

### SUPPLEMENTAL PERSONAL HISTORY STATEMENT

#### INSTRUCTIONS

#### SECTION I.

Submit in duplicate. Answer all questions completely. If question does not apply, write "NA." Write "UNKNOWN" only if you do not know the answer and it cannot be obtained from personal records. If additional space is required use extra pages the same size as this page and sign each such page. Reference each continued item by section and item number to which it relates.

1. FULL NAME (last-first-middle) <b>Flores, Daniel</b>	2. DATE OF BIRTH 09 [ ] 1935	3. PLACE OF BIRTH (City, State, Country) [ ] Texas	4. SOC SEC NO. [ ] 30
5. PRESENT STATUS (Single, widowed, divorced, or annulled) SPECIFY: <b>Married</b>			
6. STATE DATE, PLACE, AND REASON FOR ALL DIVORCES OR ANNULMENTS <b>"NA"</b>			

#### SECTION II.

#### SPOUSE

1. NAME OF SPOUSE (last-first-middle-maiden) <b>Flores, [ ]</b>	2. DATE OF BIRTH 09 [ ] 1935	3. PLACE OF BIRTH (spouse) <b>Portland, Oregon</b>
4. DATE AND PLACE OF MARRIAGE <b>18 November 1960</b> [ ] 10	5. CITIZENSHIP OF SPOUSE (If naturalized, indicate date & place of naturalization & certificate no.) <b>USA</b>	
6. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS <b>"NA"</b>		
7. OCCUPATION <b>Legal Secretary</b>	8. PRESENT EMPLOYER [ ] 08	
9. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State & Zip Code - Country if not U.S.) [ ] <b>Street NW, Washington, D.C.</b>		

#### SECTION III. RESIDENCE (Since date of last PHS, if overseas residence indicate only city and country)

ADDRESS - LAST RESIDENCE FIRST (number, street, city, state, country) Incl. Apt. #	INCLUSIVE DATES (month & year)	
	FROM-	TO-
[ ] 10	May 1969	May 1971
[ ] 10	Sept. 1971	Feb. 1974
<b>Vienna, Va</b> [ ] 08 ✓	Feb. 1974	

#### SECTION IV. CHILDREN AND OTHER DEPENDENTS (Provide information for all children and dependents)

NAME	RELATIONSHIP	DATE & PLACE OF BIRTH	CITIZENSHIP	08 ADDRESS
06 [ ] Flores	Daughter	3 March 1971 Washington, D.c.	USA	[ ] Vienna, Va.
06 [ ] Flores	Daughter	15 March 1974 Washington, D.c.	USA	"

cc/AD

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD,  
(2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT

1. NAME (Last-First-Middle) <b>Richard<sup>06</sup></b>		2. RELATIONSHIP <b>Nephew</b>	3. DATE OF BIRTH <b>UK</b>	4. PLACE OF BIRTH (City, State, Country) <b>New Orleans, La</b>
5. CITIZENSHIP (Country) <b>USA</b>		6. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES <b>Ansbach, Germany</b>		
7. EMPLOYED BY <b>U.S. Army</b>		8. FREQUENCY OF CONTACT <b>Periodic</b>	9. DATE OF LAST CONTACT <b>March 1974</b>	
1. NAME (Last-First-Middle)		2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)
5. CITIZENSHIP (Country)		6. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
7. EMPLOYED BY		8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT	
1. NAME (Last-First-Middle)		2. RELATIONSHIP	3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)
5. CITIZENSHIP (Country)		6. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
7. EMPLOYED BY		8. FREQUENCY OF CONTACT	9. DATE OF LAST CONTACT	

**SECTION VI. PERSONAL DECLARATIONS**

1. HAVE YOU BEEN ARRESTED, INDICTED, OR CONVICTED FOR ANY VIOLATION OF LAW (Other than for minor traffic violation) SINCE THE DATE OF YOUR LAST PHS	YES (explain below)	<input checked="" type="checkbox"/>	NO
2. SINCE THE DATE OF YOUR LAST PHS, HAVE THERE BEEN ANY UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH MIGHT REQUIRE EXPLANATION.	YES (explain below)	<input checked="" type="checkbox"/>	NO
3. NAME OF YOUR PRESENT IMMEDIATE SUPERVISOR (include Room Number and Extension) <b>Mr. Nestor Sanchez</b> <b>X-7451 RM 3D30</b> ✓			

**SECTION VII. PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY**

1. NAME (Last-First-Middle) <b>Same as previous PHS.</b>	2. RELATIONSHIP
3. HOME ADDRESS (Number, Street, City, State, ZIP Code)	4. HOME TELEPHONE NUMBER
5. BUSINESS ADDRESS (Number, Street, City, State, ZIP Code)-INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE	6. BUSINESS TELEPHONE NUMBER & EXT.
7. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (spouse, mother, father ...) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE IDENTIFY THE PERSONS NOT TO BE NOTIFIED AND THE REASON.	

**SECTION VIII. ADDITIONAL REMARKS**

DATE	SIGNATURE OF EMPLOYEE
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VW



**SUPPLEMENTAL PERSONAL HISTORY STATEMENT**

1. NAME (First-middle-last) <b>Daniel (nmn) Flores</b>	2. MARITAL STATUS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">SINGLE</td> <td style="width:50%; text-align: center;">OTHER</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">MARRIED</td> <td></td> </tr> </table>	SINGLE	OTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MARRIED	
SINGLE	OTHER						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
MARRIED							

3. IF MARRIED	
NAME OF SPOUSE (First-middle( maiden)-last) 06 <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>Flores</b>	DATE OF MARRIAGE <b>18 November 1960</b>
PLACE OF MARRIAGE 10 <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	

4. RESIDENCE (Since date of last PHS, if overseas residence indicate only city & country)			
PRESENT	SINCE (Date) <b>August 1961</b>	NUMBER AND STREET <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>	CITY AND STATE <b>Washington, D.C. 20008</b>
FROM	DATE TO DATE	NUMBER AND STREET	CITY AND STATE
FROM	DATE TO DATE	NUMBER AND STREET	CITY AND STATE

5. HAVE YOU BEEN ARRESTED, INDICTED, OR CONVICTED FOR ANY VIOLATION OF LAW (Other than for minor traffic violation) SINCE THE DATE OF YOUR LAST PHS	YES (Explain below)	<input checked="" type="checkbox"/>	NO
6. SINCE THE DATE OF YOUR LAST PHS, HAVE THERE BEEN ANY UNFAVORABLE INCIDENTS IN YOUR LIFE WHICH MIGHT REQUIRE EXPLANATION	YES (Explain below)	<input checked="" type="checkbox"/>	NO
7. NAME OF YOUR PRESENT IMMEDIATE SUPERVISOR <b>Harry T. Mahoney</b>			
EXT-7176 RM-# 3D54			

8. ADDITIONAL REMARKS (Use reverse if necessary)

RETURN PHS AND ATTACHMENTS  
 TO HEADQUARTERS

DATE <b>29 March 1967</b>	SIGNATURE OF EMPLOYEE 
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