

U.S. DEPARTMENT OF JUSTICE

Identity Verification

In accordance with 28 CFR 16.41, the information on this form is required for all individuals submitting requests by mail under the Privacy Act, P.L. 93-579. This information will be used to verify the applicant's identity and to identify records available to him/her. Failure to furnish this information will result in a denial of the request. False information on this form subjects the requester to criminal penalties.

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U.S. DEPARTMENT
OF JUSTICE

NOV 10 10 05 AM '77
IDENTIFICATION
ACT
DIVISION

FULL NAME OF REQUESTER Harold Weisberg
CURRENT ADDRESS Rt 12 Frederick, Md. 21701
DATE OF BIRTH 4/11/13
PLACE OF BIRTH Phila., Pa
EMPLOYEE IDENTIFICATION NO. (If applicable) S.S. 577-36-7290
SIGNATURE [Signature]

DOCKETED - K. R.

Please attach a photocopy of an identifying document (such as a passport, identification badge, drivers license, etc.) OR complete the form below.

I certify that I am the person named above and I understand the law under the Privacy Act or both.

[Signature]
day of

CLASS D 04/14/75 DUP 1
H-216-228-018-2750 04/08/77
5-09 182 2 M 04/08/13

[Signature]
HAROLD WEISBERG
RT 12 OLD RECEIVER RD
FREDERICK MD 21701