

EMPLOYEE IDENTIFICATION/QUESTIONNAIRE

Terminated 4-6-63

DATE EMPLOYED *Oct 12, 1962*

LEE HARVEY OSWALD

NAME IN FULL (First, Middle, Last)

*602 ELSBETH ST
3519 - FAIRBANKS*

PRESENT ADDRESS

PO BOX 2915

PERMANENT HOME ADDRESS

SAME

DATE OF BIRTH

OCT 18, 1939

SOCIAL SECURITY NO.

433-54-3739

PHONE NO.

LA 10692

RACE

W

HEIGHT

5'9"

WEIGHT

150

NO. OF DEPENDENTS

3

SINGLE

MARRIED

FEMALE

MALE

WIFE OR HUSBAND'S FULL NAME

MARINA N. OSWALD WIFE

IN CASE OF ACCIDENT NOTIFY -

wife

PHONE NO.

LA - 10692

DO YOU HAVE ANY OF THE FOLLOWING AILMENTS? *NO*

Tuberculosis

Back injury

High Blood Pressure

Heart Disease

Kidney trouble

Illness due to chemicals

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY? Yes No

Commission Exhibit No. 427

Signed

Lee Oswald

(D-11)