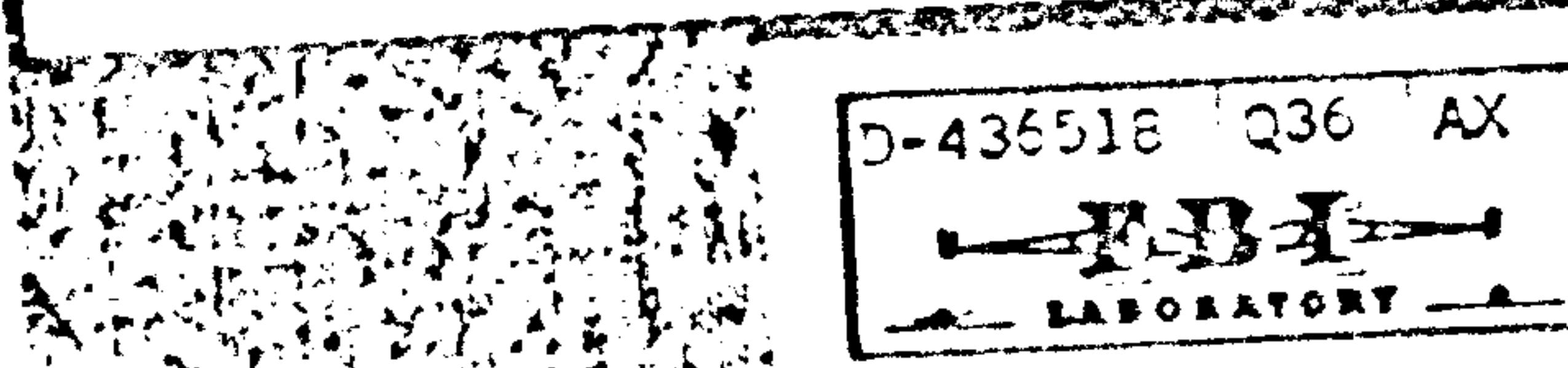


For Post Office Use Only ENTERED IN DIRECTORY		INITIALS OF CLERK	INITIALS OF CARRIER	BOX NO.
30061				
THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE P.O. BOX IS ASSIGNED				
DELIVER MAIL IN ACCORDANCE WITH INSTRUCTIONS CHECKED BELOW				
<input checked="" type="checkbox"/> ALL EXCEPT SPECIAL DELIVERY IN BOX <input type="checkbox"/> ALL INCLUDING SPECIAL DELIVERY IN BOX <input type="checkbox"/> OTHER INSTRUCTIONS (Specify) <input type="checkbox"/> ONLY MAIL ADDRESSED TO BOX IS TO BE PLACED IN IT. <input type="checkbox"/> DELIVER TO LOCAL RESIDENCE AT (No., street, and name) <input type="checkbox"/> DELIVER TO LOCAL BUSINESS ADDRESS (No., street, and name)				
<small>MAILERS OF PERSONS ENTITLED TO RECEIVE MAIL THROUGH BOX (If box is rented to a firm, include the full name of the members or firms entitled to be placed in box.)</small>				
<small>MAILERS OF PERSONS ENTITLED TO RECEIVE MAIL THROUGH BOX (If box is rented to a firm, include the full name of the members or firms entitled to be placed in box.)</small>				
<p><i>Box 657 French St.</i></p> <p><i>A. J. Hidell</i></p> <p><i>MARINA OSWALD</i></p>				
<input type="checkbox"/> HAVE READ ITEMS 1 THROUGH 8, ABOVE AND WILL COMPLY WITH THEM.				
X <u>L.H. Oswald</u> (Signature of applicant)				
APPLICANT FORM 1093 MAY 1960 U.S. POSTAL SERVICE 10-1960				

FOR POST OFFICE USE ONLY	POSTMASTER	DATE BOX OPENED	DATE BOX CLOSED	BOX NO.
		6-3-63	9-26-63	30061
APPLICANT PLEASE NOTE: Completion of this application signifies your willingness to comply with all postal rules relating to the renting and use of Post Office boxes.				
NAME OF APPLICANT (Print or type)				
<i>L.H. Oswald</i>				
NAME OF FIRM OR CORPORATION (If box is rented for use of several)				
<i>Box 657 French St.</i>				
ADDRESS (No., street, and name)				
<i>657 French St. New Orleans</i>				
SIGNATURE OF APPLICANT		DATE OF APPLICATION		
X <u>L.H. Oswald</u>		June 3		



2-2
Recorded 11/26/63 DAS

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Laboratory Work Sheet

Re: ASSASSINATION OF PRESIDENT
JFK F. KENNEDY, 11/22/63

AES Dallas Texas

File # 436464 AX
Lab. #

Examination requested by:

Examination requested:

Result of Examination:

Dallas (89-43) 11/23/63

Document

Date received: 11/25/63

Examination by:

CADIGAN

Specimens submitted for examination

Q32 Application for rental of P. O. Office Station, Post Office box dated 11/1/63 pertaining to Box 6223, executed at the Terminal Annex Post Dallas, Texas, signed "LEE H. OSWALD".

Q33 Additional copy of specimen Q32

Q34 Application for Post Office box dated 10/9/62 pertaining to rental of Post Office Box 2915, signed "LEE H. OSWALD".

K18 Change of Address Order mailed to Postmaster, Dallas, Texas, bearing postmark "NEW ORLEANS LA. 9 PM MAY 14 1963", bearing known signature of LEE H. OSWALD.

K19 Selective Service Registration Card dated 9/14/39, SSN 41-114-394532, bearing known signature of LEE H. OSWALD.

K20 Form DD 214 Armed Forces of the U. S. Report of Transfer or Discharge (carbon copy), bearing known signature of LEE H. OSWALD, U. S. Marine Corps Serial No. 3353260.

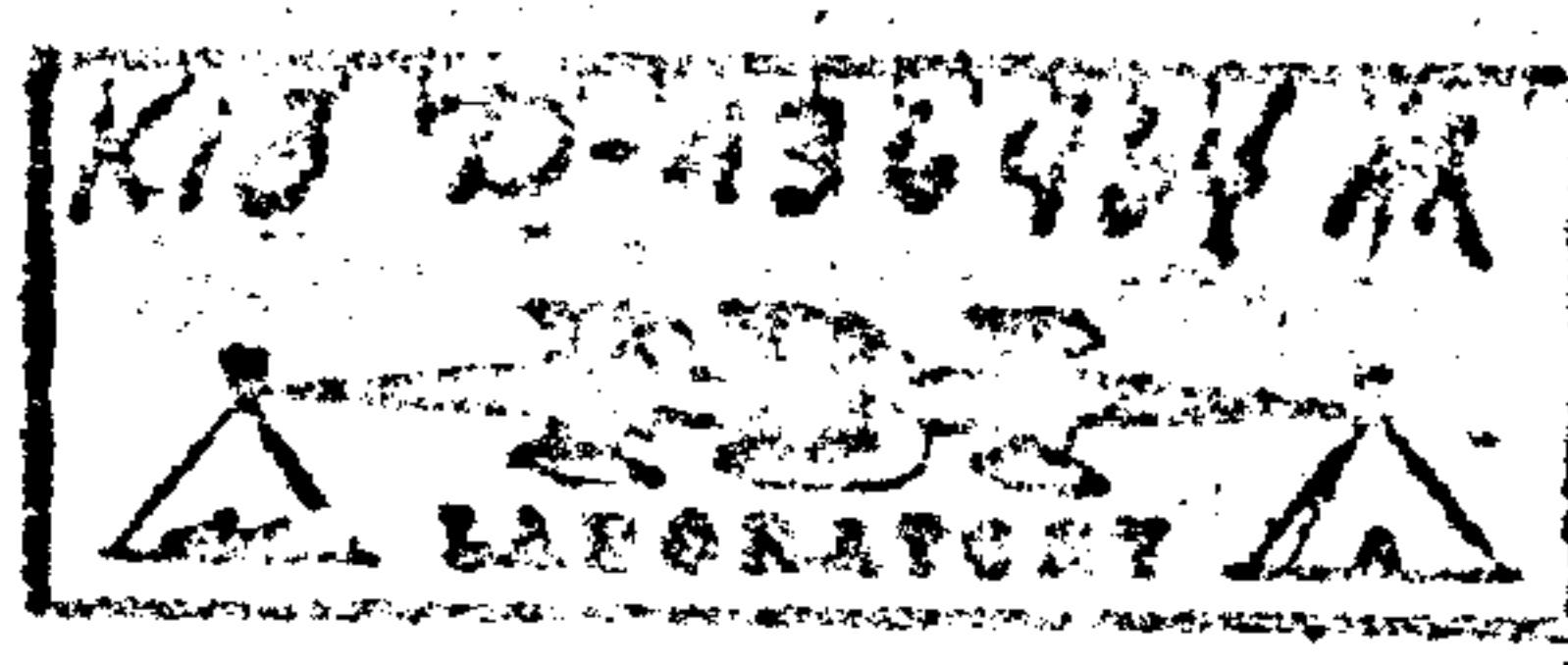
Q32-34 vng. curst. reg'd
10/6/64

7010

- { K21 Application for employment dated 7/13/62, bearing known
hand printing of LEE H. OSWALD
- } K22 Letter to Leslie Welding Co., Fort Worth, Texas, bearing
known handwriting of LEE H. OSWALD
- K23 Application for employment dated 10/13/63, bearing known
handwriting of LEE H. OSWALD

D-430664 AX

Page 2



CHANGE OF ADDRESS ORDER

MAIL OR DELIVER TO POST OFFICE OR MAIL BOX

THIS ORDER PROVIDES FOR THE FORWARDING OF
FIRST-CLASS MAIL. IT ALSO PROVIDES FOR THE FOR-
WARDING OF ALL PARCELS OF ANY VALUE
UNLESS YOU OR THE SENDER DESIGNATES OTHERWISE.

FORWARDING POSTAGE WILL BE PAID FOR:

NEWSPAPERS AND MAGAZINES
 CLOTHING
 COFFEE
 CHOCOLATE
 CIGARANDA
 INDIVIDUAL
SPECIAL RATE
 TEMPORARY
UNTIL [DATE] DATE

AMOUNT OF CHARGE ON CARRIER

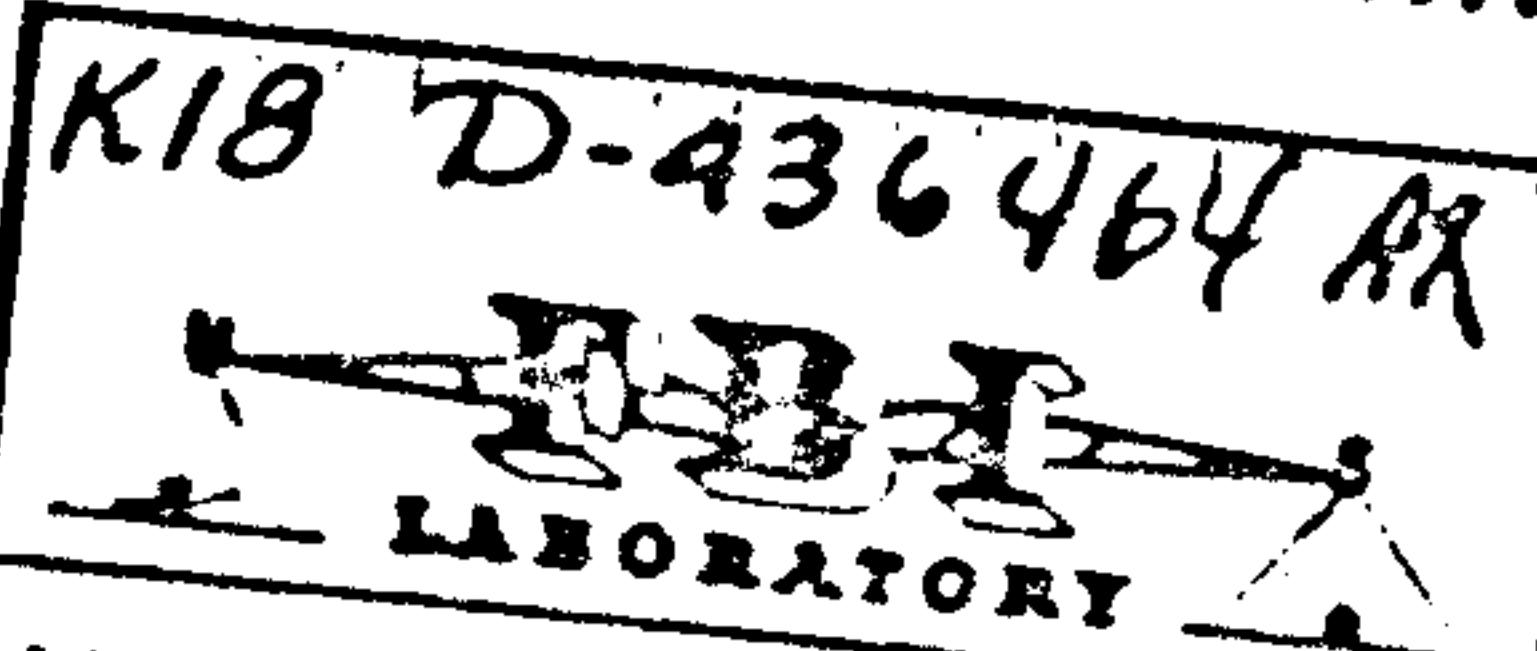
AMOUNT	DATE ISSUED
POD FORM 2575, July 1961	1961

GIVE-
MENTAL
HEALTH
FUND

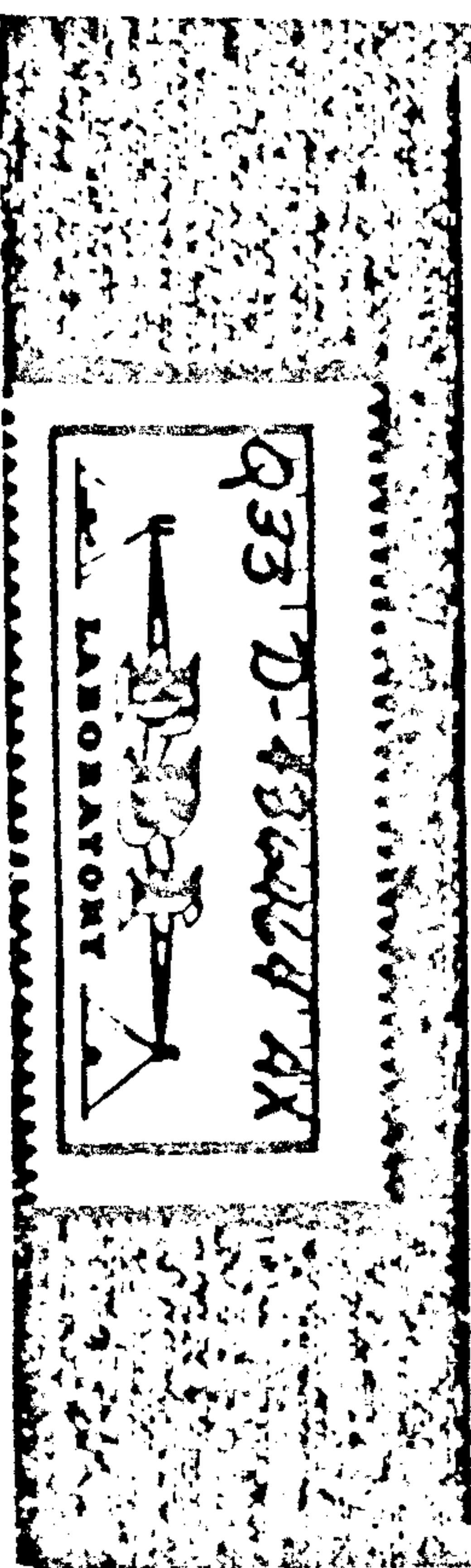
Postmaster

DALLAS, Texas

COMPLETE OTHER SIDE



FOR POST OFFICE USE ONLY	PO BOX # E. B. KURSCHI	DATE BOX OPENED OCT 9 - 1962	DATE BOX CLOSED JAY 14 1953
APPLICANT PLEASE NOTE: Completion of this application signifies your willingness to comply with all rules relative to the renting and use of Post Office boxes.			
NAME OF APPLICANT (Print or Type) LEE H. MCGOWAN		NAME OF PERSON OR CORPORATION (If box is rented for use of others)	
KIND OF BUSINESS —		BUSINESS ADDRESS (No., street, and zone) —	
HOME ADDRESS (No., street, and zone) —		DATE OF APPLICATION OCT 9, 1962	
SIGNATURE OF APPLICANT X Lee Kursch			



For Post Office Use Only LISTED IN DIRECTORY	INITIALS OF CLERK <i>ve</i>	INITIALS OF CARRIER	BOX NO. <i>6225</i>
THE FOLLOWING MUST BE COMPLETED AND SIGNED BEFORE P.O. BOX IS ASSIGNED			
DELIVER MAIL IN ACCORDANCE WITH INSTRUCTIONS CHECKED BELOW			
<input type="checkbox"/> ALL EXCEPT SPECIAL DELIVERY IN BOX	<input checked="" type="checkbox"/> ALL INCLUDING SPECIAL DELIVERY IN BOX	<input type="checkbox"/> ONLY MAIL ADDRESSED TO BOX IS TO BE PLACED IN BOX; <input type="checkbox"/> ALL OTHER MAIL TO BE DELIVERED AS ADDRESSED.	
<input type="checkbox"/> OTHER INSTRUCTIONS (Explain)			
SPECIAL DELIVERY MAIL ONLY (Deliver as checked below)			
<input type="checkbox"/> DELIVER TO LOCAL RESIDENCE AT <i>(No., street, and room)</i>	<input type="checkbox"/> DELIVER TO LOCAL BUSINESS ADDRESS AT <i>(No., street, and room)</i>		
NAMES OF PERSONS ENTITLED TO RECEIVE MAIL THROUGH BOX (If box is rented to a firm, indicate the full name of each individual whose mail is to be placed in box.)			
<input type="checkbox"/> HAVE READ ITEMS 1 THROUGH 8 ABOVE AND WILL COMPLY WITH THEM.		X <i>Lee H. Carroll</i> (Signature of applicant)	

PSO FORM 1093
JULY 1960

54-10000-1

APPLICATION FOR POST OFFICE BOX

FOR
POST OFFICE
USE ONLY

POSTMASTER

DATE BOX OPENED

NOV - 1 1963

DATE BOX CLOSED

BOX NO.

6225

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

NAME OF APPLICANT (Print or Type)

LEE H. OSWALD

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

FAIR PLAY FOR CUBA COMMITTEE

AMERICAN CIVIL LIBERTIES UNION

NAME OF BUSINESS

none profit

BUSINESS ADDRESS (No., street, and name)

HOME ADDRESS (No., street, and name)

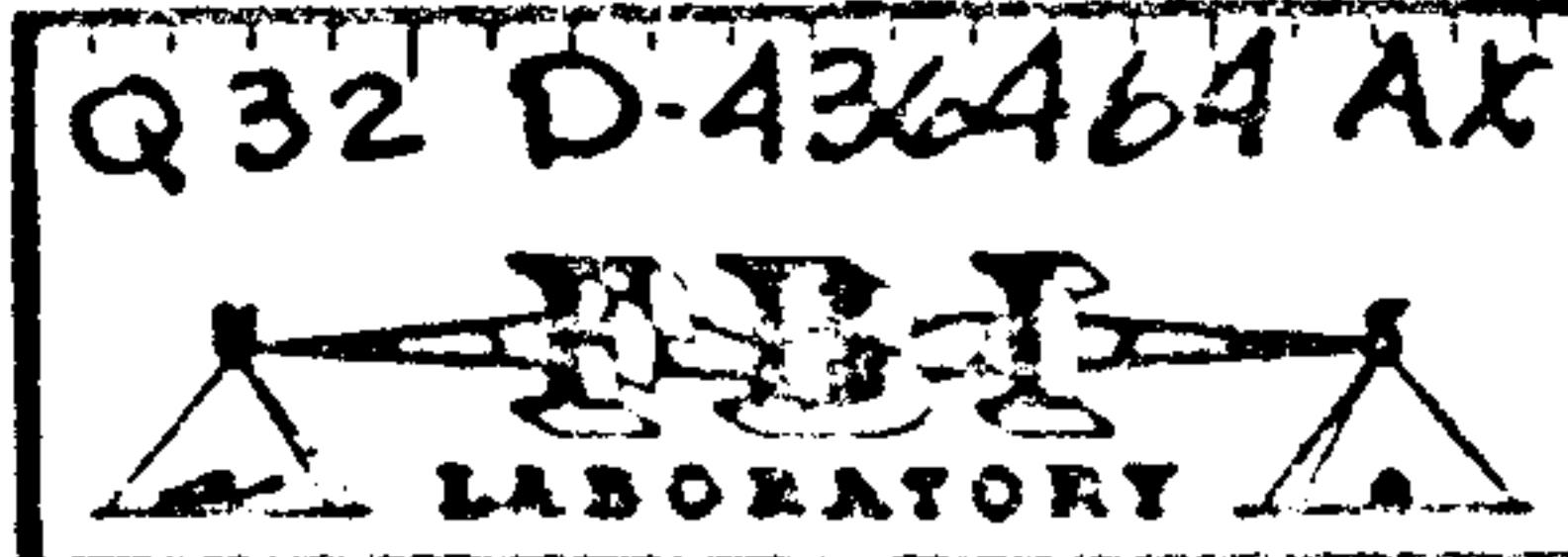
3610 N. Beckley

SIGNATURE OF APPLICANT

X Lee H. Oswald

DATE OF APPLICATION

Nov. 1, 1963



44-2243

Received
① Key See D. Service
100-1 AB



11. Active duty in the Armed Forces of the United States or a cobelligerent nation since Sept. 16, 1940:

BRANCH OF ARMED FORCES OR COUNTRY USMC	SERVICE NO. 1653230	DATE OF ENTRY 24 Oct 56	DATE OF SEPARATION 11 Sep 59
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12. Present membership in a reserve component of the Armed Forces:

BRANCH OF ARMED FORCES USMCR	SERVICE NO. 1653230	DATE OF ENTRY 11 Sep 59	GRADE Pfc
--	-------------------------------	-----------------------------------	---------------------

ORGANIZATION **RTC NAS
Glenview, Ill**

I affirm that I have verified the foregoing answers and that they are true:

Lee H. Oswald
(Signature of registrant)

DESCRIPTION OF REGISTRANT

13. Color of eyes **Blue**..... Color of hair **Brown**..... Complexion **Med**..... Height (approx.) **5 ft 11 in**

Weight (approx.) **150**..... Other obvious physical characteristics that will aid in identification:

....None.....

I certify that my answers are true; that the person registered has read or has had read to him his own answers; that I have witnessed his signature or mark and that all of his answers of which I have knowledge are true, except as follows:

....None to my knowledge.....

Sep 14, 1959
(Date of registration)

Register for Local Board **114**

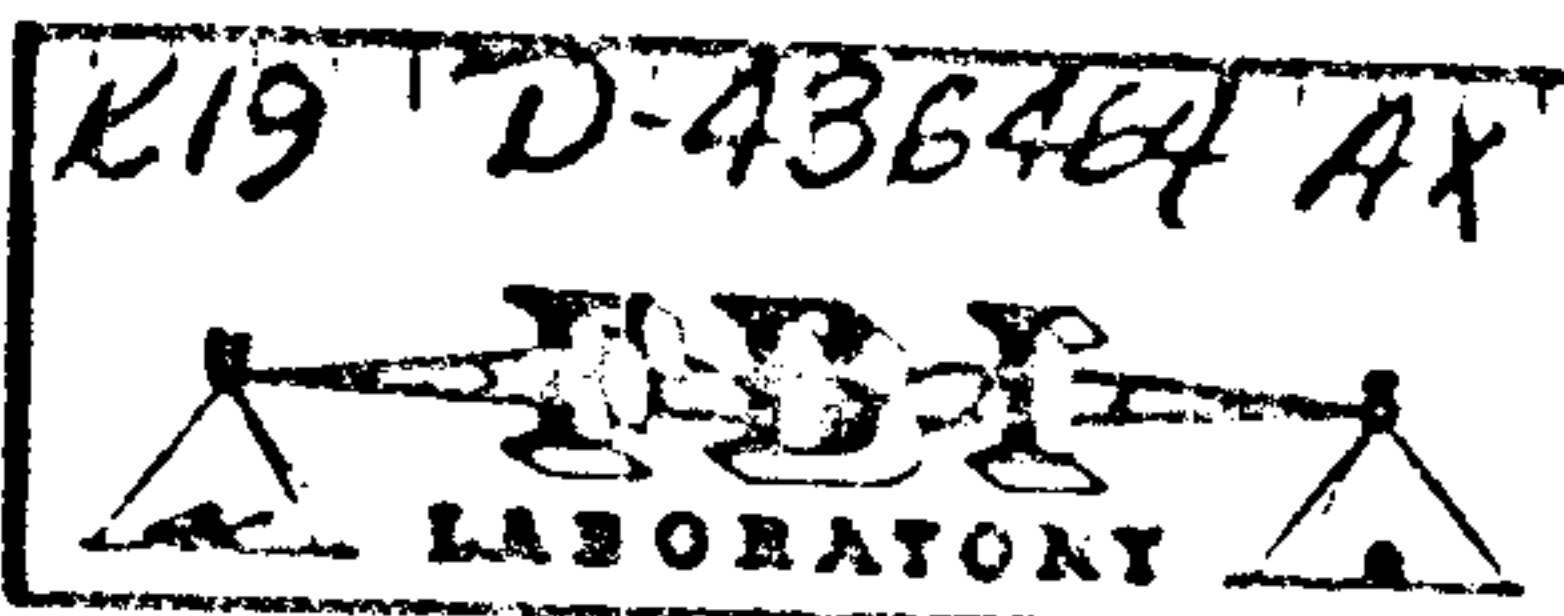
(Number)

Fort Worth

(City or county)

(State)

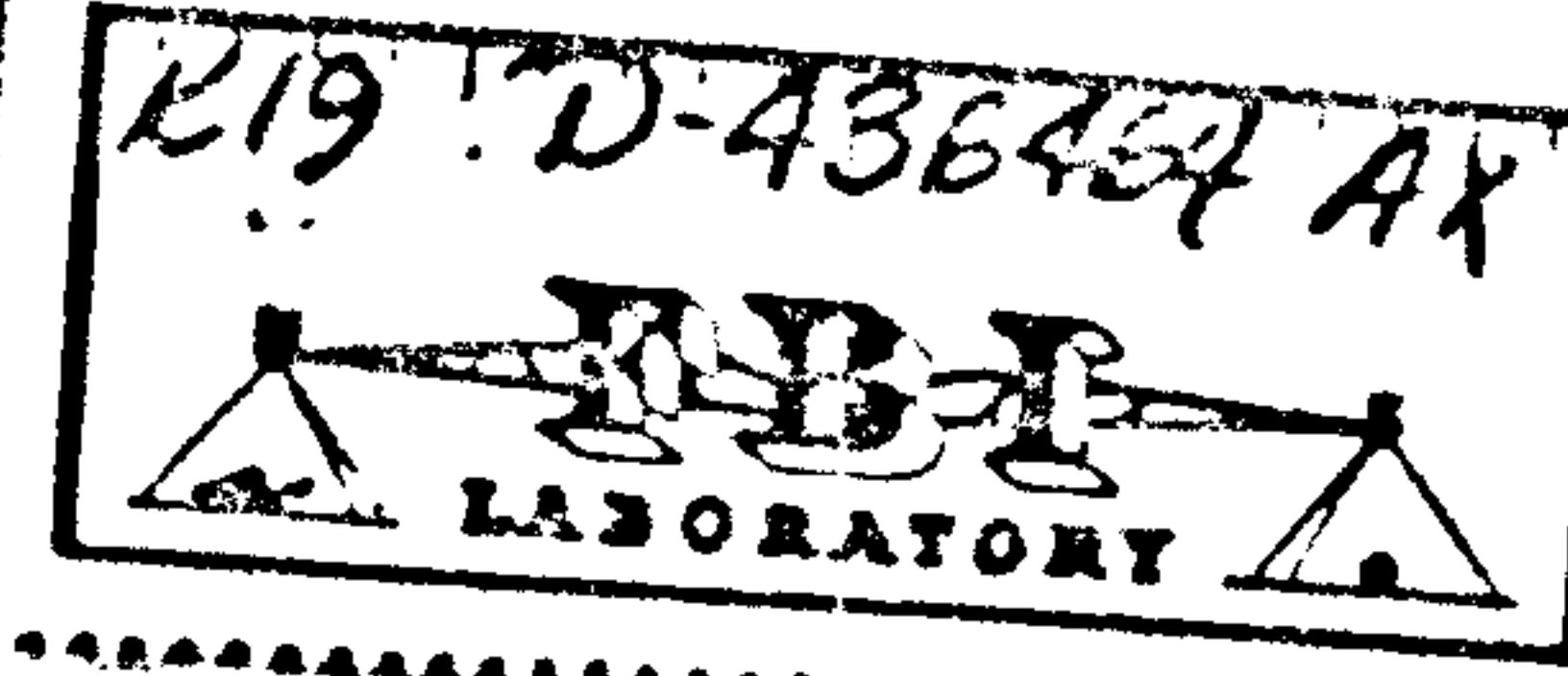
Rufus T. Sheridan
(Signature of registrant)



405

1. NAME IN FULL Oswald	Last Lee	First Lee	Middle Harvey	SELECTIVE SERVICE NUMBER A1 114 29 532
2. PLACE OF RESIDENCE 312½ West 5th St., City, Town, or Village Fort Worth	Street and Number or RFD Route Zone 7		County Tarrant	3. DATE OF BIRTH Oct 18, 1939
4. MAILING ADDRESS (If different from place of residence) City, Town, or Village			State Texas	4. PLACE OF BIRTH New Orleans, La.
5. NATURE AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Robert Oswald, 7313 Davenport St., Ft. Worth (Brother)				6. NATURE OF BUSINESS, SERVICE RENDERED, OR OCCUPATION Unemployed
7. OCCUPATION Unemployed				
8. PLACE OF EMPLOYMENT OR BUSINESS				
Form Approved Budget Bureau No. 33-2099.7. SSS Form No. 1 (Revised 6-11-58)				
(over)				

SELECTIVE SERVICE SYSTEM
REGISTRATION CARD



APPLICATION FOR EMPLOYMENT

Name (Last Name First) Oscar J. Seward Age 21 Born Mar 15 Year 1935
Address 1391 25th Street Telephone PC-23245 Soc Sec No 433-54-525
How long have you lived at this address 1 year Birthplace New Bedford, Ontario YES
Male Female Weight 152 Height 5'9 Any serious illness? No
Single Married Other None No Children 1 Ages 5 yrs
Other Dependents None English Yes
What kind of work are you applying for? Street mechanic
What special qualifications do you have? 2 years experience
What office machine can you operate? none
Who referred you to us? DEAS STATE ETY
Do you have any relatives working for this Company? NO

MILITARY SERVICE RECORD

Have you served in the Armed Forces Yes From 1956 To 1962
Branch of Service U.S. Navy Duties SECRETARY TO THE CHIEF MILITARY POLICE
Rank or rating at time of enlistment CPO Rating at time of discharge SAC
Type of discharge DISCHARGE BY BUREAU Any disability No

EDUCATION

SCHOOL	NAME		NAME OF SCHOOL	CITY	COURSE
YEAR	FROM	TO			
REGN	1950	1953	High School	New York	Gen
COURSE	1953	1956	Jackson High		
OTHER					

EXPERIENCE after last job twenty

REFERENCES (not reviewed)

NAME	ADDRESS	OCCUPATION
Belle P. Bragger	Contiv. life exp.	conservant 877 8th
Alfred Donahue	Reno Brick Co.	Prop. for

11/26/63
Justice

Leslie Welding Co.
210 N. East Frick St.
Fort Worth, Texas
to Tom Gates-Green

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

K220436464 14X

DO. 11/26/63
110 JUSTICE

Leslie Welding Co.
210 N. Eastland St.
Fort Worth, Texas
to Tom Gates-Green.

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. OSWOLD
Box 2915
Dallas,
Texas

X6
K224436464 TX

WY-521968-2-024

12/26/63
FBI - JUSTICE

K23 D-4364-AK

H. Aiken

SEARCHED INDEXED SERIALIZED FILED
DECEMBER 26 1963

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DECEMBER 26 1963

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11-114: 11x

LEGEND: Insert X/R in the boxes below which are not applicable.

K20 2-450444-78

DATE 11/26/63

PLEASE FILL OUT APPLICATION BLANK COMPLETELY.....

NAME Oswald Lee N. STREET # 2515 W. 5th St. TOWN Dallas
LAST NAME FIRST

PHONE NO. 81 31628 SOCIAL SECURITY NO. 433-54-5827 AGE 29 WEIGHT 150 HEIGHT 5'9"

PLACE OF BIRTH New Orleans, La HOW LONG LIVED IN DALLAS continuously

FINISHED WHAT GRADE IN SCHOOL 11th NAME SCHOOL Arlington High School CITY Arlington STATE Texas

DID YOU ATTEND COLLEGE no HOW LONG — NAME COLLEGE —

RACE C MARRIED (X) OR SINGLE () HOW MANY DEPENDENTS 2 Dependents

WHERE DID YOU LAST WORK U.S.A.C. (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 yes

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 (Computing) work in military service
Experienced with Ditsy, office and accounting
minicomputer filing system

DATE OF APPLICATION Oct 15, 1963 SIGNATURE J. D. Lee

K23 D-43684-A

FOR POST OFFICE USE ONLY	POST BOX NO. B. 11325	DATE BOX OPENED	DATE BOX CLOSED
		OCT 9 - 1962	MAY 14 1963
			2915

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)

K.E.H. PSC LTD

NAME OF FIRM OR CORPORATION (If box to rented for use of others)

KIND OF BUSINESS

BUSINESS ADDRESS (No., street, and name)

HOME ADDRESS (No., street, and name)

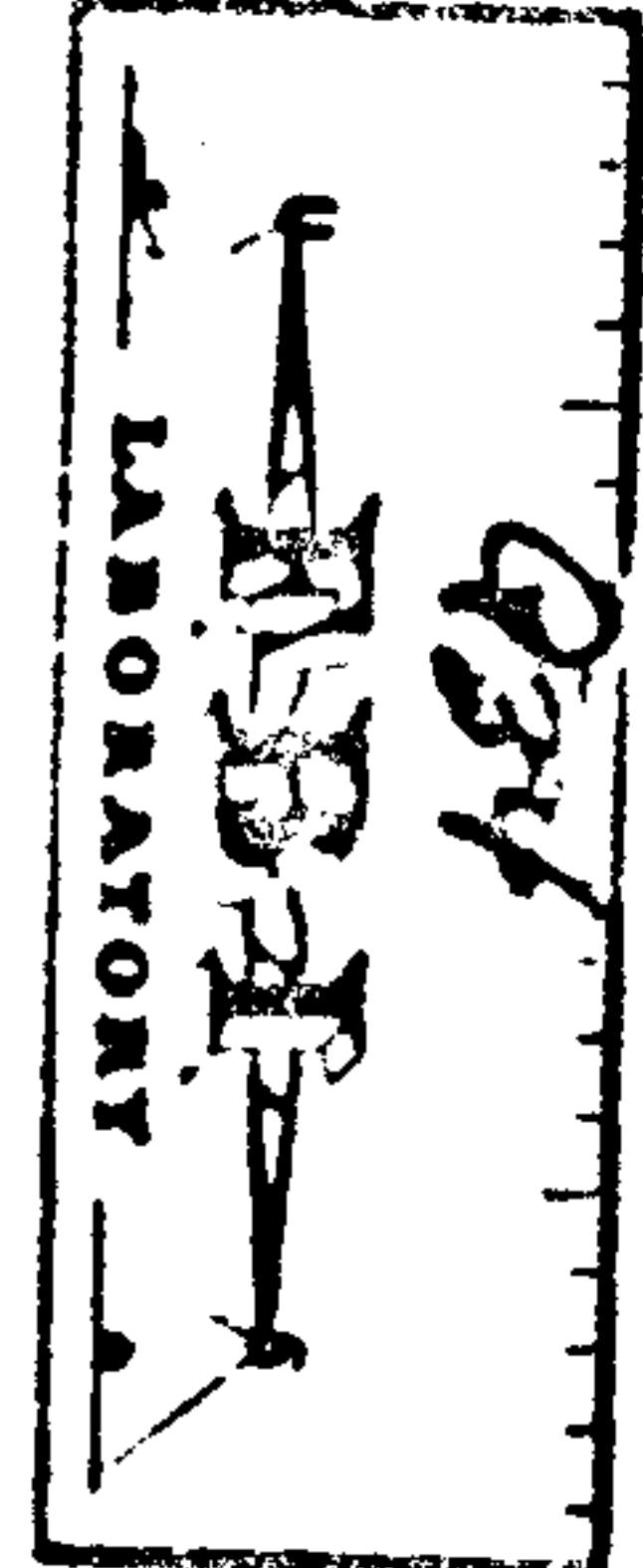
BUSINESS ADDRESS (No., street, and name)
3519 Fairmore St. S. W. 7th

DATE OF APPLICATION

OCT 9, 1962

SIGNATURE OF APPLICANT

K.E.H. PSC LTD



MANUFACTURERS AND DISTRIBUTORS ASSOCIATION OF CANADA

HP 11-22-63

FOR POST OFFICE USE ONLY	POS # H. B. WILSON	DATE BOX OPENED	DATE BOX CLOSING	BOX NO.
		OCT 9 - 1962	MAY 14 1963	2915

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 H. Wilson /d

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

KIND OF BUSINESS

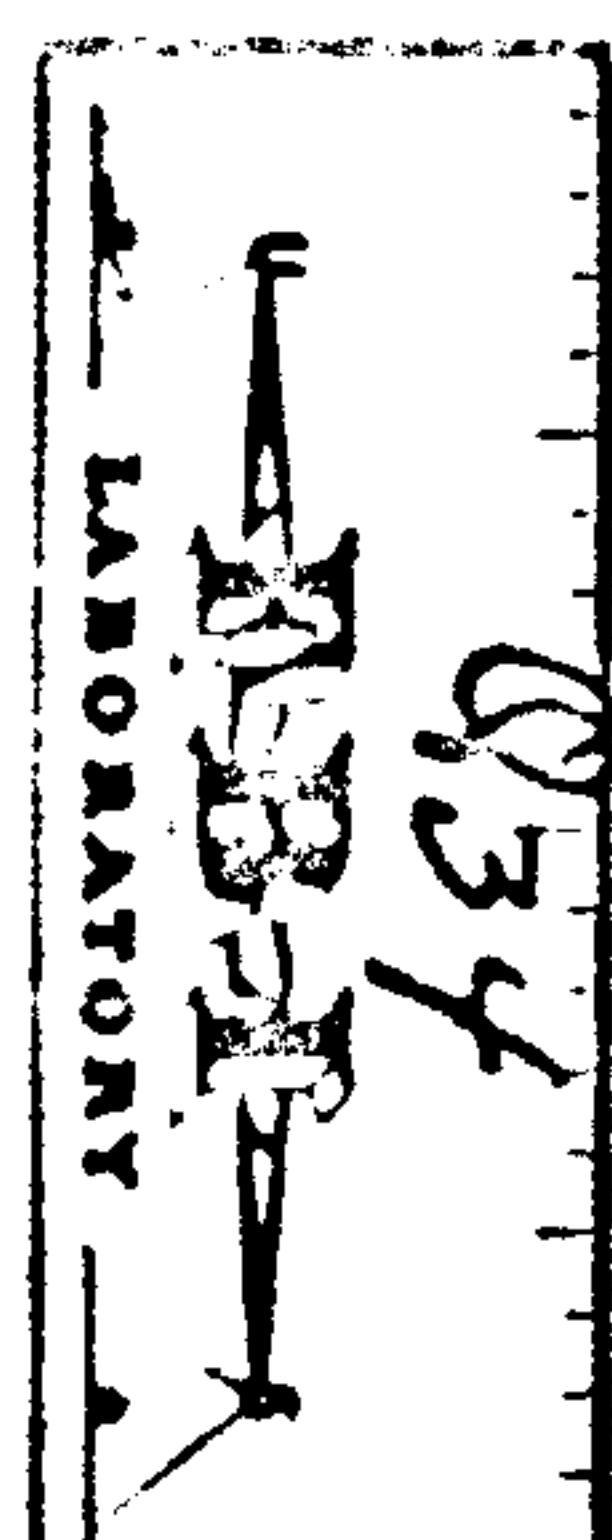
BUSINESS ADDRESS (No., street, and name)

HOME ADDRESS (No., street, and name)

3519 Experiment Rd. at 10th Street
SIGNATURE OF APPLICANT
X Lee H. Wilson /d

DATE OF APPLICATION

OCT 9 1962



— LABORATORY —

11-22-63

Received 11/26/63
DAS

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

LAB FILE

Laboratory Work Sheet

Re: ASSASSINATION OF
PRESIDENT JOHN F. KENNEDY, 11/22/63,
DALLAS, TEXAS

File # D-436563 AX
Lab. #

Examination requested by: Washington Field Office (personally delivered
11/23/63)

Examination requested: Document

Date received: 11/23/63

Result of Examination:

Examination by: CADIGAN

Specimens submitted for examination

Kc31 Photographic negatives of various documents obtained from
State Department and bearing known handwriting of
LEW H. OSWALD

I pt made of
each b/f 7mp.

7028