

Commission Exhibit No. 635

ARMED FORCES

RACE *W*

SIGNATURE OF PERSON FINGERPRINTED  
**MASTER**

LAST NAME FIRST NAME MIDDLE NAME

SERVICE (no capitals or large drops)

HEIGHT (inches)

PLACE OF ENLISTMENT, APPOINTMENT, ETC.  
*USMC ROAD CAMP TEXAS*

SERVICE NO. *1653200*

PLACE OF BIRTH  
*...*

DATE OF BIRTH  
*18 Oct 21*

DATE OF ENLISTMENT, APPOINTMENT, ETC.  
*24 OCTOBER 1956*

COLOR OF EYES  
*...*

LEAVE THIS SPACE BLANK  
*L-1-D*

SCARS AND MARKS

COLOR OF HAIR  
*...*

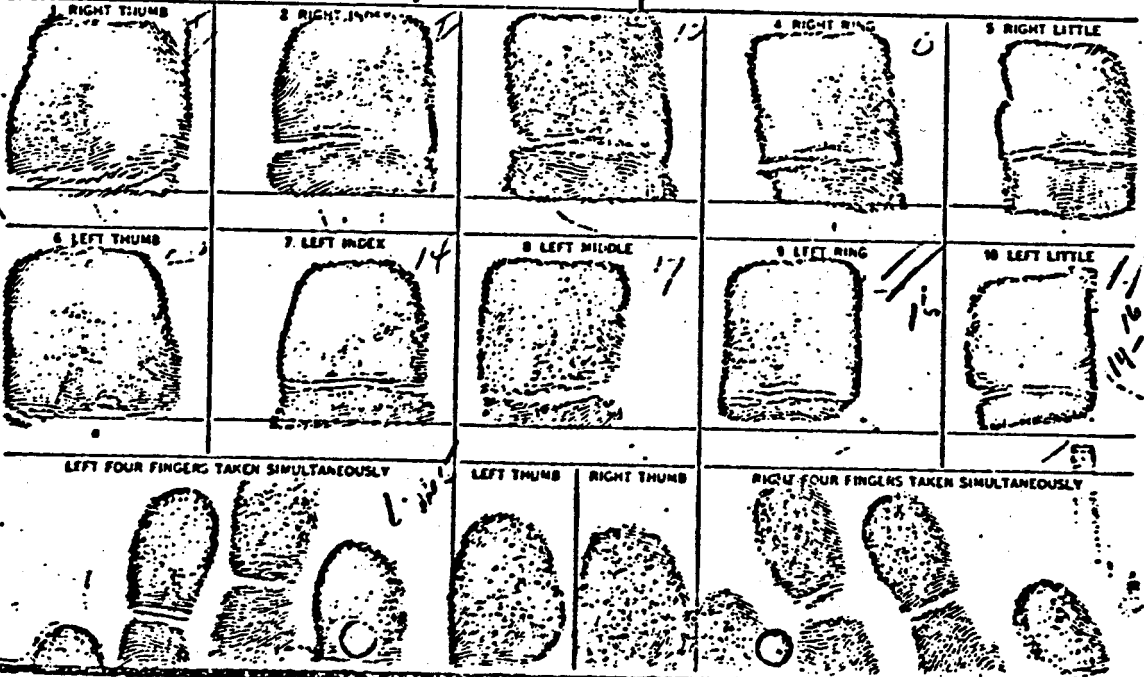
CLASS *KT-11 T-30*  
*L-1 / 500 16*

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS  
*...*

WEIGHT  
*...*

DATE SIGNED BY OFFICIAL TAKING FINGERPRINTS  
*15 October 1956*

SEX  
*...*



TITLE	
<p><i>Quoted info by Reddy, Div. 5, 10-21-59 ph</i></p>	
SIGNATURE _____	
REMARKS _____	
IS APPLICANT MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> WANTED STATUS UNKNOWN <input type="checkbox"/>	
DOES CIVIL CUSTODY EXIST? YES <input type="checkbox"/> NO <input type="checkbox"/> YES - CHECK _____	
IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? YES <input type="checkbox"/> NO <input type="checkbox"/> YES - GIVE DETAILS _____	
HAS APPLICANT A POLICE OR ARMY RECORD (HAS THIS BEEN REPEATED?) YES <input type="checkbox"/> NO <input type="checkbox"/> YES - WHAT WAS THE OFFENSE OR CHARGE, DISPOSITION, AND SENTENCE? _____	
CITY AND STATE	POLICE RECORD CHECK
DATE	(REPEATING CLAIM)

Return Envelope 1951 51 90A

I Inclose  
 convenience.  
 requested that the following information be furnished from your files. A return envelope is inclosed for your  
 description are recorded hereon, an applicant for enlistment in the United States. It is  
 and whose fingerprints and personal  
 from  
 who claims to have resided at  
 11 1/2  
 11/1/59

REC'D 652

Dear Sir:

RECORDED  
 OCT 29 1956  
 IDENT DIV. 32

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