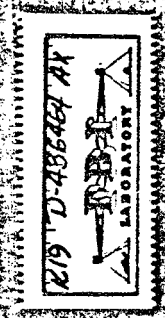


405

|  |  |   |  |                                |  |        |  |
|--|--|---|--|--------------------------------|--|--------|--|
| 1. NAME IN FULL<br><b>ONWALD</b>   |  | Last  |  | First                          |  | Middle |  |
| 2. PLACE OF BIRTH<br><b>3124 West 5th St.<br/>Fort Worth</b>   |  | City, Town, or Village                        |  | Street and Number or RFD Route |  | State  |  |
| 3. DATE OF BIRTH<br><b>Oct 10, 1939</b>  |  | Date  |  | County                         |  | State  |  |
| 4. MARITAL STATUS (If different from place of residence)<br><b>Married</b>   |  | Status  |  | Street and Number or RFD Route |  | State  |  |
| 5. NAME AND ADDRESS OF PERSON WHO WILL NOTIFY YOU OF YOUR SERVICE<br><b>Robert Onwald, 1313 Davenport St., Ft. Worth (brother)</b> |  | Name  |  | Address                        |  | State  |  |
| 6. OCCUPATION<br><b>Unemployed</b>   |  | Occupation                                    |  | Employer                       |  | State  |  |
| 7. TYPE OF EMPLOYMENT OR BUSINESS<br><b>Unemployed</b>   |  | Type of Employment or Business                |  | Employer                       |  | State  |  |
| 8. PLACE OF EMPLOYMENT OR BUSINESS   |  | Place of Employment or Business               |  | Employer                       |  | State  |  |
| 9. FORM APPROVED<br>Budget Form No. 31-80997   |  | Form Approved                                 |  | Budget Form No. 31-80997       |  | Date   |  |
| 10. SELECTIVE SERVICE SYSTEM<br>REGISTRATION CARD  |  | SELECTIVE SERVICE SYSTEM<br>REGISTRATION CARD |  | Form No. 1 (Revised 6-11-58)   |  | (over) |  |



DATE 11/26/63  
N 2010  
JUSTICE  
DATA

D-18

Form 4-53-1

11. Active duty in the Armed Forces of the United States or a component thereof since Sep. 16, 1949:

|                                   |               |                    |
|-----------------------------------|---------------|--------------------|
| BRANCH OF ARMED FORCES OR SERVICE | DATE OF ENTRY | DATE OF SEPARATION |
| USMC                              | 21 Oct 56     | 11 Sep 59          |

12. Present membership in a reserve component of the Armed Forces:

|                        |               |       |
|------------------------|---------------|-------|
| BRANCH OF ARMED FORCES | DATE OF ENTRY | GRADE |
| USMC                   | 11 Sep 59     | Pfc   |

ORGANIZATION: 1st Marine Division  
Olethium, III  
X See H. Royal  
*(Signature of registrant)*

13. Color of eyes Blue..... Color of hair Brown..... Complexion Med..... Height (approx.) 5.11 m.  
 Weight (approx.) 150..... Other obvious physical characteristics that will aid in identification: .....

.....None.....  
 I hereby certify that the person registered has read, and is familiar with, the instructions on this form and that all the answers of which I have knowledge are true, except as follows:  
 .....None to my knowledge.....

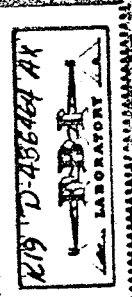
.....Sep. 14, 1959.....  
 (Date of registration)

Register for Local Board 111  
 (Number)

Fort Worth  
 (City or county)

Reginald Henderson  
 (Signature of registrant)

LABORATORY



Date 11/26/63  
 FBI JUSTICE

D-12

ICM 7010  
 11/26/63  
 JUSTICE  
 7334

11-114 114

N.K.

LEGEND: insert N/A to the blanks below which are not applicable.

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 1. LAST NAME - FIRST NAME - MIDDLE NAME<br><b>OSWALD, Lee Harvey</b>  |  | 2. SERVICE NUMBER<br><b>243230</b>  |  | 3. BRANCH, DATE OF BRANCH<br><b>FFC (A-2)</b>   |  | 4. DATE OF BIRTH (Day, Month, Year)<br><b>10/29</b>        |  |
| 5. DEPARTMENT, COMPONENT AND BRANCH OR CODE<br><b>616</b>   |  | 6. PLACE OF BIRTH (City and State or Country)<br><b>New Orleans, Louisiana</b>                        |  | 7. DATE OF BIRTH  |  | 8. MENTAL STATUS<br><b>Single</b>                          |  |
| 9. RACE<br><b>Caucasian</b>   |  | 10. SEX<br><b>Male</b>  |  | 11. COLOR HAIR<br><b>Brown</b>  |  | 12. COLOR EYES<br><b>Blue</b>                              |  |
| 13. HIGHEST CIVILIAN EDUCATION LEVEL<br><b>High School - 1</b>  |  | 14. GRADE COURSE OR FIELD<br><b>Academic</b>  |  | 15. HEIGHT<br><b>71"</b>  |  | 16. WEIGHT<br><b>150</b>                                   |  |
| 17. TYPE OF TRANSFER OR ASSIGNMENT<br><b>Transfer to Marine Corps Reserve</b>   |  | 18. STA. NO. OF INSTALLATION AT WHICH EFFECTED<br><b>2432, MCRS, El Paso, (Santa Ana), California</b> |  | 19. EFFECTIVE DATE<br><b>11</b>   |  | 20. MONTH<br><b>Sep</b>                                    |  |
| 21. REASON AND AUTHORITY<br><b>1950-23 &amp; CG 11401's 5th Ed of 11-1-59</b>   |  | 22. TYPE OF CERTIFICATE<br><b>REGULAR</b>   |  | 23. DATE OF ENTRY<br><b>24</b>  |  | 24. MONTH<br><b>Oct</b>                                    |  |
| 25. LAST DUTY ASSIGNMENT AND GRADE<br><b>MSGT, MCRS, El Paso (Santa Ana), California</b>  |  | 26. CHARACTER OF SERVICE<br><b>HONORABLE</b>  |  | 27. DATE OF ENTRY<br><b>24</b>  |  | 28. MONTH<br><b>Oct</b>                                    |  |
| 29. SELECTIVE SERVICE NUMBER<br><b>N/A</b>  |  | 30. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE<br><b>N/A</b>                        |  | 31. DATE REJECTED<br><b>N/A</b>   |  | 32. MONTH<br><b>N/A</b>                                    |  |
| 33. EXTRACT OF AREA COMMAND TO WHICH REASSIGNED<br><b>MARINE Btl, Camp Pendleton, Illinois</b>  |  | 34. FEDERAL DATE OF RESERVE CALLIATION<br><b>8</b>  |  | 35. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION<br><input type="checkbox"/> EXISTED (From Resumption) <input type="checkbox"/> EXISTED (From Service) <input type="checkbox"/> UNEXISTED |  | 36. DATE OF ENTRY<br><b>24</b>                             |  |
| 37. MONTH<br><b>Dec</b>   |  | 38. YEAR<br><b>62</b>   |  | 39. YEAR OF SERVICE (Years)<br><b>3</b>   |  | 40. MONTH<br><b>Oct</b>                                    |  |
| 41. PRIOR REGULAR OBLIGATIONS<br><b>None</b>  |  | 42. GRADE, DATE OF RISE AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE<br><b>MSGT</b>                   |  | 43. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)<br><b>Dallas, Texas</b>   |  | 44. STATEMENT OF SERVICE                                   |  |
| 45. POINT OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, City, State and Zip)<br><b>434 Columbia Street, Fort Worth, Texas</b> |  | 46. STATEMENT OF SERVICE  |  | 47. STATEMENT OF SERVICE  |  | 48. STATEMENT OF SERVICE                                   |  |
| 49. OCCASIONAL EMPLOYMENT AND TITLE<br><b>Operator</b>  |  | 50. RELATED CIVILIAN OCCUPATION AND TITLE<br><b>Radio Operator</b>                                    |  | 51. TOTAL ACTIVE SERVICE<br><b>3</b>  |  | 52. FOREIGN ARMED OR SEA SERVICE<br><b>None</b>            |  |
| 53. FEDERAL, STATE, LOCAL, COOPERATIONS, CITATIONS AND CAMPAIGN MEDALS AWARDED OR AUTHORIZED<br><b>None</b>                             |  | 54. MEDALS AWARDED AS A RESULT OF ACTIVE DUTY SERVICE (From and Date of Issuance)<br><b>None</b>      |  | 55. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSE AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED<br><b>None</b>  |  | 56. OTHER SERVICE TRAINING<br><b>None</b>                  |  |
| 57. GOVERNMENT LIFE INSURANCE IN FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                           |  | 58. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify Type)<br><b>None</b>                                  |  | 59. VA CLAIM NUMBER<br><b>VI</b>  |  | 60. VA CLAIM STATUS<br><b>C</b>                            |  |
| 61. EXCHANGE<br><b>None</b>   |  | 62. PERMANENT ADDRESS FOR MAILING PURPOSES<br><b>Fort Worth, Texas</b>                                |  | 63. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br><b>Lee Harvey Oswald</b>   |  | 64. QUANTITY OF OFFICER AUTHORIZED TO SIGN<br><b>Wagon</b> |  |

K20 D-436464-AX

DERAL

D-15

# APPLICATION FOR EMPLOYMENT

Date JULY 13, 1962  
 Name (Last Name First) OSWALD Age 22 Born: Mo. Oct Day 16 Year 1939  
 Address 1501 7th St. Telephone PE-23245 Soc. Sec. No. 483543007  
 How long have you lived at this address? \_\_\_\_\_ Birthplace NEW ORLEANS Citizen? YES  
 Male  Female \_\_\_\_\_ Weight 150 Height 5'9" Any serious illness? none  
 Single \_\_\_\_\_ Married  Other \_\_\_\_\_ No. Children 1 Age 5 months  
 Other Dependents WIFE Explain \_\_\_\_\_  
 What kind of work are you applying for? SHOET METAL  
 What special qualifications do you have? 2 1/2 years EXPERIENCE  
 What office machines can you operate? none  
 Who referred you to us? TEXAS STATE EM.  
 Do you have any relatives working for this Company? NO

## MILITARY SERVICE RECORD

Have you served in the Armed Forces? YES From 1956 To 1962  
 Branch of Service USMC Duties SHOET METAL & MILK  
 Rank or rating at time of enlistment PAV. Rating at time of discharge Sgt.  
 Type of discharge HONORABLE Any disability? NO

## EDUCATION

| SCHOOL  | DATE |      | NAME OF SCHOOL | CITY        | COURSE | DID YOU GRADUATE |
|---------|------|------|----------------|-------------|--------|------------------|
|         | FROM | TO   |                |             |        |                  |
| GRAMMAR | 1950 | 1953 | RIGLER HIG     | F.W.        | GEN    |                  |
| HIGH    | 1953 | 1956 | JACKSON H.S.   | NEW ORLEANS | GEN    |                  |
| COLLEGE |      |      |                |             |        |                  |
| OTHER   |      |      |                |             |        |                  |

## EXPERIENCE (ENTER LAST JOB FIRST)

| NAME AND ADDRESS OF COMPANY       | DATE |    | LIST YOUR DUTIES   | STARTING SALARY | FINAL SALARY | REASON FOR LEAVING |
|-----------------------------------|------|----|--|-----------------|--------------|--------------------|
|                                   | FROM | TO |  |                 |              |                    |
| <u>ACTIVE DUTY</u><br><u>USMC</u> |      |    | <u>MILITARY</u><br><u>AND SHOET</u><br><u>METAL</u><br><u>WORKER</u> |                 |              |                    |
|                                   |      |    |  |                 |              |                    |
|                                   |      |    |  |                 |              |                    |
|                                   |      |    |  |                 |              |                    |
|                                   |      |    |  |                 |              |                    |

## REFERENCES (NOT RELATIVES)

| NAME                 | ADDRESS                   | OCCUPATION                      |
|----------------------|---------------------------|---------------------------------|
| <u>PETER GREGORY</u> | <u>CONTIN. LIFE Bldg.</u> | <u>CONSULTANT oil &amp; GAS</u> |
| <u>ROBERT OSWALD</u> | <u>ACME BRICK CO</u>      | <u>JUN. EX.</u>                 |

Leslie Welding Co.  
210 N. EAST Street St.  
Fort Worth, Texas  
To Tom Yates - Treasurer

Dear Sir;

This is to explain that I have moved permanently to Dallas, Texas, where I have found other employment.

I ask that my check for work performed during the week Oct. 1-8 be forwarded to me now, and the other check coming to me from my first week of work be forwarded as soon as possible.

I further request that my name be withdrawn from those whom you presently employ.

Very respectfully;  
Lee H. Oswald

LEE H. OSWALD  
Box 2915  
Dallas,  
Texas

D-15

PLEASE FILL OUT APPLICATION BLANK COMPLETELY.....

NAME Oswald LEE H. STREET & NUMBER 2515 W. 5th St. TOWN Dallas  
LAST NAME FIRST

PHONE NO. 431628 SOCIAL SECURITY NO. 433-54387 AGE 23 WEIGHT 150 HEIGHT 5'9"

PLACE OF BIRTH New Orleans, La. HOW LONG LIVED IN DALLAS continuously

FINISHED WHAT GRADE IN SCHOOL 11th NAME SCHOOL Arlington Heights High Sch. Dallas

DID YOU ATTEND COLLEGE no HOW LONG \_\_\_\_\_ NAME COLLEGE \_\_\_\_\_

RACE C MARRIED () OR SINGLE ( ) HOW MANY DEPENDENTS 2 dependents

WHERE DID YOU LAST WORK U.S.M.C. (three years) NATURE OF WORK air-wing

REASON FOR LEAVING LAST JOB Honorable discharge

HOW LONG DID YOU WORK ON YOUR LAST JOB three years

WHERE IS YOUR FATHER EMPLOYED Dead NATURE OF WORK \_\_\_\_\_

IS YOUR MOTHER EMPLOYED yes NATURE OF WORK Practical nurse

MEMBER OF ORGANIZATIONS: \_\_\_\_\_ CHURCH \_\_\_\_\_ LODGE \_\_\_\_\_ VETERAN \_\_\_\_\_

HAVE YOU ANY PHYSICAL DEFECTS (ANSWER YES OR NO) IF ANSWER IS YES STATE WHAT THEY ARE:  
no

DO YOU ROOM AND BOARD no DO YOU LIVE WITH PARENTS no

SHOULD YOU LIKE TO MENTION SOME OF YOUR SPECIAL ABILITIES YOU WOULD LIKE COMPANY TO KNOW IN CONSIDERING YOUR APPLICATION USE THE THREE LINES BELOW.

Clerical (accounting) work in military service,  
experienced with Dicto, adding and some typing  
machine and filing system.

DATE OF APPLICATION  
Oct. 15, 1963

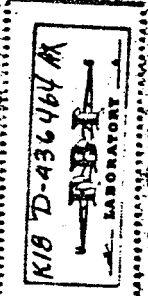
[Signature]  
SIGNATURE OF APPLICANT



H. S. Aiken

11/2/67

|   |   |
|---|---|
| <b>NAME</b><br>OSWALD, LEE<br>EFFECTIVE DATE<br>MAY 12, 63                                  |   |
| <b>OLD ADDRESS</b><br>P.O. BOX 2915<br>DALLAS TEXAS<br>CITY, STATE, AND ZIP<br>75208        | HOUR, NO. AND STREET, APT. NO., OR BOX OR R.F.D. NO. (In case of)<br>MAY 14 1963                        |
| <b>NEW ADDRESS</b><br>4907 MAGAZINE ST.<br>NEW ORLEANS LA.<br>CITY, STATE, AND ZIP<br>70114 | HOUR, NO. AND STREET, APT. NO., OR BOX OR R.F.D. NO. (In case of)<br>(If signed on signal, include ZIP) |
| <b>COMPLETION HERE</b><br>Lee H. Harvey   |   |



Date 11/26/63  
 2010 Div Justice

D-18



**CHANGE OF ADDRESS ORDER**  
 MAIL OR DELIVER TO THE ABOVE ADDRESS  
 THIS ORDER PROVIDES FOR THE RETURN OF THE ORIGINAL OF FIRST-CLASS MAIL. IT ALSO PROVIDES FOR THE RETURN OF THE ORIGINAL OF ALL PARCELS OF LESS THAN \$100 VALUE, UNLESS YOU ON THE BACK OF THIS ORDER, WRITE:

FOR THE RETURN OF THE ORIGINAL OF ALL PARCELS OF LESS THAN \$100 VALUE, UNLESS YOU ON THE BACK OF THIS ORDER, WRITE:

NEWSPAPERS AND MAGAZINES  
 TIME PAPER  
 INDIVIDUAL BOOKS ONLY  
 PERMANENT  
 TEMPORARY (UNTIL LOVE DAILY)

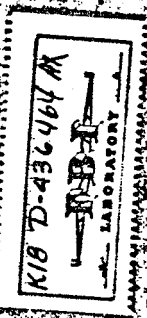
RECOMMENDATION OF CLASS OF CLASS:  AIR SERVICE

FOR FORM 3172, July 1961



**DALLAS, TEXAS**

COMPLETE OTHER SIDE



11/26/63

D-18