



UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
WASHINGTON, D.C. 20536

WEISBERG
PLEASE ADDRESS REPLY TO

FOI/PA
AND REFER TO THIS FILE NO.
CO 2.15-C (9609)

November 29, 1979

Mr. Harold Weisberg
Route 12
Frederick, MD 21701

Dear Mr. Weisberg:

Your request for copies of all records maintained by the Department of Justice relating to yourself has been referred to this office.

From the information you have provided, we are unable to identify any record relating to you. It should be noted that the Immigration and Naturalization Service would not ordinarily maintain records on persons who were born in the United States.

If you believe that there may be a record relating to you in a local jurisdiction, you should submit your request to the office serving that area. Your request should include your full name, date of birth, place of birth, and alien or employee number, together with the name(s) of the subsystem(s) of records in which you believe a record relating to you may be found. Department of Justice regulations state that the requester shall describe the nature of the records sought, the approximate dates covered by the record, and any further specification where necessary to retrieve the individual records from the system.

If a record relating to you is found in any Service office, you will be asked to present identification before access will be permitted. To be of most assistance, the Privacy Act Information Request, Form G-657, and the Affidavit of Identity, Form G-652, are enclosed for your use.

If you are denied access to any records relating to you because of the provisions of the Privacy Act or Freedom of Information Act, you will be advised of the procedures available for appeal.

Sincerely,

FOR THE ASSOCIATE COMMISSIONER, MANAGEMENT

Freedom of Information-Privacy Unit

Enclosures

United States Department of Justice
Immigration and Naturalization Service

Affidavit of Identity

I Swear Affirm that I am

_____ residing at
Name

_____ ,
Street City State Zip Code

and that I was born in _____ on _____ .
Country of Birth Date of Birth

I understand willfully false statements on this form can be
punished by fine or imprisonment. (U.S. Code, Title 18, Sec. 1001.)

(Signature)

_____ to wit:

I, _____ in and for the
_____ aforesaid, do hereby certify
that _____ personally ap-
peared before me and then and there executed the above Affidavit
of Identity and acknowledged it to be _____ lawful act and deed.

GIVEN under my hand and official seal, this _____ day of
_____ 19 _____ .

PRIVACY ACT INFORMATION REQUEST

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

(FOR INS INTERNAL USE)

SEE INSTRUCTIONS ON REVERSE

OFFICE SYMBOL _____

False statements subject to criminal penalties. See P.L. 93-579,88 stat. 1902 (5 U.S.C. 552 a (i))

SECTION 1 — REQUESTER AND RECORD IDENTIFICATION

A. COMPLETE NAME OF INDIVIDUAL TO WHOM RECORD PERTAINS (last) (first) (middle)			B. ADDRESS (street/city/zip code)		
C. TELE. NO. (area code)		D. ALIASES		E. DATE AND PLACE OF BIRTH	
F. "A" NO. OR OTHER FILE NO.		G. ACTION REQUESTED <input type="checkbox"/> PERSONAL ACCESS <input type="checkbox"/> AMENDMENT <input type="checkbox"/> COPY <input type="checkbox"/> OTHER (Specify)			
H. LOCATION OF RECORD (office, city, organization)					
I. DESCRIPTION OF RECORD (title, index no., etc.) <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> CITIZENSHIP <input type="checkbox"/> ENTRY/DEPARTURE <input type="checkbox"/> OTHER (SPECIFY)					
DATE & PLACE OF ENTRY INTO U.S.			NAME USED AT TIME OF ENTRY INTO U.S.		
NAME USED ON NATURALIZATION OR CITIZENSHIP CERTIFICATE			CERTIFICATE NO.		DATE ISSUED
LOCATION OF COURT OR IMMIGRATION OFFICE ISSUING CERTIFICATE					
NAME OF REQUESTER OR OTHER INDIVIDUAL IF DIFFERENT FROM INDIVIDUAL TO WHOM RECORD PERTAINS:					
J. NAME (last) (first) (middle)			K. ADDRESS (street/city/zip code)		L. TELE. NO. (area code)
M. AUTHORIZATION (Attach authorization letter, Form G - 28, power of attorney, other authorization document, or complete authorization block below) <input type="checkbox"/> AUTH. LETTER <input type="checkbox"/> G - 28 <input type="checkbox"/> P / A <input type="checkbox"/> OTHER AUT. DOCUMENT					
I AUTHORIZE (Name) TO SEE MY RECORD			(Signature)		
N. SIGNATURE OF REQUESTER			DATE	O. SIGNATURE OF ACCOMPANYING PERSON	

SECTION 2 — AGENCY RESPONSE (ITEMS MARKED "X" APPLY TO YOUR REQUEST)

<input type="checkbox"/> A. THE RECORD YOU REQUESTED IS ATTACHED <input type="checkbox"/> NO FEE <input type="checkbox"/> SUBMIT \$ _____ FEE		<input type="checkbox"/> C. WE NEED ADDITIONAL INFORMATION TO RESPOND TO YOUR REQUEST. PLEASE RETURN THIS REQUEST WITH THE NECESSARY INFORMATION. (See Remarks below)	
<input type="checkbox"/> B. WE HAVE THE RECORD. FOR PERSONAL ACCESS PLEASE CALL OR WRITE THE PERSON WHOSE NAME APPEARS BELOW. FOR A COPY PLEASE SUBMIT \$ _____ FEE		<input type="checkbox"/> D. WE ARE UNABLE TO IDENTIFY ANY RELATING RECORD <input type="checkbox"/> E. THE RECORD YOU REQUESTED IS EXEMPT FROM DISCLOSURE UNDER THE LAW (See Remarks below for specific exemption). ONLY INDIVIDUALS TO WHOM THE RECORD PERTAINS MAY APPEAL DENIAL OF ACCESS (See Instructions on Reverse).	
F. REMARKS			
G. SIGNATURE OF OFFICIAL		H. TITLE OF OFFICIAL	
I. ADDRESS OF OFFICIAL		J. DATE	

SECTION 3 — FOR AGENCY USE ONLY

A. REQUEST RECEIVED BY		DATE	B. IDENTITY ESTABLISHED IN PERSON APPROVED BY		DATE
C. ACTION ASSIGNED TO		DATE	D. RESPONSE DUE DATE		
E. FEE DATA:		DATE			
AMOUNT DUE \$ _____					