

(PLEASE TYPE OR PRINT)

DEPARTMENT OF STATE
FORM APPROVED
BUREAU OF PASSPORTS
PASSPORT APPLICATION

(Before Completing this Application, Read Information for Passport Applicants on Page 4)

(Passport Office Use Only)

PART I - TO BE COMPLETED BY ALL APPLICANTS

(Last name) (Middle name) (First name)
LEE HARVEY Oswald

of the United States, do hereby apply to the Department of State for a passport.

MAIL PASSPORT TO
STREET **P.O. BOX 30061**
CITY **NEW ORLEANS** STATE **LA.**

IN CARE OF IF NECESSARY:
DATE OF BIRTH (Month, day, year) **OCT. 18, 1939** PLACE OF BIRTH **NEW ORLEANS, LA.**

HEIGHT **5 FT. 11 IN.** HAIR **BR.** EYES **GRAY** APPROXIMATE DATE OF DEPARTURE **OCT-JAN**

VISIBLE DISTINGUISHING MARKS **NONE** OCCUPATION **Photographer**

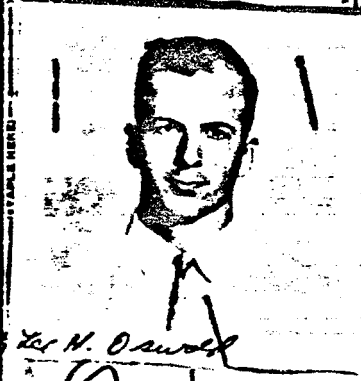
BY PERMANENT RESIDENCE (Street address, City, State) (If same as in mailing block, write "Same") **757 FRENCH ST. NEW ORLEANS, LA.** COUNTY OF RESIDENCE **USA**

PERSONS TO BE INCLUDED IN PASSPORT
This section to be completed only if wife or husband is to be included in applicant's passport (Include photographic likenesses in group photo)
WIFE'S (HUSBAND'S) FULL LEGAL NAME

WIFE'S (HUSBAND'S) LAST U. S. PASSPORT WAS OBTAINED FROM
LOCATION OF ISSUING OFFICE DATE OF ISSUANCE NUMBER
 SUBMITTED FOR CANCELLATION
 OTHER DISPOSITION (STATE)

This section to be completed only if children are to be included in applicant's passport (Include photographic likenesses in group photo)
NAME IN FULL PLACE OF BIRTH (City, State) DATE OF BIRTH RESIDED IN THE U. S. FROM TO

STAPLE ONE PHOTO BELOW DO NOT MAR FACE
HAVE YOU PREVIOUSLY APPLIED FOR A U. S. PASSPORT? (If answer is "Yes", staple box below)
 YES NO



Lee H. Oswald
EXEC. | POST.

LAST U. S. PASSPORT WAS OBTAINED FROM (Place: If included in another's passport, state same)
LOCATION OF ISSUING OFFICE **LOS ANGELES, CALIF.** DATE OF ISSUANCE **SEPT 10, 1962**
NUMBER: **1733242-C&A-7**
 SUBMITTED FOR CANCELLATION
 OTHER DISPOSITION (STATE)

JUN-24-63 600004 LT ACCEPT 9.00
(Passport Office Use Only)

JUN-24-63 600004 LT ACCEXN 1.00

09252F
PASSPORT ISSUED
JUN 25 '63
DEPARTMENT OF STATE
NEW ORLEANS, LA.

LAST NAME
FIRST NAME
MIDDLE NAME

FORM 8-59 807-71

(OVER - YOU MUST COMPLETE PAGE 2)

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D-3

FATHER'S NAME ROBERT LEE OSWALD	FATHER'S PLACE OF BIRTH NEW ORLEANS, LA	FATHER'S DATE OF BIRTH 1895	<input checked="" type="checkbox"/> U. S. CITIZEN <input type="checkbox"/> NOT U. S. CITIZEN
MOTHER'S MAIDEN NAME MARGARET CLAVIER	MOTHER'S PLACE OF BIRTH NEW ORLEANS, LA	MOTHER'S DATE OF BIRTH 1907	<input type="checkbox"/> U. S. CITIZEN <input type="checkbox"/> NOT U. S. CITIZEN
<input type="checkbox"/> I WAS NEVER MARRIED <input checked="" type="checkbox"/> I WAS LAST MARRIED ON APRIL 31 1961		TO (Full legal name - complete whether widowed or divorced) MARINA PROSSAKIANA	
WHERE I WAS BORN AT ARKHANGLES, USSR		ON (Date of birth) JULY 17, 1941	
<input type="checkbox"/> WHO IS A U. S. CITIZEN <input type="checkbox"/> WHO IS NOT A U. S. CITIZEN		<input checked="" type="checkbox"/> MARRIAGE NOT TERMINATED <input type="checkbox"/> MARRIAGE TERMINATED BY (DEATH) (DIVORCE) ON	
<input checked="" type="checkbox"/> I WAS NEVER PREVIOUSLY MARRIED <input type="checkbox"/> I WAS PREVIOUSLY MARRIED ON		TO (Full legal name)	
WHO WAS BORN AT		ON (Date of birth)	
<input type="checkbox"/> FORMER HUSBAND OR WIFE WAS U. S. CITIZEN <input type="checkbox"/> FORMER HUSBAND OR WIFE WAS NOT U. S. CITIZEN		PREVIOUS MARRIAGE TERMINATED BY (DEATH) (DIVORCE) ON	

PROPOSED TRAVEL PLANS		PURPOSE OF TRIP	LIST EACH COUNTRY TO BE VISITED
TRAVELER BY ORGANIZED TOUR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOURIST	HUNGARY FRANCE GERMANY HOLLAND USSR FINLAND ITALY POLAND
PORT OF DEPARTURE NEW ORLEANS	APPROXIMATE DATE OF DEPARTURE OCT-DEC 1963	NUMBER OF PREVIOUS TRIPS ABROAD WITHIN LAST 12 MONTHS	PROPOSED LENGTH OF STAY 3 MONS - 1 YR.
NAME OF SHIP OR AIRLINE LYCOS LINE	PLEASE INDICATE WHETHER YOU EXPECT TO TAKE ANOTHER TRIP ABROAD <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS		
MEANS OF TRANSPORTATION SHIP <input checked="" type="checkbox"/> AIR <input type="checkbox"/> OTHER <input type="checkbox"/>			

IN THE EVENT OF DEATH OR ACCIDENT NOTIFY

NAME IN FULL: **LILIAN MURPHY** RELATIONSHIP: **AUNT** STREET ADDRESS, CITY, STATE: **757 FRENCH ST. NEW ORLEANS, LA**

I have not (nor do I know of any other persons to be included in the passport has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; voted in a political election in a foreign state or participated in an election or plebiscite to determine the sovereignty over foreign territory; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; ever sought or claimed the benefits of the nationality of any foreign state; been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States; or departed from or remained outside of the jurisdiction of the United States for the purpose of evading or avoiding training and service in the military, air or naval forces of the United States, and I am not and have not been at any time during the period of 12 full calendar months preceding the date of this application (and no other persons to be included in the passport is or has been at any time during the said period) a member of any organization registered or required to register as a Communist organization under Section 7 of the Subversive Activities Control Act of 1950, as amended. (50 U.S.C. 780)

If any of the above-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person to be included in the passport, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.

I solemnly swear (or affirm) that the statements made on all the pages of this application are true and that the photograph attached is a likeness of me and of those persons to be included in the passport.

OATH OF ALLEGIANCE

Father, I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without any mental reservation, or purpose of evasion; So help me God.

Leo H. Oswald
(To be signed by Applicant in presence of a Clerk of Court or Passport Agent)

Subscribed and sworn to before me this day of , 1963

(SEAL OF COURT) **JUN 24 1963** Court at **NEW ORLEANS, LOUISIANA**

• See paragraph 6 of instructions

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