

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

PLEASE ADDRESS REPLY TO

AND REFER TO THIS FILE NO.
CO 2.12-C

29 AUG 1977

Mr. Bernard Fensterwald, Esquire
Fensterwald and Ohlhausen
910 Sixteenth Street, N.W.
Washington, D.C. 20006


Dear Mr. Fensterwald:

Further reference is made to our letter to you of June 10, 1977, concerning the Warren Commission documents referred to this Service by the Central Intelligence Agency.

After further consideration, it has been determined that some of the documents previously withheld may be released. We are, therefore, enclosing copies of the two Forms G-135A relating to Lee Harvey Oswald dated December 5, 1961, Marina Oswald's immigrant visa, fingerprints and Form I-90, Application by Lawful Permanent Resident Alien for Alien Registration Receipt Card, Form I-151.

The telegram dated February 8, 1962, and the memorandum dated January 26, 1962, with the recommendation of a Service officer which was not adopted, remain exempt from disclosure under the provisions of 5 U.S.C. 552(b)(5).

Sincerely,


Stanley E. McKinley
Associate Commissioner
Management

Enclosures

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Form I-104 (Rev. 5-22-54)
Field Office - New Orleans

City of New Orleans, Louisiana
Date: December 5, 1959

DIRECTOR, CENTRAL INTELLIGENCE AGENCY
7420 E Street, N.W.,
Washington, D.C.

Attention: DEPUTY DIRECTOR, PLANS

WB

Please furnish any derogatory information that may be contained in your files concerning the following person.

NAME (Surname in CAPS, First, Middle)		DATE OF BIRTH	SEX	COLOR	MARITAL STATUS
OSWALD, Lee Harvey		October 18, 1939	M	W	S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>
ALIASES (Formerly included names or nicknames)		PLACE OF BIRTH (City, State, Country)	PARENTS' NAMES (include present address, if known)		
		New Orleans, La.	Mr. Edward Lee Oswald - deceased Mrs. Marguerite Oswald		
IDENTIFYING MARKS OR SCARS					
HEIGHT	WEIGHT	EYES	HAIR	COMPLEXION	
5'10"	165	Blue	Light Brown		
RESIDENCE LAST FIVE YEARS (Street & No., RFD, etc.)		(City, State and country)	FROM	TO	
Apartment 24, No. 4 Kalina Street		Mitak, Russia New Orleans, Louisiana	1959 Sep 1959 10/24/59	1959 9/12/59	
POOR RESIDENCES, IF AVAILABLE					
EMPLOYMENT LAST FIVE YEARS (Employer's name and address)		OCCUPATION OR PROFESSION	FROM	TO	
Mitsubishi Electric Corp, New Orleans, La. St. Charles Corps		Electrical Technician	1959 Sep 1959 10/24/59	Present 1959 9/11/59	
POOR OCCUPATIONS (Not included in above)					
SPOUSE (Full name & other names used, & present address, if not same as above)		DATE OF BIRTH	PLACE OF BIRTH		
Marina II Oswald		11/15/37	New Orleans, Louisiana		
ORGANIZATIONS (Include any societies, clubs, etc., with which now or previously affiliated)		Unknown			
LAST ADMISSION TO U.S. (Date, port and status)		PRIOR ENTRIES AND DEPARTURES (Date and port of departure, if any, and year when present entry was made)			
IMMIGRATION EMPLOYERS ASSIGNED (Name, address, and date)		IMMIGRATION EMPLOYERS ASSIGNED (Name, address, and date)			
APPLICANT FOR		DEPORTATION PROCEEDINGS	OTHER (Specify)		
<input type="checkbox"/> ADMA TO U.S. <input type="checkbox"/> ADL OF STATUS		<input type="checkbox"/> CONF. PS #	FOR SHIFF OF		Investigation
<input type="checkbox"/> NAT.		<input type="checkbox"/> SPONSOR PS #			

RETURN TO
IMMIGRATION AND NATURALIZATION SERVICE
117 D St., N.E.
Washington 25, D.C.

CENTRAL INTELLIGENCE AGENCY

BY DEC 1959
Assistant Commissioner
Investigation

H.S.D.

Agency Name Check
(Rev. 8-1-60)

"TWX reply via...
Field Office INS requested"

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

District San Antonio, Texas
Sub-Office Dallas, Texas

File No. A12 931 002
Date December 9, 1961

X - outside the United States.

NAME (Surname in CAPS, First, Middle) OSWALD, Lee Harvey				DATE OF BIRTH October 19, 1929	SEX M	COLOR W	MARITAL STATUS S <input type="checkbox"/> M <input checked="" type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>		
ALIASES (Identify maiden names or nicknames)				PLACE OF BIRTH (City, province or state & country) New Orleans, La.					
RESIDENCE LAST FIVE YEARS (Street & No., RFD, etc.) Apartment 24, No. 4 Kalinin Street				PARENTS' NAMES (Include present address, if known) F: Edward Lee Oswald - deceased M: Marguerite Oswald					
HEIGHT 5-10	WEIGHT 145	EYES Blue	HAIR Lt. Brn.	COMPLEXION	IDENTIFYING MARKS OR SCARS				
PRIOR RESIDENCES, IF AVAILABLE 7313 Davenport, Fort Worth, Texas				FROM 1959				TO Present	
EMPLOYMENT LAST FIVE YEARS (Employer's name and address) Minak, Russia Export-Import Firm, New Orleans, La. U. S. Marine Corps				OCCUPATION OR PROFESSION Electrical Technician				FROM 1959 Sep 1959 10/24/59	TO 1959 9/11/59
PRIOR OCCUPATIONS (Not included in above) Student				DATE OF BIRTH 7/27/57				PLACE OF BIRTH (City, province or state & country) U.S.S.R.	
SPOUSE (Full name & other names used, & present address, if not same as above) Marina N. Oswald				ORGANIZATIONS (Include any societies, clubs, etc., with which now or previously affiliated) Unknown					
LAST ADMISSION TO U.S. (Date, port and status)				PRIOR ENTRIES AND DEPARTURES (Dates and ports or if numerous, list years when previously in U.S.)					
PREVIOUS NUMBERS ASSIGNED (Milit. S/N; passport, social security; FBI, etc., identify each) 1653230				PREVIOUS REPORTS FURNISHED BY FBI <input type="checkbox"/> NO <input type="checkbox"/> YES. If yes attach list of reports.					
REASON FOR REQUEST APPLICANT FOR: <input type="checkbox"/> ADM. TO U.S. <input type="checkbox"/> ADJ. OF STATUS <input type="checkbox"/> NATZ. <input type="checkbox"/>		DEPORTATION PROCEEDINGS		<input type="checkbox"/> BENEF. PB #: <input type="checkbox"/> SPONSOR PB #:		OTHER (Specify) Investigation			

DISTRIBUTION: (check appropriate block)

<input checked="" type="checkbox"/> (1) FBI IDENT	<input checked="" type="checkbox"/> (2) FBI DID	<input checked="" type="checkbox"/> (3) CIA	<input type="checkbox"/> MID G-2	<input type="checkbox"/> OSI (USAF)	<input checked="" type="checkbox"/> ONI (USN)	<input type="checkbox"/> (5) WFO	<input type="checkbox"/> (6) CHIEF INV SEC	<input checked="" type="checkbox"/> (7) <i>Marine Corps</i>
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(4)
FILE COPY

UNITED STATES OF AMERICA
IMMIGRANT VISA AND ALIEN REGISTRATION

1229544

OFF: (Family name) (First name) (Middle name)
OSWALD, Marina Nikolaevna

PORT OF

ACTION OF SPECIAL INQUIRY OFFICER

I certify that the immigrant named herein arrived at the United States at this port on the MAASDAM JUN 13 1962
IMM. & NATZ. SERVICE NEW YORK, N. Y. ADMITTED
 The immigrant herein was (admitted) (excluded) and {no appeal taken} under {appeal taken} under

(Name of vessel or flight No. of aircraft)
 on MAASDAM CLASS
 (Day) (Month) (Year)

and was inspected by me and {admitted} {detained} for further inquiry by special inquiry officer under Symbol M-1

Section of the Immigration and Nationality Act
 Immigrant Inspector.

Section of the Immigration and Nationality Act.
 Special Inquiry Officer.

ACTION ON APPEAL

ADMITTED

EXCLUDED

DATE

This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application.

IMMIGRANT CLASSIFICATION

NONQUOTA (Symbol) QUOTA (Symbol)
M-1

VISA PETITION NO., IF ANY Petition approved on February 28, 1962.

IMMIGRANT VISA NO. 52 QUOTA

ISSUED ON (Day) (Month) (Year)
24 May 1962

THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF (Day) (Month) (Year)
23 September 1962

NATIONALITY (If stateless, so state, and give previous nationality)
Soviet

PASSPORT

NO. KU-37790

OR OTHER TRAVEL DOCUMENTS (Describe)
Soviet Vid na Zhitelstvo

ISSUED TO Marina Nikolaevna OSWALD

BY Ministry of Foreign Affairs of Moscow, U.S.S.R.

ON 11 January 1962

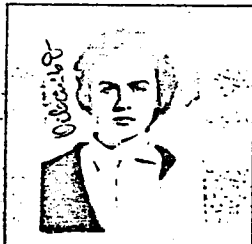
EXPIRES 11 January 1964

AMERICAN Embassy

AT Moscow, U.S.S.R.

Jack F. Matlock
 Jack F. Matlock

Consul of the United States of America.



FORM I-151 REPAIRED
 G-153 MAILED
 JUN 28 1962

Service No. 1152096
 Tariff Item No. 21
 Fee Paid \$20
 Local Cy equiv. 18.00 rubles

Statistics

212-530-645
Classified

ALIEN

LEAVE THIS SPACE BLANK

(Last name)

(First name)

(Middle name)

SEX

OSWALD,

Marina

Nikolaevna

RACE

HT. (IN) WT. (LB)

162cm x

July 17, 1941

SIGNATURE OF PERSON FINGERPRINTED

Marina N. OSWALD

Return
Reason

ALIASES

UNITED STATES ADDRESS OF PERSON FINGERPRINTED

STREET

313 Davanport

DEPARTMENT OF JUSTICE

ALIEN

NATIONALITY

Soviet

PLACE OF BIRTH

Arkhangelsk obl.

CITY

Port Worth

STATE

Texas

NUMBER

212-530-645

LEAVE THIS SPACE BLANK

CLASS

SIGNATURE AND TITLE OF OFFICIAL TAKING FINGERPRINTS

Belone

HAIR

fair

EYES

blue

REF.

DATE

MAY 24 1962

SCARS AND MARKS

no

1. RIGHT THUMB



2. RIGHT INDEX



3. RIGHT MIDDLE



4. RIGHT RING



5. RIGHT LITTLE



6. LEFT THUMB



7. LEFT INDEX



8. LEFT MIDDLE



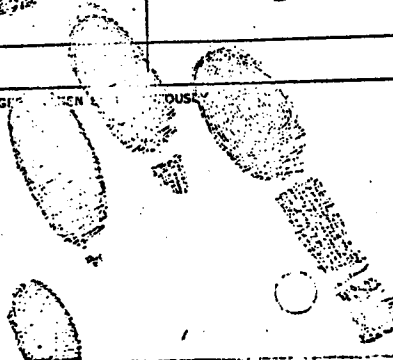
9. LEFT RING



10. LEFT LITTLE



LEFT FOUR FINGERS TAKEN TOGETHER



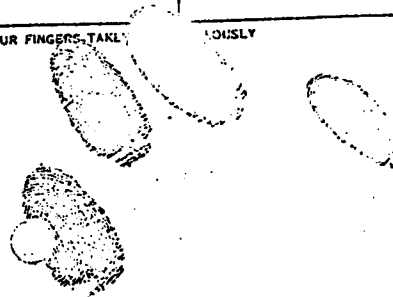
LEFT THUMB



RIGHT THUMB



RIGHT FOUR FINGERS TAKEN TOGETHER



9-155-62-7/18/62

FINGER REGISTRATION FINGERPRINT CHART
UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

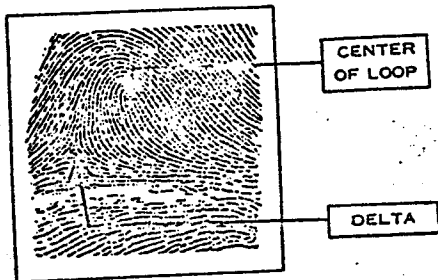
OFFICIAL STAMP

INSTRUCTIONS

To obtain classifiable fingerprints:

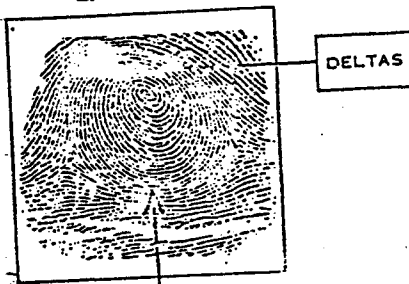
1. Use printer's ink.
2. Distribute ink evenly on inking slab.
3. Wash and dry fingers thoroughly.
4. Roll fingers from nail to nail, and avoid allowing fingers to slip.
5. Be sure impressions are recorded in correct order.
6. If an amputation or deformity makes it impossible to print a finger, make a notation to that effect in the individual finger memo stapled to the card explaining the circumstances.
7. If some physical condition makes it impossible to obtain perfect impressions, submit the best that can be obtained with a block.
8. Examine the completed prints to see if they can be classified, bearing in mind the following:
Most fingerprints fall into the patterns shown below (other patterns occur infrequently and are not shown here):

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

- (a) A delta (Δ) is the point at which the lines forming the loop or whorl pattern spread and begin going in different directions. All loop prints have one delta. Whorl prints have two.
 - (b) Loop prints cannot be classified unless the center of the loop and the delta, and the lines between them, are clear.
 - (c) Whorl prints cannot be classified unless the two deltas and the lines connecting the deltas are clear.
 - (d) Arch fingerprints can be classified if a sufficiently clear impression is obtained to permit identification of the pattern as being an arch.
9. If, upon examination, it appears that any of the impressions cannot be classified, new prints should be made. If not more than three impressions are unclassifiable, new prints of these fingers may be taken and pasted over the defective ones. If more than three are unclassifiable, make a new chart.

THIS SPACE FOR FBI USE

01310

RECEIVED UNITED STATES DEPARTMENT OF JUSTICE
 IMMIGRATION AND NATURALIZATION SERVICE
 NEW ORLEANS, LA.
 JUN 25 10 09 AM '63

Form approved
 Budget Bureau No. 43-2640.5
 12 0 JUN 1963

File No. A 12 530 645

To the District Director
 IMMIGRATION AND NATURALIZATION SERVICE

\$ <u>5.00</u>	FEE PAID	No. <u>13-246-1</u>
IMMIGRATION & NATURALIZATION SERVICE		
NEW ORLEANS, LOUISIANA (INFO)		
Date: <u>25/63</u>		Verified by: <u>[Signature]</u>

The undersigned, whose alien registration receipt number is A 12 530 645, hereby applies for a new alien registration receipt card.

1. (a) I am attaching the Form I-151 in my possession and desire a new card because my name has been changed the card is mutilated.
- (b) My alien registration receipt document was lost on or about April 1st (Date) under the following circumstances IN PURSE ON STREET IN DALLAS TEXAS, WHILE SHOPPING. In case such receipt which was lost is recovered, or I ascertain its whereabouts, I will report the facts and will surrender such receipt or immigrant identification card to the Immigration and Naturalization office nearest my place of residence.

Present Name <u>MARINA N. OSWALD</u>		Present Nationality <u>RUSSIAN</u>
Present address <u>mailing ad. - P.O. BOX 30061 New Orleans, La.</u> <u>4907 L/C MAGAZINE ST. NEW ORLEANS, LA</u>		
Name at time of registration and fingerprinting <u>SAME</u>		
Name at time of lawful admission for permanent residence <u>SAME</u>		
Admitted at <u>Port of New York</u>	(city or town) (state) <u>N.Y.</u>	Date of admission
Name of vessel or other means of conveyance <u>"MASS JAM" HOLLAND-AMERICAN</u>	Destination in U. S. at time of admission <u>FT. WORTH TEXAS</u>	
Birthdate <u>JULY 17 1944</u>	Birthplace <u>SEVERO-DVENSK</u>	(city) (country) (state) <u>USSR</u>
Dates of any absence from the U.S. for 1 year or longer, since lawful admission for permanent residence: <u>NONE</u> <u>91092.79</u> <u>admitted</u>		

I CERTIFY that the information above is true and correct to the best of my knowledge and belief.

Form G-22, 24, G-22, 23, G-22, 24
 12 16 1963
 (Signature of applicant)

1. THIS application must be filed in the name of the applicant. (Note: Upon request, evidence of registration surrendered by a lawful permanent resident alien on other than Form I-151, such as AR-3 or I-2-103, will be replaced with Form I-151 without fee or application.)
2. Submit this application in single copy only.
3. **DOCUMENTARY EVIDENCE** - An applicant for a new alien registration receipt card in a changed name, whose name has been changed after registration by order of court or by marriage, shall attach appropriate documentary evidence of such change to this application.
4. **PHOTOGRAPHS** - You are required to send with this application 2 identical photographs of yourself taken within 30 days of the date of this application. These photographs must be 1 1/2 X 1 1/2 inches in size, and the distance from top of head to point of chin should be approximately 1 1/4 inches. They must NOT be pasted on the cards or mounted in any other way, must be on thin paper, have a light background, and clearly show a front view of your face without hat. Snapshots, group or full-length portraits will not be accepted. DO NOT SIGN YOUR PHOTOGRAPHS. Using crayon or soft pencil to avoid possible mutilation of the photographs, write your alien registration number lightly on the reverse of the photographs.
5. **DATE OF YOUR ARRIVAL** - If you do not know the exact date of your arrival in the United States, or the name of the vessel or port, and you cannot obtain this information by consulting your family or friends who came over with you, give the facts of your arrival as you remember them in the appropriate blank spaces on the first page of this form. Your Immigrant Identification Card or your passport, ship's card, or baggage labels, if you have them, may help you to answer these questions.
6. **FEE** - A fee of five dollars (\$5) must accompany this application. Remittances should be made payable to the "Immigration and Naturalization Service, Department of Justice." If residing in the Virgin Islands, remittances should be drawn in favor of the "Commissioner of Finance of the Virgin Islands." If residing in Guam, remittances should be drawn in favor of the "Treasurer, Guam." If you mail this application, attach money order or check. DO NOT SEND CASH. The fee is required for filing application and is not returnable regardless of action taken thereon.

TO APPLICANT. - Do not write below this line.

For use in searching Records of Arrival RECORDS EXAMINED	RECORDS FOUND
Card index _____	Place <u>NYC</u>
Index books _____	Name <u>MARIA N. OSWALD</u>
Manifests _____	Date <u>6-13-62</u>
_____	Manner <u>M-1</u>
_____	Marital status <u>M-</u>
_____	<u>E. J. [Signature]</u> (Signature of person making search)

REMARKS OF CONSULAR OFFICER

[Faint, mostly illegible handwritten remarks and stamps in the Remarks of Consular Officer section.]

I recommend that the application be <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied	Recommendation- <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	[Signature] District Director
[Signature] Immigration Officer		[Signature] District Director