

LEAVE THIS SPACE BLANK		DECEASED		TYPE OF PRINT	
DECEASED		LAST NAME		FIRST NAME	
		OSWALD		LEE HARVEY	
SIGNATURE OF PERSON FINGERPRINTED		CONTRIBUTOR AND ADDRESS		ALIAS	
Refused to sign		CHIEF POLICE DEPARTMENT DALLAS, TEXAS		DATE OF BIRTH	
				10-18-39	
SCARS AND MARKS		AMPUTATION		PLACE OF BIRTH	
				New Orleans, La.	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		DATE		FOIA NUMBER	
		11-25-63		54018	
				PLACE FBI NUMBER HERE	
				LEAVE THIS SPACE BLANK	
				CLASS	
				REF	
				<input type="checkbox"/> CHECK IF NO REPLY IS DESIRED	
				3. RIGHT LITTLE	
				10. LEFT LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		LEFT THUMB		RIGHT THUMB	
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					

179-27-55

2-127

420 n/c
11-29-63

COMMISSION EXHIBIT

45