

For Post Office Use Only  
 ENTERED IN DIRECTORY

INITIALS OF CLAIMANT *RJ* INITIALS OF CARRIER *30061*

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

ALL INFORMATION IS ACCORDANCE WITH THE STAMP CASTING BOARD

TO BE DELIVERED TO THE CLAIMANT'S HOME  ALL DELIVERY SPECIAL DELIVERY IN BOX  ONLY MAIL NOTICED TO BE A BOX PLACED IN ALL OTHER MAIL TO BE DELIVERED AS APPLICABLE

OTHER DELIVERIES (Explain)

SPECIAL DELIVERY MAIL ONLY (Deliver to claimant's home)

DELIVER TO LOCAL RESIDENCE AT (No. street and name) (No. street and name)

DATE OF DELIVERY (Month, Day, Year) (If box is opened as a first, include the full name of each of the checkers & how mail is to be delivered on this)

*A.J. HIDEK ↓↓↓↓*  
*→ MARINA OSWALD ↑↑↑↑*

I HAVE READ ITEMS 1 THROUGH 5 ABOVE AND AGREE TO THE TERMS AND CONDITIONS THEREOF (Signature of Applicant) *X H Oswald*

POST OFFICE 1093 AP1 ACTION FOR POST OFFICE BOX

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DATE BOX OPENED *6-3-63* DATE BOX CLOSED *9-26-63* BOX NO. *30061*

APPLICANT PLEASE NOTE: Completion of this application is for your use only and is subject to the terms and conditions of the Postal Service.

NAME OF APPLICANT (Print or type) *H Oswald*

NAME OF FIRM OR ORGANIZATION (If box is opened for use of firm)

NAME OF BUSINESS

ADDRESS (No. street and name)

PHONE NUMBER (No. street and name)

FROM ADDRESS (No. street and name) *477 South St. New Orleans*

SIGNATURE OF APPLICANT *X H Oswald* DATE OF APPLICATION *2-3*

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