDES FOR THE FORWARDING OF ALL PAPERS OF DOMESTIC VALUE, UNLESS YOU OR THE SENIOR DEFERRED MAIL

FORWARDED POSTAGE IS COLLECTED FOR

NEWSPAPERS AND MAGAZINES

OR

ENTIRE FAMILY

OR

INDIVIDUAL

OR

TEMPORARY

OR

OTHER (SEE INSTRUCTIONS)

POSTAGE WILL BE PAID BY ADDRESSEE

POSTAGE WILL BE PAID BY ADDRESSEE

FD-35 (Rev. 3-22-64)

**GIVE -  
MENTAL  
HEALTH  
FUND**

Postmaster

*DALLAS, Texas*

*5-18*

COMPLETE OTHER SIDE

Commission Exhibit No. 795

NAME	OSWALD, LEE <u>MAY 12, 1963</u>
OLD ADDRESS	P.O. BOX 2915 DALLAS, TEXAS 75203
NEW ADDRESS	4907 MAGAZINE ST. NEW ORLEANS, LA.
SIGN HERE	<i>Lee Harvey Oswald</i>

MAIL OR THE - LAST NAME FIRST (INCLUDE DATE)  
CITY, STATE AND ZIP  
NOTE: NO AND ZIP, ZIP NO. OR BOX OR S.F. NO. (IN CASE OF)  
CITY, STATE AND ZIP  
COMMIT OMB'S USE  
5-14

NAME

~~OSWALD~~ OSWALD, LEE | MAY 12, 63

EFFECTIVE DATE

OLD ADDRESS

P.O. BOX 29154 | 14 1963  
CITY, ZONE, AND STATE

NEW ADDRESS

4907 MAGAZINE ST.  
CITY, ZONE, AND STATE

SIGN HERE

NEW ORLEANS, LA.  
(If signed as agent, include title)  
*[Signature]*

COMPLETE OTHER SIDE

I-18

Commission Exhibit No. 795 3207

**SELECTIVE SERVICE SYSTEM  
NOTICE OF CLASSIFICATION**

Approved and received

ALBEX

JAMES

UNIT

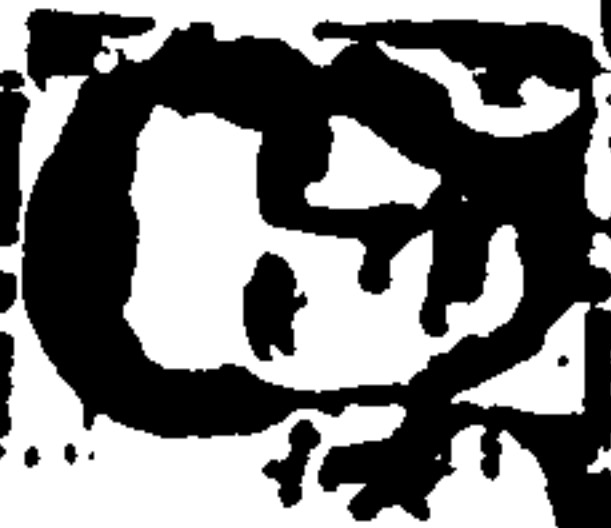
Selective Service No. 92-25-22-

been classified in Class (Unit)

19... by

by vote of

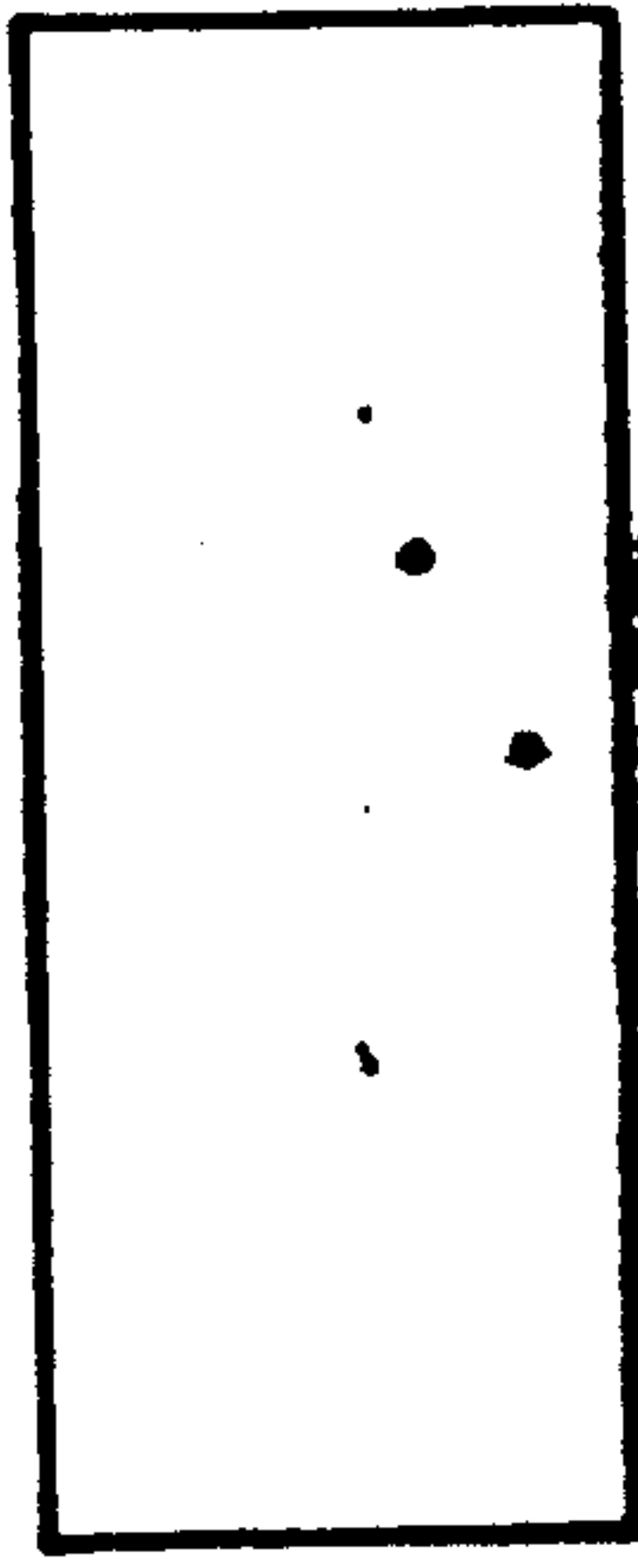
Local Board  Appeal Board  President



IF YOU ARE A MEMBER OF THE SELECTIVE SERVICE SYSTEM AND YOU ARE NOT RECEIVING THIS NOTICE, YOU SHOULD CONTACT THE SELECTIVE SERVICE SYSTEM AT THE ADDRESS LISTED BELOW FOR FURTHER INFORMATION.

Commission Exhibit No. 795 207

NAME OF THE ..... OWNER OF THE .....  
ADDRESS .....  
CITY ..... STATE .....



**PLEASE PRINT NAME**  
YOU ARE REQUESTED TO HAVE THIS CERTIFICATE IN YOUR POSSESSION, OR  
AT ALL TIMES FOR IDENTIFICATION AND TO NOTIFY YOUR LOCAL BOARD OF ART  
CRIMINALS OF ANY CHANGES OF ADDRESS.  
GPO: 1975-O-301088

Commission District No.

# SELECTIVE SERVICE SYSTEM NOTICE OF CLASSIFICATION

Approval not required

**ALEX**

(First name)

**JAMES**

(Middle name)

**HIDDELL**

(Last name)

Selective Service No. **478 224 888 8821**

has

been classified in Class **1-F** (Until)

19.....) by

Local Board

Appeal Board,

President

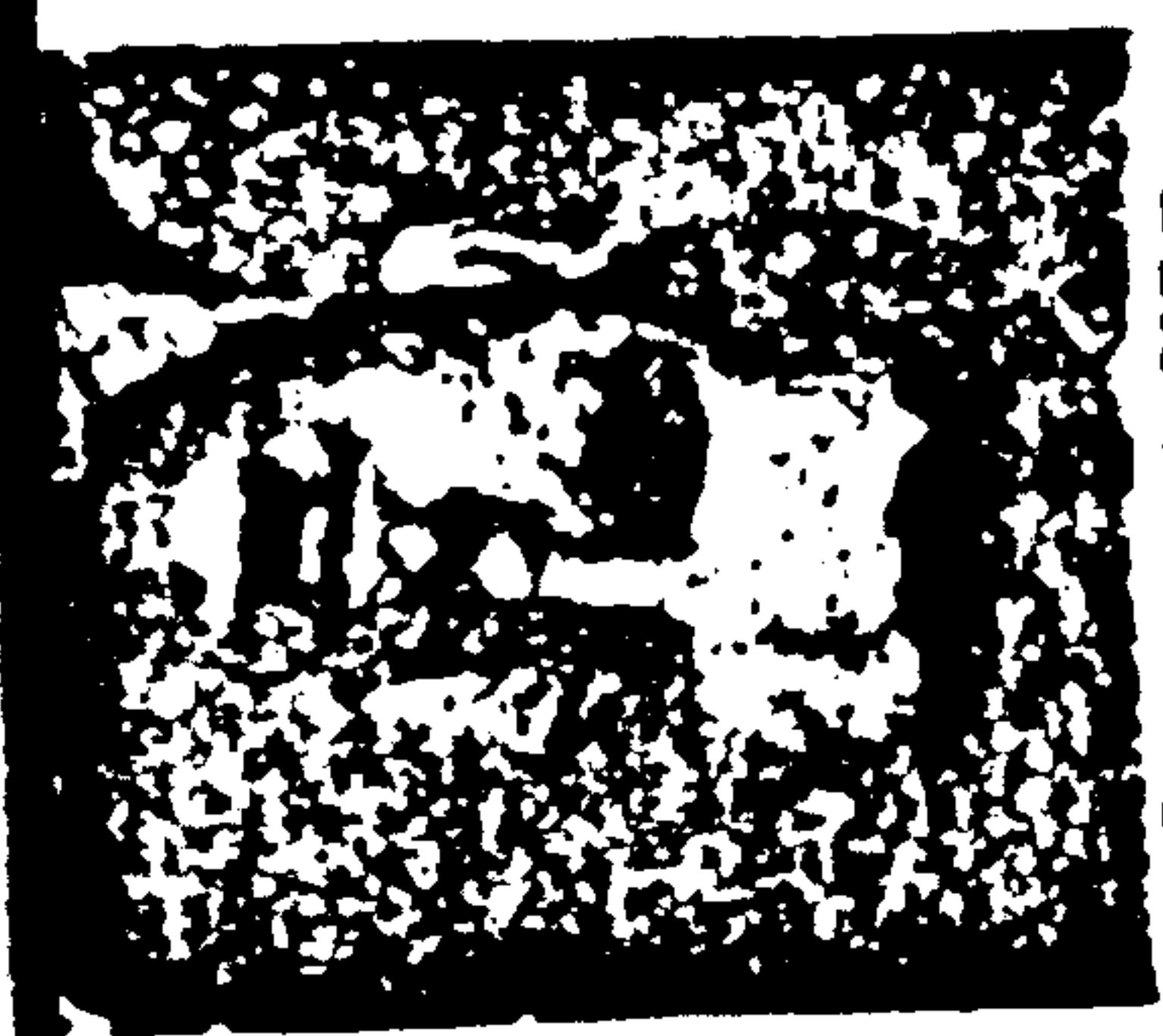
by vote of

**4** (Show vote on appeal board case only).

to 19.....

(Member or chief of local board)

(Date of mailing)



The law requires you, subject to heavy penalty for violation, to carry this notice, in addition to your Registration Certificate on your person at all times—to exhibit it upon request to authorized officials—to surrender it to your commanding officer upon entering the armed forces. The law requires you to notify your local board in writing (1) of every change in your address, physical condition, and occupational, marital, family, dependency, and military status, and (2) of any other fact which might change your classification.

**FOR ADVICE, SEE YOUR GOVERNMENT APPEAL AGENT**

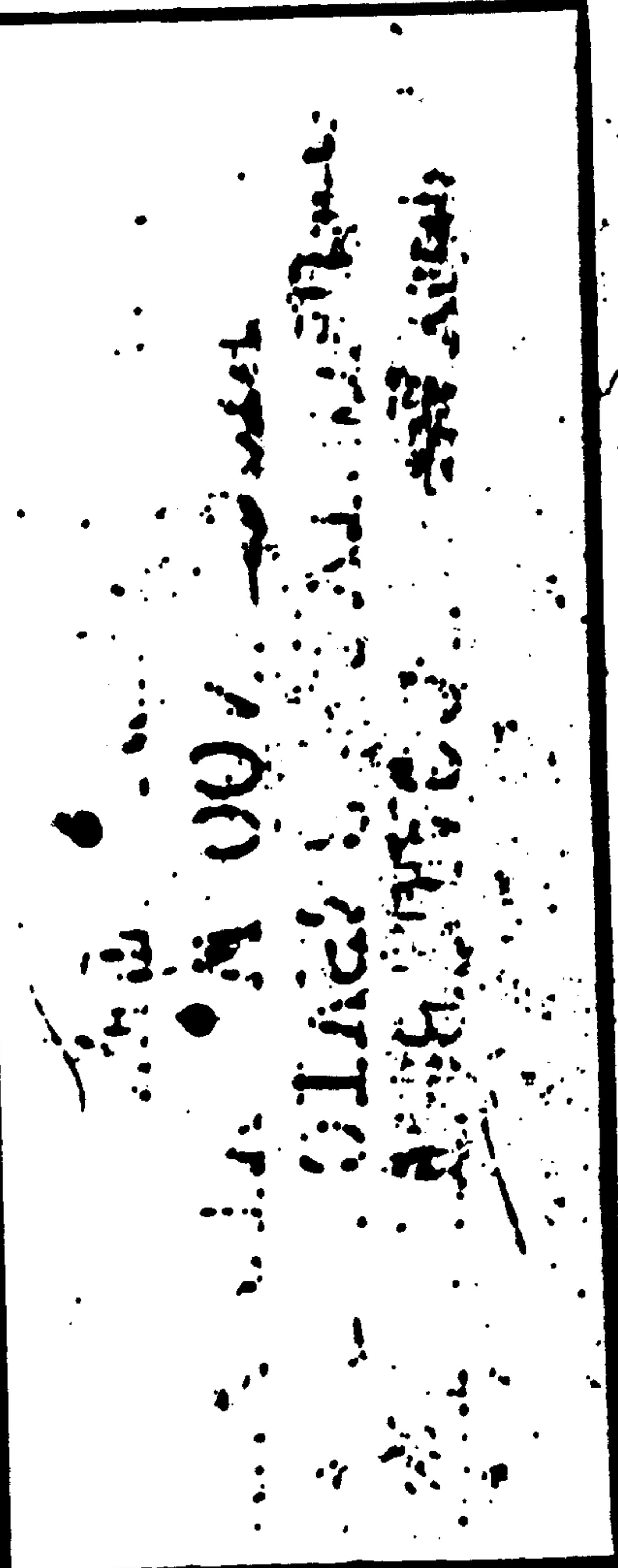
*Alex J. Hiddehl*  
(Registrant must sign here)



COLOR OF EYES ..... (G)H ..... COLOR OF HAIR .....

COMPLEXION ..... ~~Dark~~ ..... ES .....

HEIGHT ..... FT. .... 0 W. .... WEIGHT .....



THE LAW REQUIRES YOU TO HAVE THIS CERTIFICATE IN YOUR PERSONAL POSSESSION AT ALL TIMES FOR IDENTIFICATION AND TO NOTIFY YOUR LOCAL BOARD OF ANY CHANGE OF ADDRESS.  
GPO : 1966-O-381688





CONFIDENTIAL

COMPLETION Exhibit No. 801

51

SELECTIVE SERVICE SYSTEM  
NOTICE OF QUALIFICATION

NAME: SAID  
DATE: 10/1/58  
LOCAL BOARD: 10  
CLASSIFICATION: 1-A  
STATUS: 1-A

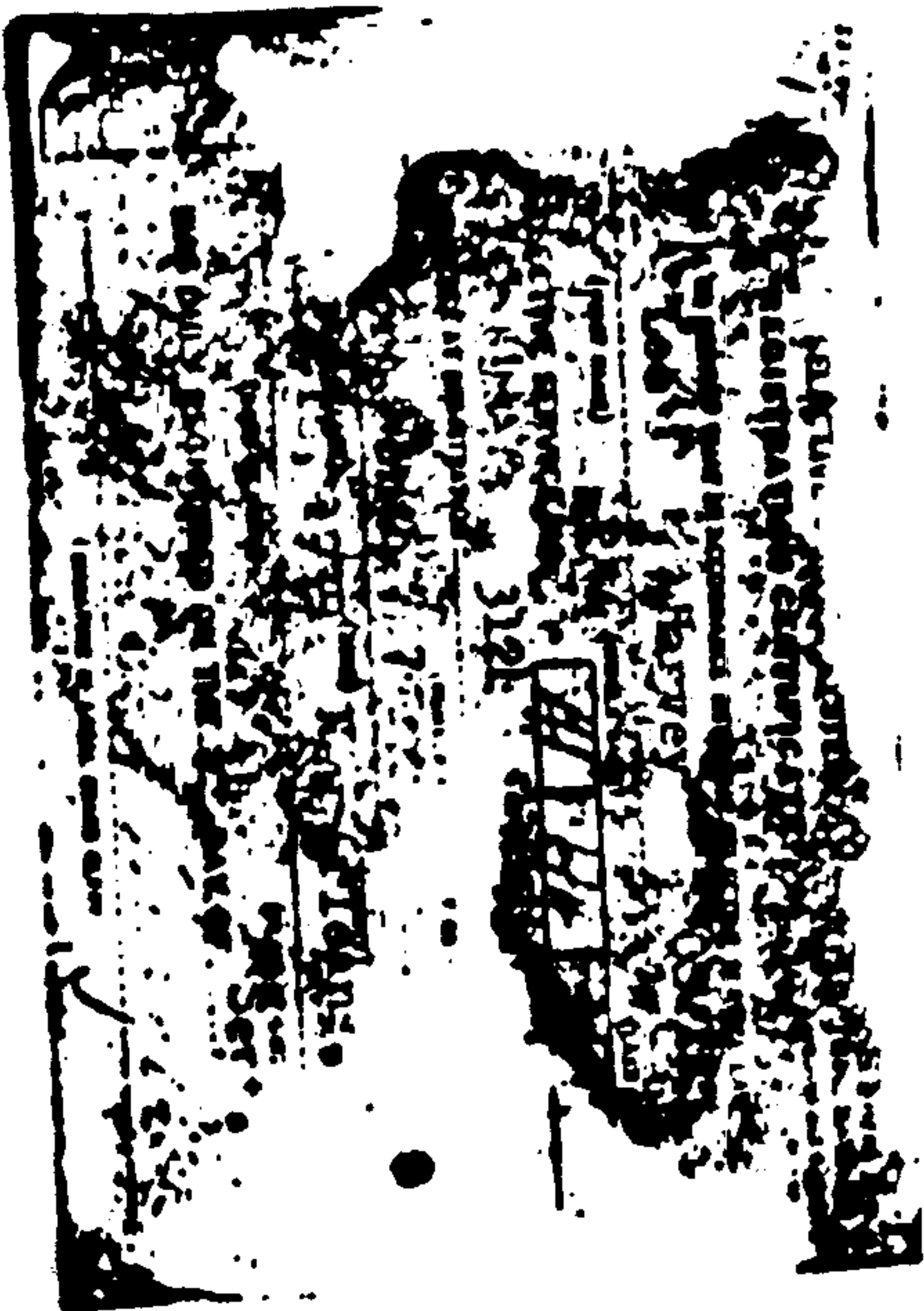
Signature: [Signature]

GOVERNMENT PRINTING OFFICE: 1958

COMM. BOARD NO. 12  
Selec. Serv. System  
500 W. Vickory, S.W.  
Fort Worth 4, Texas  
(LOCAL BOARD STAFF)  
OFFICIAL BUSINESS  
3131-765  
Fort Worth

81

Consolidation Exhibit No. 802



2

2



5

COMMISSION EXHIBIT NO. 802

Commission Exhibit No. 806

D-206

CERTIFICATE OF SERVICE  
ARMED FORCES OF THE UNITED STATES



THIS IS TO CERTIFY THAT  
NAME JAMES HILL

HONORABLY SERVED ON ACTIVE DUTY IN THE

United States Marine Corps

DEPARTMENT OF THE ARMY



Commission Exhibit No. 806

D-206

PERIOD OF ACTIVE DUTY

FROM

1 1945

TO

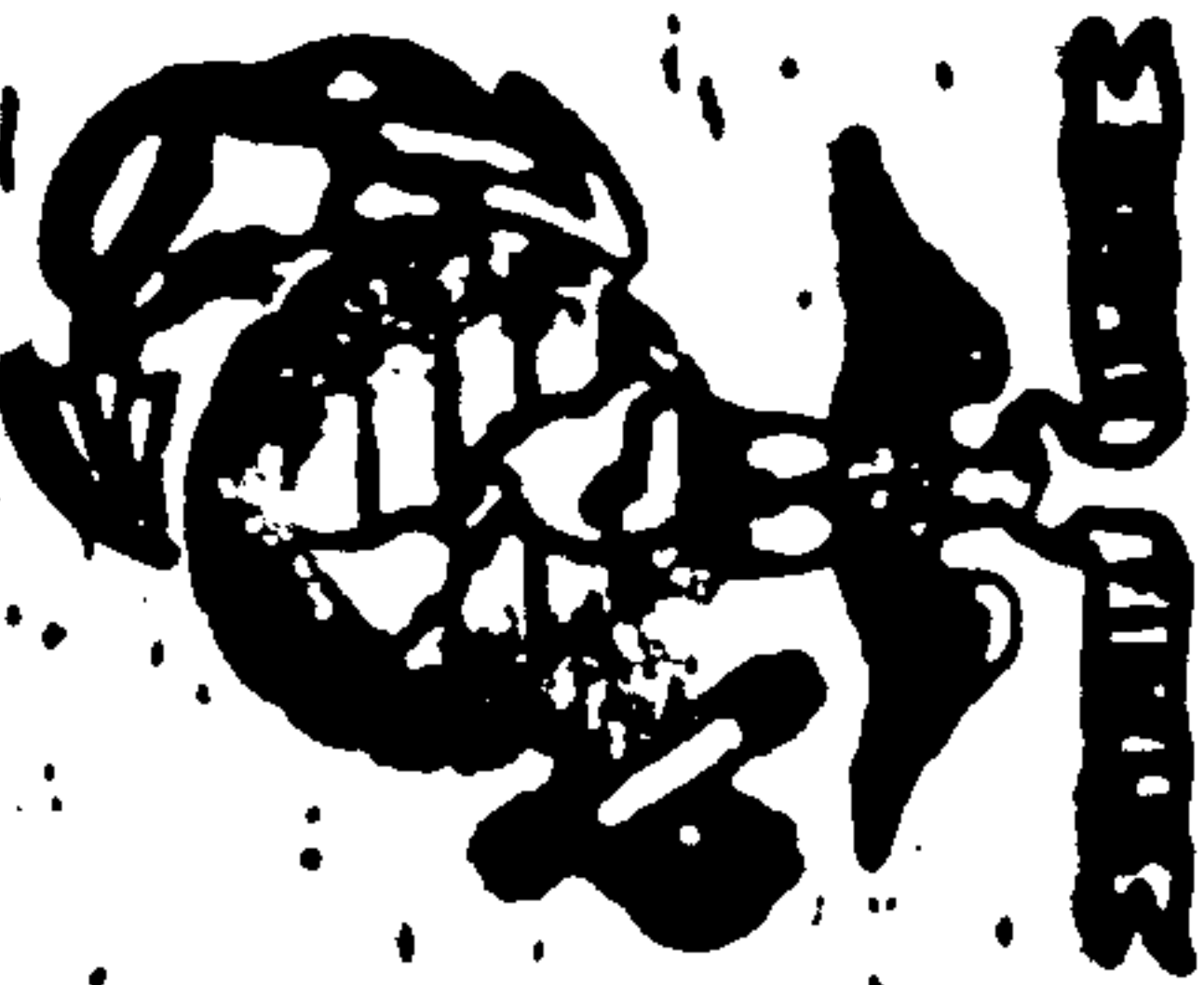
SIGNATURE OF INDIVIDUAL

SIGNATURE OF OFFICER IN CHARGE AND POST

A. B. AVILA Lt. USMC

If found, drop in mail to: *Postmaster: Please Return to: Bureau of Criminal Investigation, Department of Justice, Washington 25, D. C.*

**CERTIFICATE OF SERVICE  
ARMED FORCES OF THE UNITED STATES**



THIS IS TO CERTIFY THAT

~~ABRAHAM~~ **JAMES BRIDGELL**

HONORABLY SERVED ON ACTIVE DUTY IN THE

**United States Marine Corps**

PERIOD OF ACTIVE DUTY

FROM

OCT. 15 1958

TO

APRIL 15 1959

SIGNATURE OF INDIVIDUAL

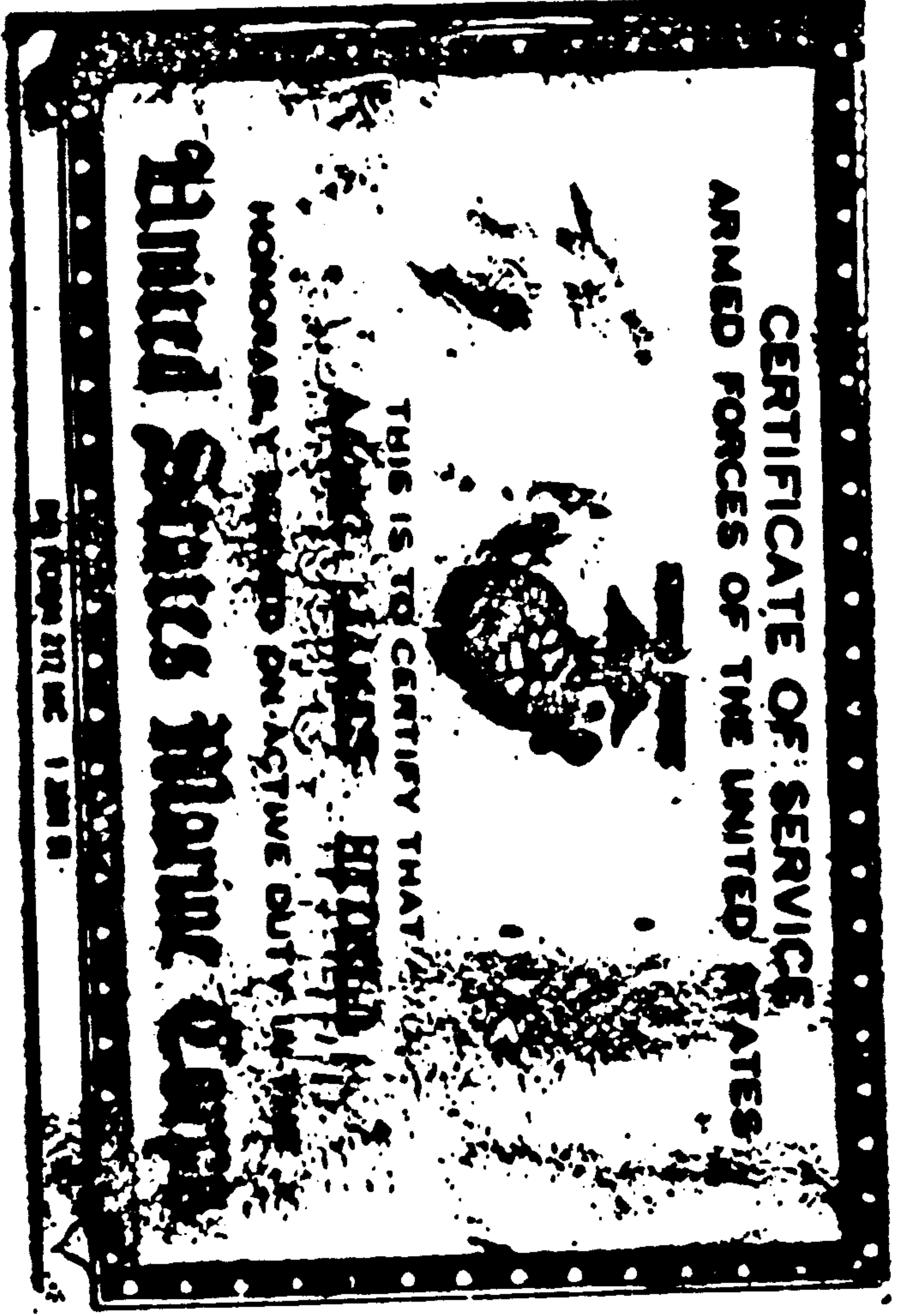
T B

SIGNATURE OF CERTIFYING OFFICER (Typed name and grade)

A. S. AYERS JR. Ltjg USMCR

If found, drop in mail box. Postmaster: Postage guaranteed. Return to: Commandant of the Marine Corps (Code DGM), Washington 25, D.C.

Commission Exhibit No. 609



Commission Exhibit No. 016

PERIOD OF ACTIVE DUTY	
From	OCT, 15 1953
TO	OCT, 31 1953
IDENTIFICATION OF INDIVIDUAL	
SIGNATURE (PRINT NAME OF INDIVIDUAL) AND GRADE	
A. B. NYER	
If found, drop in mail to: <i>Postmaster: Return to address of the Commandant of the Detachment (Code 1000), Washington 25, D. C.</i>	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX  
 CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLLE

FILE NO.

JUN 15 1963

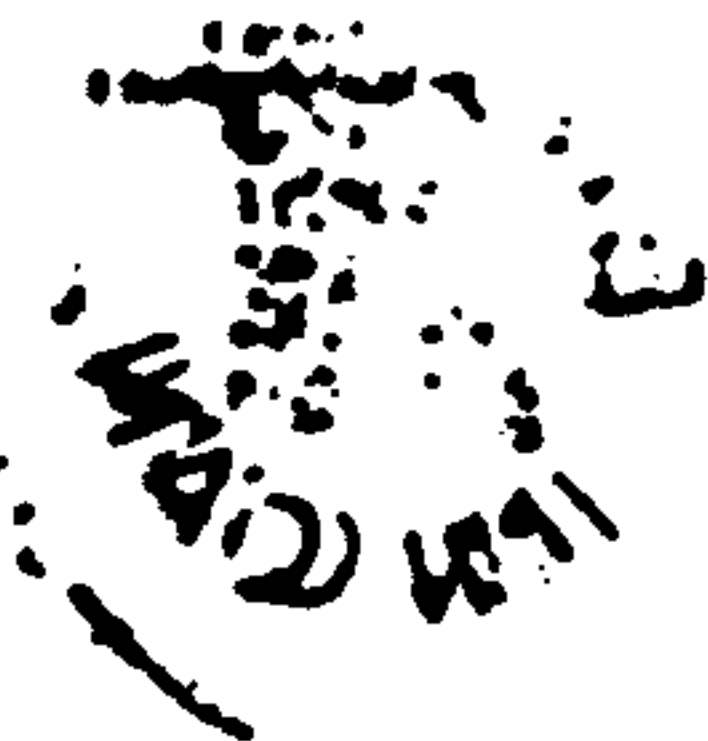
Signature of the person vaccinated or revaccinated  
 Nom de la personne vaccinée ou revaccinée

Signature of the vaccinator or revaccinator  
 Signature du vaccinateur ou revaccinateur

JUN 8 1963

to  
 Primary vaccination performed  
 Revaccination performed  
 Date of approval  
 Description  
 Description

A. H. DEBEL  
 NEW ORLEANS, LA.



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 designate (yellow fever vaccination centers, the seal of the Public Health Service, or the special "S-C" stamp approved by the latter service.)

Any amendment of this certificate or failure to complete any part of it may render it invalid.

LA VALIDITE DE CE CERTIFICAT s'étend pendant une période de trois ans, commençant huit jours après la date de la vaccination primaire réussie ou, en cas de revaccination, à la date de cette revaccination.

Le cachet d'approbation mentionné ci-dessus doit être en une forme prescrite par l'administration sanitaire du territoire où la vaccination est effectuée. (Aux Etats-Unis, le cachet est celui du Département de la Santé Publique, du Département de la Défense, d'un centre désigné de vaccination contre la fièvre jaune, le sceau du Service de Santé Publique, ou le cachet spécial "S-C" approuvé par ce service.)

Toute modification de ce certificat ou l'absence de remplir une partie de lui peut rendre le certificat invalide.

If unsuccessful vaccination must be repeated and a new certificate executed.  
 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 FIEVRE 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.

Signature and professional status of vaccinator Signature de vaccinateur ou revaccinateur	Origin and date of approval Origine et date d'approbation	Official stamp of local health authority Cachet officiel de l'autorité sanitaire
--	--	---

VACCINATING CENTER  
 CENTRE DE VACCINATION  
 ADDRESS  
 ADRESSE

THIS CERTIFICATE IS VALID only if the vaccinator used has been approved by the World Health Organization and if the vaccinating center has been designated by the health administration for the country in which that center is situated.

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of vaccination (for India, Pakistan, and Ceylon 12 days) or in the event of a revaccination within said period of 3 years, from the date of that revaccination.

Any amendment of this certificate or failure to complete any part of it may render it invalid.

LA VALIDITE DE CE CERTIFICAT s'étend pendant une période de trois ans, commençant huit jours après la date de vaccination (pour l'Inde, le Pakistan, et le Ceylan 12 jours) ou, en cas de revaccination, dans ce délai de trois ans, à la date de cette revaccination.

Toute modification de ce certificat ou l'absence de remplir une partie de lui peut rendre le certificat invalide.

Consession Exhibit: No. B13

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA**  
**CERTIFICADO INTERNACIONAL DE VACINACION O DE REVACINACION CONTRA EL COLERA**

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 6 months beginning 9 days after the last injection of the vaccine in the event of a single injection, or in the event of 3 injections (in the United States, the stamp is not to be placed on this form)

[The appropriate stamp must be placed in the space provided for the health administration of the country in which the vaccination or revaccination was performed. In the United States, the stamp is not to be placed on this form.]

The validity of this certificate shall extend for a period of 6 months beginning 9 days after the last injection of the vaccine in the event of a single injection, or in the event of 3 injections (in the United States, the stamp is not to be placed on this form)

LA VALIDITE DE CE CERTIFICADO s'etend pour une periode de six mois commençant 9 jours apres la derniere injection de vaccin, dans le cas d'une seule injection, ou dans le cas de 3 injections (aux Etats-Unis, le timbre n'est pas a placer sur ce formulaire)

Any completion of this certificate for an individual is subject to the completion and part of it may remain in the latter's possession.

For vaccination, either the child or the adult (1920) must be in the possession of a stamped approval slip.

The validity of this certificate shall extend for a period of 6 months beginning 9 days after the last injection of the vaccine in the event of a single injection, or in the event of 3 injections (in the United States, the stamp is not to be placed on this form)

OTHER INJECTIONS (Type, Trade-Name, Dose, Date)

OTHER INJECTIONS (Type, Trade-Name, Dose, Date)

**INTERNATIONAL CERTIFICATES OF VACCINATION**  
as approved by  
**THE WORLD HEALTH ORGANIZATION**  
CERTIFICADOS INTERNACIONALES DE VACINACION  
APROBADOS POR  
ORGANIZACION MUNDIAL DE LA SALUD

**U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE**  
**PUBLIC HEALTH SERVICE**



Correlation Exhibit: No. 513

**PERSONAL CERTIFICATES OF  
IMMUNIZATION**

**ISSUED BY HEALTH ORGANIZATION**

APPROVED BY: \_\_\_\_\_  
APPROVED DATE: \_\_\_\_\_

NAME - Nom de voyageur: \_\_\_\_\_  
(Print name)

ADDRESS - Adresse: \_\_\_\_\_  
(Print address)

DATE OF BIRTH - Date de naissance: \_\_\_\_\_  
(Print date)

**U. S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE**

**PUBLIC HEALTH SERVICE**



FOR SALE BY DEPARTMENT OF SOCIETY  
POST OFFICE - WASHINGTON 25, D. C.

PRICE 5 CENTS - \$1.50 PER 100

OTHER IMMUNIZATIONS (Type, Date, Place, etc.)	OTHER IMMUNIZATIONS (Type, Date, Place, etc.)	OTHER IMMUNIZATIONS (Type, Date, Place, etc.)	OTHER IMMUNIZATIONS (Type, Date, Place, etc.)

Physician's signature—Signature du médecin \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_

OTHER IMMUNIZATIONS (Type, Date, Place, etc.)  
AUTRES IMMUNISATIONS (Type, Date, Place, etc.)



**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX**  
**CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE**

This is to certify that **LEE OSWALD** sex **M**  
 Je soussigné(e) certifie que

whose signature follows *[Signature]* date of birth **OCT 18 39**  
 dont la signature suit

has on the date indicated been vaccinated against smallpox.  
 a été vacciné(e) ou revacciné(e) contre la date indiquée.

Date	Indicate by "X" whether réussir par "X" s'il a été de	Signature, professional status, and address Signature, qualité professionnelle, et adresse	Approved stamp Cachet
JUN 8 1963	1a Primary vaccination performed Primo-vaccination	A. J. H. DEEL BOX 80018 NEW ORLEANS, LA.	JUN 10 1963
	1b (Successful) <input type="checkbox"/> Unsuccessful <input checked="" type="checkbox"/> Pas de succès		
	2 <input type="checkbox"/> Revaccination		
	3 <input type="checkbox"/> Revaccination		

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 seal of the Public Health Service, or the special "S-C" stamp approved by the latter service.)

Any amendment of this certificate by addition, 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 primo-vaccination effectuée avec succès ou, dans le cas d'une revaccination, le jour de cette revaccination. Le cachet d'authentification doit être au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée. (Aux États-Unis, il doit être celui du Service d'Hygiène de l'État, de la ville ou du comté où la vaccination est effectuée.)

L. H. OSWALD  
4907 MAGAZINE  
NEW ORLEANS, LA.

L. H. OSWALD  
4907 MAGAZINE 31  
NEW ORLEANS, LA.

Commission Exhibit No. 516

JUN 8 1963

Commission Exhibit No. 817

Per Post Office Use Only ENTERED IN DIRECTORY	INITIALS OF CARRIER <i>RY</i>	BOX NO. <i>30061</i>
--	----------------------------------	-------------------------

THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE P.O. BOX IS ASSIGNED

DELIVER MAIL IN ACCORDANCE WITH INSTRUCTIONS CHECKED BELOW  
ONLY MAIL ADDRESSED TO BOX IS TO BE PLACED IN IT.  
ALL OTHER MAIL TO BE DELIVERED AS ADDRESSED.

- ALL EXCEPT SPECIAL DELIVERY IN BOX
- OTHER INSTRUCTIONS (Explain)

SPECIAL DELIVERY MAIL ONLY (Deliver as checked) *Post Office*  
 DELIVER TO LOCAL RESIDENCE AT *17. W. 657 - 1 R.E.A.C.V.*  
 (No. street, and zone)

MEMBERS OF FAMILIES ENTITLED TO RECEIVE MAIL THROUGH BOX (If box is rented to a firm, include the full name of the members whose mail is to be placed in box.)  
*JUN 11 1957*

*A.J. Hidell*  
*MARINA OSWALD*

HAVE READ ITEMS 1 THROUGH 3 ABOVE AND WILL COMPLY WITH THEM.

APM *X* *A.J. Hidell*  
 (Signature of applicant)

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Commission Exhibit No. 819

FAIR PLAY FOR CUBA COMMITTEE  
NEW ORLEANS CHAPTER

L. H. OSWALD

Name *L. H. Oswald*

JUN 15 1963  
Issued

*J. H. ...*  
Chapter President

B-1

Leslie Welding Co.  
210 N. EAST. Street St.  
Fort Worth, Texas  
St. Tom. Yaltes - Treasurer

Dear Sir;  
This is to explain that I have moved  
permanently to Dallas, Texas, where I have found  
other employment.

I ask that my check for work performed  
during the week Oct. 1-8 be forwarded to me  
now, and the other check coming to me from  
my first week of work be forwarded as soon  
as possible.

I further request that my name be withdrawn  
from those whom you presently employ.

Very respectfully,  
Lee H. Oswald

LEE H. OSWALD  
Box 2915  
Dallas,  
Texas

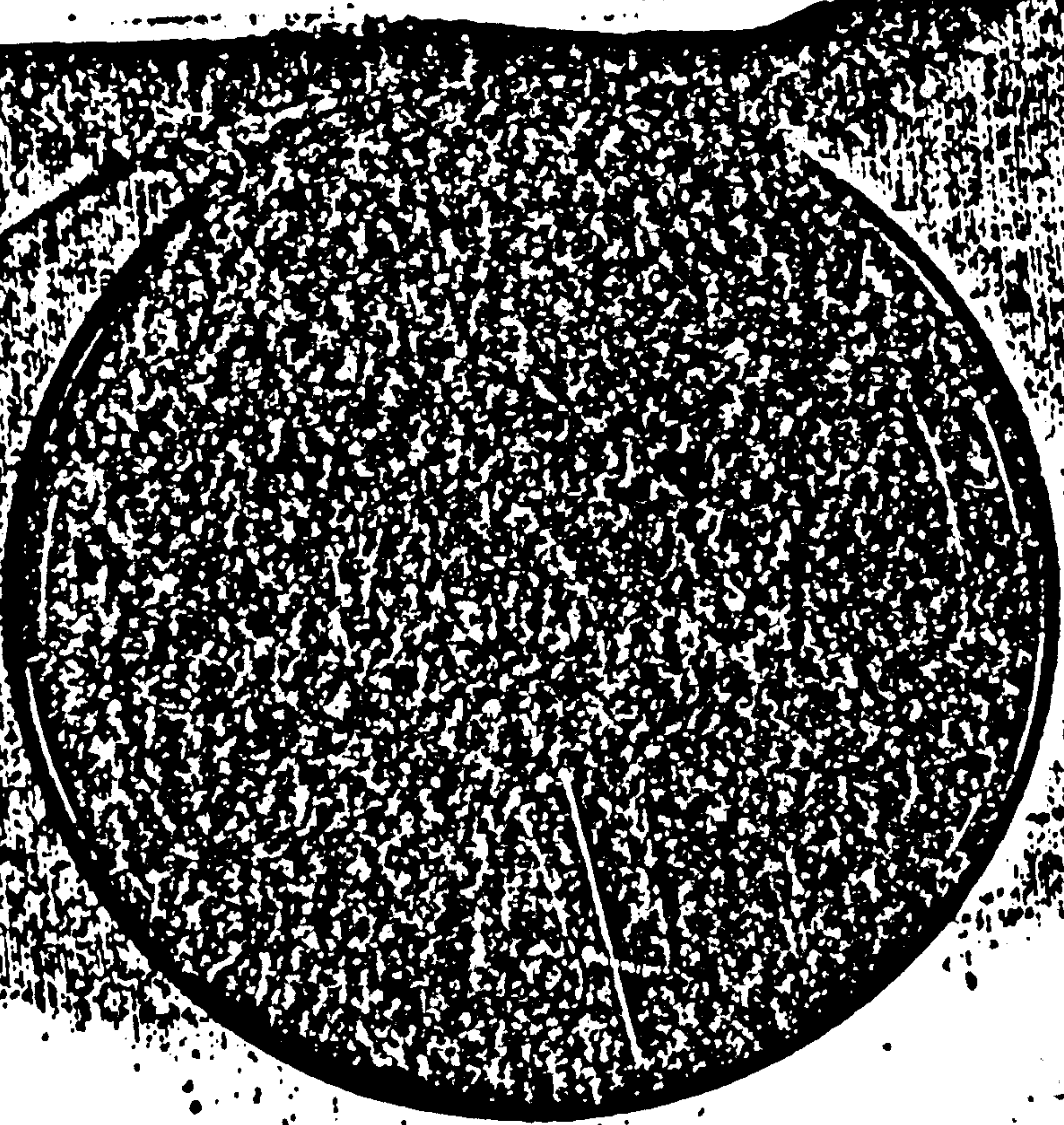
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**EVIDENCE**  
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MA-16



Cadigan Exhibit No. 1

11 x 2. <sup>THEIR</sup> <sup>contents</sup> <sup>and</sup> <sup>the</sup> <sup>contents</sup>  
kashas kasha. Man hado nyakupta.  
the new words. For me <sup>if necessary</sup> to  
in <sup>supplement</sup> <sup>of</sup> <sup>the</sup> <sup>under</sup> <sup>for</sup> <sup>this</sup> <sup>I</sup>  
emagawa <sup>must</sup> <sup>know</sup> <sup>something</sup> <sup>in</sup>  
try to drink much of milk and  
to eat <sup>fat</sup> <sup>and</sup> <sup>the</sup> <sup>starchy</sup> <sup>foods</sup>. Also  
in <sup>humanity</sup>. Ben Opu <sup>he</sup> <sup>does</sup>  
the vitamins. <sup>These</sup> <sup>the</sup> <sup>things</sup> <sup>here</sup> <sup>are</sup>  
he <sup>does</sup> <sup>not</sup> <sup>have</sup> <sup>any</sup> <sup>of</sup> <sup>these</sup> <sup>things</sup> <sup>but</sup> -  
not expensive and <sup>if necessary</sup> this to use  
no <sup>matter</sup> <sup>how</sup> <sup>expensive</sup> <sup>it</sup> <sup>is</sup> <sup>to</sup> <sup>use</sup>

at every  
yodowos in <sup>the</sup> <sup>most</sup> <sup>of</sup> <sup>the</sup> <sup>cases</sup>.  
the <sup>most</sup> <sup>comfortable</sup> <sup>and</sup> <sup>convenient</sup> <sup>situation</sup>  
THEKCAL <sup>is</sup> <sup>almost</sup> <sup>in</sup> <sup>the</sup> <sup>tropics</sup> <sup>and</sup>  
Texas is almost in the <sup>tropics</sup> and  
Kumama <sup>is</sup> <sup>in</sup> <sup>the</sup> <sup>tropics</sup> -  
the climate here is hot  
Hado Opa <sup>is</sup> <sup>in</sup> <sup>the</sup> <sup>tropics</sup> <sup>and</sup>  
it is necessary to take a bath every  
day and after wash the <sup>body</sup>  
in <sup>water</sup> - <sup>and</sup> <sup>change</sup> <sup>clothes</sup> <sup>at</sup>  
and dress <sup>at</sup> <sup>least</sup> <sup>once</sup> <sup>a</sup> <sup>day</sup>.  
he <sup>is</sup> <sup>in</sup> <sup>the</sup> <sup>tropics</sup> <sup>and</sup> <sup>it</sup> <sup>is</sup> <sup>necessary</sup>  
to <sup>change</sup> <sup>clothes</sup> <sup>at</sup> <sup>least</sup> <sup>once</sup> <sup>a</sup> <sup>day</sup>.

I <sup>try</sup> <sup>to</sup> <sup>look</sup> <sup>in</sup> <sup>the</sup> <sup>american</sup>  
papers <sup>to</sup> <sup>see</sup> <sup>if</sup> <sup>there</sup> <sup>is</sup> <sup>any</sup> <sup>information</sup>  
about <sup>the</sup> <sup>subject</sup> <sup>and</sup> <sup>if</sup> <sup>possible</sup> <sup>to</sup> <sup>obtain</sup> <sup>it</sup>.

D24  
COMMISSION EXHIBIT  
110



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[Signature]

Commission Exhibit No. 11

D24  
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110