

EMPLOYEE IDENTIFICATION/QUESTIONNAIRE

~~Not~~ Terminated 4-6-63

DATE EMPLOYED Oct 12, 1962

LEE HARVEY OSWALD

NAME IN FULL (First, Middle, Last) 602 ELSBETH ST  
3519 FAIRMOUNT SOCIAL SECURITY NO. 433-54-3739

PRESENT ADDRESS PO BOX 2915 PHONE NO. LA 10692

PERMANENT HOME ADDRESS SAME DATE OF BIRTH Oct. 18, 1939 RACE W

SINGLE  MARRIED  FEMALE  MALE HEIGHT 5-9 WEIGHT 150 NO. OF DEPENDENTS 3

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

*L. H. Oswald*  
(D-N)