

LEAVE THIS SPACE BLANK

DECEASED

TYPE OF PRINT

LAST NAME

FIRST NAME

SEX **M** RACE **W**

HT. (INCHES) **69 1/2** WT. **131**

OSWALD, LEE HARVEY

HAIR **Brn** EYES **Blue**

CONTRIBUTOR AND ADDRESS

ALIASES

DATE OF BIRTH **10-18-39**

PLACE OF BIRTH **New Orleans, La.**

CHIEF OF POLICE DEPARTMENT DALLAS, TEXAS

SIGNATURE OF PERSON FINGERPRINTED

Refused to sign

YOUR NUMBER

LEAVE THIS SPACE BLANK

54018

CLASS

SCARS AND MARKS

AMPUTATION

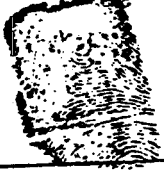
PLACE FBI NUMBER HERE

4

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

DATE **11-25-63**

CHECK IF NO REPLY IS DESIRED



R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



179-29-55

LEFT THUMB

RIGHT THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



420-702
11-29-63

COMMISSION EXHIBIT

645