PERSONAL HISTORY STATEMENT

INSTRUCTIONS

1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.

2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.

SECTION I

1. FULL NAME (Last-First-Middle)       3. SEX
   RODRIGUEZ, EMILIO AMERICO       MALE

2. AGE
   33 YEARS 8 MONTHS

4. HEIGHT
   5' 10"

5. WEIGHT
   150 lbs.

6. COLOR OF EYES
   BROWN

7. COLOR OF HAIR
   BLACK

8. TYPE COMPLEXION
   RUDDY

9. TYPE BUILD
   MEDIUM

10. SCARS (Type and Location)
    NONE

11. OTHER DISTINGUISHING PHYSICAL FEATURES
    NONE

12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)
    9361 S.W. 178 ST.
    PERRINE 57, FLA.

13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country AND PHONE NO.
    9361 S.W. 178 ST.
    PERRINE 57, FLA.

14. CURRENT PHONE NO.
    CEDAR S-8341

15. OFFICE PHONE NO. & EXT.
    NA.

16. LEGAL RESIDENCE (State, Territory or Country)
    FLORIDA, U.S.A.

17. NICKNAMES
    NONE

18. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES:

19. FROM APRIL 1960 TO PRESENT IN HAVANA, CUBA AND MIAMI, FLA. AS UNDERCOVER NAME

20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority)

N.A.

SECTION II

1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING

2. INDICATE THE LOWEST ANNUAL Entrance SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).

3. $9,600.00

4. INDICATE YOUR WILLINGNESS TO TRAVEL

5. OCCASIONALLY  FREQUENTLY  CONSTANTLY  OTHER:

6. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)

   WASHINGTON, D.C.  ANYWHERE IN U.S.  CERTAIN LOCATIONS ONLY (Specify):

   OUTSIDE CONTINENTAL U.S.

7. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.

   ADEQUATE PAY AND LIVING CONDITIONS FOR
   SELF AND FAMILY

FORM 444 USE PREVIOUS EDITION.
11-60
### CITIZENSHIP

**1. DATE OF BIRTH**: Jan. 27, 1928  
**2. PLACE OF BIRTH** (City, State, Country): Havana, Cuba  
**3. PRESENT CITIZENSHIP** (Country): U.S.A.  

**4. CITIZENSHIP ACQUIRED BY**:  
**5. DATE NATURALIZATION**:  
**6. NATURALIZATION CERTIFICATE NO.**:  
**7. COURT ISSUING NATURALIZATION CERTIFICATE**: U.S. District Court of Eastern Dist. of Louisiana  

**9. HAVE YOU HELD PREVIOUS NATIONALITY?**  
**10. IF YES, GIVE NAME OF COUNTRY**: Cuba  
**11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY**: Cuban by birth  

**12. HAVE YOU TAKEN STEPS TO CHANGE**  
**PRESENT CITIZENSHIP?** NO  
**13. GIVE PARTICULARS** N.A.  
**14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Paper, etc.)?** N.A.  

**15. DATE OF ARRIVAL IN U.S.**: June 6, 1961  
**16. PORT OF ENTRY**: Miami, Fla.  
**17. ON PASSPORT OF WHAT COUNTRY**: Swiss Protective Passport  
**18. LAST U.S. VISA (No., Type, Place of Issue)**: Resident, U.S. Embassy in Havana, Cuba  
**19. DATE VISA ISSUED**: Nov. 1942

### EDUCATION

**1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED**:  
- [ ] Over two years of college - No degree  
- [ ] Bachelor's degree  
- [X] Graduate study leading to higher degree  
- [ ] Master's degree  
- [ ] Doctor's degree

#### 2. ELEMENTARY SCHOOL

**1. NAME OF ELEMENTARY SCHOOL**: Colegio de la Salle  
**2. ADDRESS (City, State, Country)**: Havana, Cuba  
**3. DATES ATTENDED (From-and-To)**: Sep. 1934 to Nov. 1942  
**4. GRADUATE** [X] Yes, NO

#### 3. HIGH SCHOOL

**1. NAME OF HIGH SCHOOL**: A.C.E. Fortier High School  
**2. ADDRESS (City, State, Country)**: New Orleans, La.  
**3. DATES ATTENDED (From-and-To)**: Nov. 1942 to June 1945  
**4. GRADUATE** [X] Yes, NO

#### 4. COLLEGE OR UNIVERSITY STUDY

**NAME AND LOCATION OF COLLEGE OR UNIVERSITY**  
**SUBJECT MAJOR MINOR**  
**DATES ATTENDED FROM TO**  
**DEGREE RECEIVED DATE RECEIVED SEM/HRS.**

- **Tulane University of Louisiana**, New Orleans, La.  
  - Biology  
  - 1945 to 1949  
  - B.S. June 1949  
  - 96 Sem. Hrs.

- **Tulane University of Louisiana**, New Orleans, La.  
  - Spanish  
  - 1949 to 1952  
  - M.A. June 1952  
  - 76 Sem. Hrs.

- **Tulane University of Louisiana**, New Orleans, La.  
  - French  
  - 1952 to 1954  
  - None  
  - N.A.  
  - 76 Sem. Hrs.
5. If a graduate degree has been noted in item 4 which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

**El Epíteco en las Obras de Berceo** (Do not remember exact title). A detailed study of the many uses of the epithet in Berceo's works, a 12th century writer, including a cross-reference listing of all epithets as shown in his writings.

6. Trade, Commercial and Specialized Schools

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF SCHOOL</th>
<th>STUDY OR SPECIALIZATION</th>
<th>FROM</th>
<th>TO</th>
<th>MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

N. A.

7. Military Training (Full Time Duty in Specialized Schools such as Ordnance, Intelligence, Communications, etc.)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF SCHOOL</th>
<th>STUDY OR SPECIALIZATION</th>
<th>FROM</th>
<th>TO</th>
<th>MONTHS</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
</table>

N. A.

8. Other Educational Training Not Indicated Above.

N. A.

**SECTION V**

**FOREIGN LANGUAGE ABILITIES**

1. Language

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>EQUIVALENT TO NATIVE FLUENCY</th>
<th>FLUENT BUT OBVIOUSLY FOREIGN</th>
<th>ADEQUATE FOR RESEARCH</th>
<th>ADEQUATE FOR TRAVEL</th>
<th>LIMITED KNOWLEDGE</th>
<th>NATIVE OF COUNTRY</th>
<th>PROLONGED RESIDENCE</th>
<th>CONTACT (with parents, etc.)</th>
<th>ACADEMIC STUDY (all levels)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Portuguese</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
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<tr>
<td>French</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
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<tr>
<td>Italian</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
</tbody>
</table>

2. If you have checked "Academic Study" under "How Acquired", indicate length and intensiveness of study.

From 1949 to 1954 studied the Romance Languages at the graduate level.

3. If you have indicated fluency for a language having significant differences in spoken and written form, explain your competence therein.

N. A.

4. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military, and other specialized fields.

Familiar with scientific and engineering terminology in Spanish.

5. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected?

[X] Yes  [ ] No
### SECTION VI  
**GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL**

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

<table>
<thead>
<tr>
<th>NAME OF REGION OR COUNTRY</th>
<th>TYPE OF SPECIALIZED KNOWLEDGE</th>
<th>DATES OF RESIDENCE OR TRAVEL</th>
<th>DATES AND PLACE OF STUDY</th>
<th>KNOWLEDGE ACQUIRED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUBA</td>
<td>NAVAL, MINERALS, ECONOMIC, SOCIAL STRUCTURAL COMMERCE, IMPORTATION, 1954-1961</td>
<td>N.A.</td>
<td></td>
<td>RESIDENCE</td>
</tr>
</tbody>
</table>

### SECTION VII  
**TYPING AND STENOGRAPHIC SKILLS**

1. TYPING (wpm)  
   - N.A.

2. SHORTHAND (wpm)
   - N.A.

3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM
   - M.E. Speedwriting
   - Gregg
   - Stenotype
   - Other (Specify): Mimeograph

2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.)
   - Mimeograph, Adding Machine, Calculator, Dictating Machine

### SECTION VIII  
**SPECIAL QUALIFICATIONS**

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.
   - Fishing, Hunting, Swimming (Good underwater resistance), Photography (Black and White), Musical (Play several instruments by ear), Flying, Bowling, Chess, Average in all of the above.

2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.
   - Teaching and administrative experience secured at the University level and in Foreign Trade Management respectively. Also capacity to carry out independent research at the graduate level.

3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.
   - Familiar with General scientific apparatus as may be present in a medical research laboratory. Beckman Spectrophotometry, (Did one year research at Tulane Medical School)

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**PASS NO.: 1092961  EXPIRED: Sep 2, 1960 (NOT RENEWED)**

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SECTION VIII CONTINUED TO PAGE 5
SECTION VIII CONTINUED FROM PAGE 4

4. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, ETC.?  

   YES □ NO □

5. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE, ISSUING LICENSE (Provide License Registry Number, if known).

   Student Pilot Certificate No S-29357

6. FIRST LICENSE OR CERTIFICATE (Year of Issue)  

   2-18-54

7. LATEST LICENSE OR CERTIFICATE (Year of Issue)  

   N.A.

8. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do NOT submit copies unless requested). INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-Fiction or Scientific articles, General Interest subject, Novels, Short Stories, etc.).

   N.A.

9. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED.

   N.A.

10. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.

   IN COLLEGE AND AS A JUNIOR EXECUTIVE IN FOREIGN TRADE

11. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

   **Phi Sigma Iota, National Honor Society of Romanic Languages.**
   **American Association of Teachers of Spanish and Portuguese.**
   **Graduate Scholarships offered by the State of Louisiana and Tulane University (under which I did five years of graduate work).**
   **HONORARY MENTIONS AND MEDALS.**

SECTION IX

EMPLOYMENT HISTORY

NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give addresses and state what you did during period of unemployment. List all civilian employment by a foreign Government, regardless of dates. In completing item 9, "Description of Duties" consider your experience carefully and provide meaningful, objective statements.

<table>
<thead>
<tr>
<th>1. INCLUSIVE DATES (From and To - By Mo. and Yr.)</th>
<th>2. NAME OF EMPLOYING FIRM OR AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1954 - Oct 1960</td>
<td>CENTURY ELECTRIC COMPANY</td>
</tr>
</tbody>
</table>

3. ADDRESS (No., Street, City, State, Country)

   **1806 PINE ST., ST. LOUIS, MO., USA.**

4. KIND OF BUSINESS

   MANUFACTURER OF MOTORS, GENERATORS, ETC.

5. NAME OF SUPERVISOR

   **Mr. Charles C. White, Export Manager.**

6. TITLE OF JOB

   **Assistant District Manager.**

7. SALARY OR EARNINGS

   **$ 1,000 PER MONTH.**

8. CLASS, GRADE (If Federal Service)

   N/A

9. DESCRIPTION OF DUTIES

   TO PROMOTE AND SERVICE THE SALE OF CENTURY MOTORS, GENERATORS, AND RELATED EQUIMENT IN THE TERRITORY OF CUBA, AND TO COOPERATE IN COLLECTIONS WHEN NECESSARY. TO MANAGE THE HAVANA DISTRICT SALES OFFICE IN FULL RESPONSIBILITY IN THE ABSENCE OF THE DISTRICT MANAGER. TO LOOK AFTER THE INTERESTS OF CENTURY ELECTRIC COMPANY IN CUBA.

10. REASONS FOR LEAVING

   **Present conditions in Cuba.**

SECTION IX CONTINUED TO PAGE 6
<table>
<thead>
<tr>
<th>1. INCLUSIVE DATES (From and To - By Mo. and Yr.)</th>
<th>2. NAME OF EMPLOYING FIRM OR AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEB. 1950 - MARCH 1954</strong></td>
<td><strong>TULANE UNIVERSITY</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. ADDRESS (No., Street, City, State, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ST. CHARLES ST., NEW ORLEANS, LA., U.S.A.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. KIND OF BUSINESS</th>
<th>5. NAME OF SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COLLEGE</strong></td>
<td><strong>DR. JOHN E. ENGELKIEK</strong>, CHAIRMAN SP. DEPT.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. TITLE OF JOB</th>
<th>7. SALARY OR EARNINGS</th>
<th>8. CLASS. GRADE (If Federal Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GRADUATE ASSISTANT</strong></td>
<td><strong>$300.00 PER MONTH</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. DESCRIPTION OF DUTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TEACHER OF BEGINNER AND INTERMEDIATE SPANISH IN THE COLLEGE LEVEL. TO ASSIST WITH REGISTRATION AND DEPARTMENTAL FUNCTIONS.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. REASONS FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TO ACCEPT ABOVE POSITION</strong></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>1. INCLUSIVE DATES (From and To - By Mo. and Yr.)</th>
<th>2. NAME OF EMPLOYING FIRM OR AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JUNE 1945 - JUNE 1950</strong></td>
<td><strong>BERLITZ SCHOOL OF LANGUAGE</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. ADDRESS (No., Street, City, State, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNATIONAL TRADE MART, NEW ORLEANS, LA., U.S.A.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. KIND OF BUSINESS</th>
<th>5. NAME OF SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LANGUAGE SCHOOL</strong></td>
<td><strong>MR. HALL, DIRECTOR</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. TITLE OF JOB</th>
<th>7. SALARY OR EARNINGS</th>
<th>8. CLASS. GRADE (If Federal Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROFESSOR</strong></td>
<td><strong>$300.00 PER MO.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. DESCRIPTION OF DUTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TO TEACH THE SPANISH LANGUAGE BY THE BERLITZ METHOD</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. REASONS FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TO ACCEPT ABOVE POSITION AND PURSUE AN ADVANCED DEGREE</strong></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>1. INCLUSIVE DATES (From and To - By Mo. and Yr.)</th>
<th>2. NAME OF EMPLOYING FIRM OR AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JAN. 1949 - JUNE 1949</strong></td>
<td><strong>TULANE UNIVERSITY MEDICAL SCHOOL</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. ADDRESS (No., Street, City, State, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TULANE AVE., NEW ORLEANS, LA., U.S.A.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. KIND OF BUSINESS</th>
<th>5. NAME OF SUPERVISOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL SCHOOL</strong></td>
<td><strong>DR. WOO</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. TITLE OF JOB</th>
<th>7. SALARY OR EARNINGS</th>
<th>8. CLASS. GRADE (If Federal Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL RESEARCH TECHNICIAN</strong></td>
<td><strong>$200.00 PER MONTH</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. DESCRIPTION OF DUTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IN CHARGE OF SPECTROPHOTOMETRIC ANALYSIS IN THE CARDIOVASCULAR RESEARCH LABORATORY.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. REASONS FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONCLUSION OF RESEARCH</strong></td>
</tr>
</tbody>
</table>

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SECTION IX CONTINUED TO PAGE 7
<table>
<thead>
<tr>
<th>1. INCLUSIVE DATES (From and To - By Mo. and Yr.)</th>
<th>2. NAME OF EMPLOYING FIRM OR AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. ADDRESS (No., Street, City, State, Country)</td>
<td></td>
</tr>
<tr>
<td>4. KIND OF BUSINESS</td>
<td>5. NAME OF SUPERVISOR</td>
</tr>
<tr>
<td>6. TITLE OF JOB</td>
<td>7. SALARY OR EARNINGS</td>
</tr>
<tr>
<td></td>
<td>8. CLASS, GRADE (If Federal Service)</td>
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<td></td>
<td>$</td>
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<tr>
<td></td>
<td>PER</td>
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</table>

8. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF KNOWN.

9. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION. □ YES □ NO
   HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? □ YES □ NO
   IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS
1. ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (As amended)
   YES NO
2. SELECTIVE SERVICE CLASSIFICATION
   4-F
3. SELECTIVE SERVICE No.
   16-45-28-53
4. IF DEFERRED, GIVE REASON
   DIABETES MELLITUS
5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS
   N° 45, Orleans Parish, New Orleans, La.

2. MILITARY SERVICE RECORD
1. CURRENT AND/OR PAST ORGANIZATIONAL MEMBERSHIP
   CHECK (X) AS APPROPRIATE
   ARMY NAVY MARINE CORPS AIR FORCE COAST GUARD MERCHANT MARINE NATIONAL GUARD AIR NATIONAL GUARD FOREIGN ORGAN. OR MIL. SERVICE (Specify):
   HAVE SERVED
   NOW SERVING
2. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)

3. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service)
4. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past and current service)
5. DATE ENTERED ACTIVE DUTY ← PAST SERVICE CURRENT SERVICE
6. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY ORGANIZATION
7. RANK, GRADE OR RATE ← PAST SERVICE CURRENT SERVICE
8. SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Moe or Designate) AND TITLE
   PAST SERVICE CURRENT SERVICE
10. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Moe or Designate) AND TITLE
    PAST SERVICE CURRENT SERVICE
11. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)

12. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY
   HONORABLE DISCHARGE RETIREMENT FOR SERVICE UNDUE HARDSHIPS
   RELEASE TO INACTIVE DUTY RETIREMENT FOR COMBAT DISABILITY OTHER:
   RETIREMENT FOR AGE RETIREMENT FOR PHYSICAL DISABILITY

13. CHECK (X) COMPONENT IN WHICH YOU SERVED
   REGULAR RESERVE (Including the National and Air National Guard) OTHER (Including AUS)

3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS
1. DO YOU NOW HAVE RESERVE STATUS? YES NO
2. ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO
3. ARE YOU NOW A MEMBER OF THE ROTC? YES NO
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW
   ARMY MARINE CORPS NATIONAL GUARD COAST GUARD NAVY ROTC
   NAVY AIR FORCE AIR NATIONAL GUARD ARMY ROTC AIR FORCE ROTC
5. CURRENT RANK, GRADE OR RATE
6. DATE OF APPOINTMENT IN CURRENT RANK
7. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION
8. CHECK (X) CURRENT RESERVE CATEGORY
   READY RESERVE STANDBY (Active) STANDBY (Inactive) RETIRED
9. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Moe or Designate) AND TITLE
10. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Moe or Designate) AND TITLE
11. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES

12. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NATIONAL GUARD OR ROTC TRAINING UNIT
   YES NO
13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS
14. HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?
   YES NO
15. IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS
16. INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY
   YEARS MONTHS
17. WHERE ARE YOUR SERVICE RECORDS KEPT?
### SECTION XI  
#### FINANCIAL STATUS

1. Are you entirely dependent on your salary?  
   - [ ] Yes  
   - [X] No

2. If your answer is "No" to the above, state sources of other income  
   - N.A.

3. Banking institutions with which you have accounts

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Address (City, State, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitney Nat. Bank of New Orleans</td>
<td>New Orleans, LA, U.S.A.</td>
</tr>
<tr>
<td>The Florida National Bank of Miami</td>
<td>Miami, FLA, U.S.A.</td>
</tr>
<tr>
<td>The Royal Bank of Canada</td>
<td>Havana, Cuba</td>
</tr>
</tbody>
</table>

4. Have you ever been in, or petitioned for, bankruptcy?  
   - [ ] Yes  
   - [X] No

5. If your answer is "Yes" to the above, give particulars, including court and date(s)  
   - N.A.

6. Give three credit references in the United States

<table>
<thead>
<tr>
<th>Name</th>
<th>Address (No., Street, City, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whitney Nat. Bank of New Orleans</td>
<td>New Orleans, LA, U.S.A.</td>
</tr>
<tr>
<td>[Name]</td>
<td>[New Orleans, LA, U.S.A.]</td>
</tr>
<tr>
<td>J.H. Holmes Ltd. (Department Store)</td>
<td>New Orleans, LA, U.S.A.</td>
</tr>
<tr>
<td>[Name]</td>
<td>[New Orleans, LA, U.S.A.]</td>
</tr>
<tr>
<td>Maison Blanche (Department Store)</td>
<td>New Orleans, LA, U.S.A.</td>
</tr>
<tr>
<td>[Name]</td>
<td>[New Orleans, LA, U.S.A.]</td>
</tr>
</tbody>
</table>

7. Do you receive an annuity from the United States or district of Columbia government under any retirement act, pension, or compensation for military or naval service?  
   - [ ] Yes  
   - [X] No

8. If your answer is "Yes" to the above question, give complete details  
   - N.A.

9. Do you have any financial interest in, or official connections with non-U.S. corporations or businesses; or in or with U.S. corporations or businesses having substantial foreign interest?  
   - [ ] Yes  
   - [X] No

(If answer "Yes," furnish details on separate sheet.)

### SECTION XII  
#### MARITAL STATUS

1. Present status (single, married, widowed, separated, divorced, or annulled) specify:  
   - Married

2. State date, place, and reason for all separations, divorces or annulments  
   - N.A.

Wife, Husband or Fiancee: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé.

3. Name  
   - (First) Pauline  
   - (Middle) Juanita  
   - (Last) Rodriguez

4. State any other names ever used  
   - Paula (nickname since childhood)

5. Date of Marriage  
   - June 10, 1948

6. Place of Marriage (City, State, Country)  
   - New Orleans, LA, U.S.A.

7. His (or her) address before marriage (No., Street, City, State, Country)  
   - 300 Oak ST, Edenton, N.C., U.S.A.

8. Living  
   - N.A.

9. Date of Death  
   - N.A.

10. Cause of Death  
    - N.A.

11. Current Address (Give last address, if deceased)  
    - 9361 SW 178 ST, Perrine St., FLA, U.S.A.

12. Date of Birth  
    - Jan. 2, 1923

13. Place of Birth (City, State, Country)  
    - Bogalusa, LA, U.S.A.

14. Citizenship  
    - U.S.A.

SECTION XII CONTINUED TO PAGE 10
### Section XII Continued from Page 9

14. If born outside U.S. Date of entry: N.A.
15. Place of entry: N.A.
16. Former citizenships (Countries): N.A.
17. Date U.S. citizenship acquired: N.A.
18. Where acquired (City, State, Country): N.A.
19. Occupation: Housewife
20. Present employer (Also give former employer, or if spouse deceased or unemployed give last two employers): N.A.
21. Employer’s or business address (No., Street, City, State, Country): N.A.
22. Dates of military service (From and to - By Mo. and Yr.): N.A.
23. Branch of service: N.A.
24. Country with which military service affiliated: N.A.
25. Details of other government service, U.S. or foreign: N.A.

### Section XIII

#### Children and Other Dependents

1. Provide the following information for all children and dependents

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Date and place of birth</th>
<th>Citizenship</th>
<th>Address</th>
</tr>
</thead>
</table>

2. Number of children (including step-children and adopted children who are unmarried, under 21 yrs. of age, and not self-supporting): 4
3. Number of other dependents (including spouse, parents, step-parents, sister, etc.) who depend on you for at least 50% of their support, or children over 21 yrs. of age who are not self-supporting: 1

### Section XIV

#### Father (Give same information for stepfather and/or guardian on a separate sheet)

1. Full Name (Last-First-Middle): Rodriguez, Arnest Napoleon
2. Living: N.A.
3. Date of death: N.A.
4. Cause of death: N.A.
5. State other names he has used: N.A.
6. Current address - Give last address, if deceased (No., Street, City, State, Country): The Orleans Apt. #121, St. Charles Ave., New Orleans, LA, U.S.A.
7. Date of birth: Aug. 14, 1924
8. Place of birth (City, State, Country): Havana, Cuba
9. Citizenship: Cuban
10. If born outside U.S. - Date of entry: Nov. 1965
11. Place of entry: New Orleans, LA
12. Former citizenships (Country, Year): N.A.
13. Date U.S. citizenship acquired: N.A.
14. Where acquired (City, State, Country): N.A.
15. Occupation: Retired
16. Present employer (Give last employer, if father is deceased or unemployed): Self-employed Century Elec. Co.
17. Employer’s business address or father’s business address if self-employed: 1806 Pine St., St. Louis, MO, U.S.A.
18. Dates of military service (From and to): N.A.
20. Country: N.A.
## SECTION XV
**MOTHER (Give same information for Stepmother on separate sheet)**

<table>
<thead>
<tr>
<th>1. FULL NAME (Last-First-Middle)</th>
<th>2. LIVING</th>
<th>3. DATE OF DEATH</th>
<th>4. CAUSE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASONOVA, EUGENIA</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. STATE OTHER NAMES SHE HAS USED</th>
<th>6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country)</th>
<th>7. PLACE OF BIRTH (City, State, Country)</th>
<th>8. DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.A.</td>
<td>The Alexandra Hotel, 7 St. Charles Ave., New Orleans, LA, U.S.A.</td>
<td>HAVANA, CUBA</td>
<td>JUNE 5, 1921</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. IF BORN OUTSIDE U.S.- PLACE OF ENTRY</th>
<th>11. PLACE OF ENTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 1, 1920</td>
<td>New Orleans, LA, U.S.A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. FORMER CITIZENSHIP(S)</th>
<th>13. DATE U.S. CITIZENSHIP ACQUIRED</th>
<th>14. WHERE ACQUIRED (City, State, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N.A.</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. OCCUPATION</th>
<th>16. PRESENT EMPLOYER (Give last employer, if mother is deceased or unemployed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housewife</td>
<td></td>
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</tbody>
</table>

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<tr>
<th>17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED</th>
<th>18. DATES OF MILITARY SERVICE (From-and-To)</th>
<th>19. BRANCH OF SERVICE</th>
<th>20. COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N.A.</td>
<td>N.A.</td>
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</tbody>
</table>

## SECTION XVI
**BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)**

<table>
<thead>
<tr>
<th>1. FULL NAME (Last-First-Middle)</th>
<th>2. RELATIONSHIP</th>
<th>3. CITIZENSHIP (Country)</th>
<th>4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)</th>
<th>5. LIVING</th>
<th>6. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RODRIGUEZ, ANESTO JOSE</td>
<td>BROTHER</td>
<td>U.S.</td>
<td>222 MAPLE RD., METAIRE, LA, U.S.A.</td>
<td>YES</td>
<td>38</td>
</tr>
</tbody>
</table>

### Additional Entries

<table>
<thead>
<tr>
<th>1. FULL NAME (Last-First-Middle)</th>
<th>2. RELATIONSHIP</th>
<th>3. CITIZENSHIP (Country)</th>
<th>4. CURRENT ADDRESS (No., Street, City, Zone, State, Country)</th>
<th>5. LIVING</th>
<th>6. AGE</th>
</tr>
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</tr>
</tbody>
</table>
### SECTION XVII
**FATHER-IN-LAW**

1. FULL NAME (Last-First-Middle)
   - Ross, Samuel Sanford
2. LIVING
   - No
3. DATE OF DEATH
   - June 30, 1958
4. CAUSE OF DEATH
   - Heart Attack
5. STATE OTHER NAMES HE HAS USED
   - Sam (nickname since childhood)

**INDICATE CIRCUMSTANCES (INCLUDING LENGTH OF TIME) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (WHERE AND BY WHAT AUTHORITY). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.**

6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)
   - Route 2, Box 300, Edenton, N.C., U.S.A.
7. DATE OF BIRTH
   - July 2, 1898
8. PLACE OF BIRTH (City, State, Country)
   - Mobile, Alabama, U.S.A.
9. CITIZENSHIP
   - U.S.A.
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY
    - N.A.
11. PLACE OF ENTRY
    - N.A.
12. FORMER CITIZENSHIP(S) (Country(ies))
    - N.A.
13. DATE U.S. CITIZENSHIP ACQUIRED
    - N.A.
14. WHERE ACQUIRED (City, State, Country)
    - N.A.
15. OCCUPATION
    - Lawyer
16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)
    - N.A.

### SECTION XVIII
**MOTHER-IN-LAW**

1. FULL NAME (Last-First-Middle)
   - Bonta, Patti Juanita
2. LIVING
   - Yes
3. DATE OF DEATH
   - N.A.
4. CAUSE OF DEATH
   - N.A.
5. STATE OTHER NAMES SHE HAS USED
   - N.A.

**INDICATE CIRCUMSTANCES (INCLUDING LENGTH OF TIME) UNDER WHICH SHE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (WHERE AND BY WHAT AUTHORITY). USE EXTRA SPACE PROVIDED ON PAGE 16 OF THIS FORM TO RECORD THIS INFORMATION.**

6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)
   - Route 2, Box 300, Edenton, N.C., U.S.A.
7. DATE OF BIRTH
   - Dec. 28, 1899
8. PLACE OF BIRTH (City, State, Country)
   - Laurel, Miss., U.S.A.
9. CITIZENSHIP
   - U.S.A.
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY
    - N.A.
11. PLACE OF ENTRY
    - N.A.
12. FORMER CITIZENSHIP(S) (Country(ies))
    - N.A.
13. DATE U.S. CITIZENSHIP ACQUIRED
    - N.A.
14. WHERE ACQUIRED (City, State, Country)
    - N.A.
15. OCCUPATION
    - Housewife
16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)
    - N.A.

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

<table>
<thead>
<tr>
<th>Relative Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Address or Country</th>
<th>Frequency of Contact</th>
<th>Date of Last Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lopez, Elena</td>
<td>Sister-In-Law</td>
<td>33</td>
<td>212 Maple Ave, Metairie, La., U.S.A.</td>
<td>Once Yearly</td>
<td>June 1961</td>
</tr>
</tbody>
</table>

**SECTION XIX CONTINUED TO PAGE 13**
SECTION XIX CONTINUED FROM PAGE 12

6. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION XIX ABOVE

Above relative has been a continuous resident in the U.S.A. since 1945, in New Orleans, La.

SECTION XX

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES

<table>
<thead>
<tr>
<th>1. NAME (Last-First-Middle)</th>
<th>2. RELATIONSHIP</th>
<th>3. AGE</th>
<th>4. CITIZENSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ross, Joseph Albert</td>
<td>Brother in Law</td>
<td>40</td>
<td>U.S.A.</td>
</tr>
<tr>
<td>5. ADDRESS (No., Street, City, State, Country)</td>
<td>Route 2, Box 5954, Pensacola, Fla.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marine Pilot and Photographer Instructor</td>
<td>Pensacola Naval Air Station</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION XXI

REFERENCES, ACQUAINTANCES, AND NEIGHBORS

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S. WHO KNOW YOU INTIMATELY

<table>
<thead>
<tr>
<th>NAME (Last-First-Middle)</th>
<th>BUSINESS ADDRESS (No., Street, City and State)</th>
<th>RESIDENCE ADDRESS (No., Street, City and State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.S. McNeely</td>
<td>USS Saratoga, NY, NY (CV-60)</td>
<td>1601 Ardenv Way, Jacksonville, Fla.</td>
</tr>
<tr>
<td>P.M. Arthur</td>
<td>Intelligence, NY, UNK.</td>
<td>Drawer K, Ft. Amador Canal Zone</td>
</tr>
<tr>
<td>Dorothy Maness Jones</td>
<td>Housewife, UNK.</td>
<td>210 W. President, Apt. 4, Greenwood, Miss.</td>
</tr>
<tr>
<td>C.A. Zehnder</td>
<td>EBASCO Services, NY, UNK.</td>
<td>P.O. Box 1285, Pine Bluff, Arkansas</td>
</tr>
</tbody>
</table>

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS

<table>
<thead>
<tr>
<th>NAME (Last-First-Middle)</th>
<th>BUSINESS ADDRESS (No., Street, City and State)</th>
<th>RESIDENCE ADDRESS (No., Street, City and State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.W. Barnes</td>
<td>Manufacturer Representative, UNK.</td>
<td>6938 Collete St., New Orleans, La.</td>
</tr>
<tr>
<td>J. Bruno</td>
<td>Civil Service, UNK.</td>
<td>3310 Castiglione, New Orleans, La.</td>
</tr>
<tr>
<td>Dorothy Boettcher</td>
<td>Housewife, UNK.</td>
<td>839 Palermo Ave., Coral Gables, Miami, Fla.</td>
</tr>
<tr>
<td>A. Tawater</td>
<td>UNK.</td>
<td>1211 W. Arkansas Lane, A-12, Box 6, Arlington, Texas</td>
</tr>
</tbody>
</table>

3. LIST THREE NEIGHBORS AT YOUR MOST recent normal residence in the U.S.

<table>
<thead>
<tr>
<th>NAME (Last-First-Middle)</th>
<th>BUSINESS ADDRESS (No., Street, City and State)</th>
<th>RESIDENCE ADDRESS (No., Street, City and State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. E. Pecakes</td>
<td>Tulane Medical School, New Orleans, La.</td>
<td>2207 Broadway Ave., New Orleans, La.</td>
</tr>
<tr>
<td>D. White</td>
<td>Retired Civil Service</td>
<td>512 Walnut St., New Orleans, La.</td>
</tr>
<tr>
<td>C. Mace</td>
<td>Tulane University Spanish Department</td>
<td>UNK.</td>
</tr>
</tbody>
</table>
### SECTION XXII
**CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS**

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (Include membership in, or support of, any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

<table>
<thead>
<tr>
<th>NAME AND CHAPTER</th>
<th>ADDRESS</th>
<th>DATES OF MEMBERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phi Sigma Iota</td>
<td>Tulane University</td>
<td>1951 - Present</td>
</tr>
<tr>
<td>American Ass. of Teachers of Spanish &amp; Portuguese</td>
<td>DePaul University</td>
<td>1952 - Present</td>
</tr>
</tbody>
</table>

### SECTION XXIII
**RESIDENCES FOR THE PAST 15 YEARS**

<table>
<thead>
<tr>
<th>ADDRESS - LAST RESIDENCE FIRST</th>
<th>INCLUSIVE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Number, Street, City, State, Country)</td>
<td>FROM TO</td>
</tr>
<tr>
<td>FOCSA BLDG. APT. 284, 174 M St., Vedado, Havana Cuba</td>
<td>Oct. 1956 - June 1961</td>
</tr>
<tr>
<td>Finca Emilia, Km 12 Central Highway, San Francisco de Paula, Havana Cuba</td>
<td>April 1956 - Oct. 1960</td>
</tr>
<tr>
<td>2D Newcomb Campus, New Orleans, LA, U.S.A.</td>
<td>Aug. 1951 - April 1954</td>
</tr>
<tr>
<td>510 Walnut St., New Orleans, LA, U.S.A.</td>
<td>Jan. 1950 - Aug. 1951</td>
</tr>
<tr>
<td>510 Walnut St., New Orleans, LA, U.S.A.</td>
<td>Nov. 1942 - Oct. 1945</td>
</tr>
</tbody>
</table>
### SECTION XXIV
#### ADDITIONAL INFORMATION

1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF; OR HAVE YOU EVER SUPPORTED OR BEEN ASSOCIATED WITH ANY POLITICAL PARTY, INDIVIDUAL OR ORGANIZATION WHICH ADVOCATES OR TEACHES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES BY FORCE, VIOLENCE OR UNCONSTITUTIONAL MEANS, OR SEEKS BY FORCE OR VIOLENCE TO DENY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN

   N.A.

3. DO YOU USE OR HAVE YOU EVER USED INTOXICANTS?  YES  NO

4. IF SO, TO WHAT EXTENT?  N.A.

5. DO YOU USE OR HAVE YOU EVER USED NARCOTICS?  YES  NO

6. IF SO, TO WHAT EXTENT?  N.A.

7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   IF ANSWER IS "YES", GIVE COMPLETE DETAILS.

   N.A.

8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940

   C.I.A., STATE DEPARTMENT, PAN AMERICAN UNION, CIVIL SERVICE, USIA.


   UNK.

### NOTE SPECIAL INSTRUCTIONS
If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.

10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION IN THE UNITED STATES OR ABROAD?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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   IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTIONS ABOVE.

11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
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</table>

   IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.

12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.

### SECTION XXV
#### PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (First-Middle-Last)
   
   **Pauline Juanita Rodriguez**

2. RELATIONSHIP
   
   WIFE

3. HOME ADDRESS (No., Street, City, Zone, State, Country)
   
   9361 SW. 178 St., Perrine 57, FLA.

4. HOME PHONE NO.
   
   Cedar - 5 - 8341

5. BUSINESS ADDRESS (No., Street, City, Zone, State, Country) - INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE
   
   N.A.

6. BUSINESS PHONE NO. & EXT.
   
   N.A.

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 SO STATE.

   N.A.
SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. DATE OF SIGNATURES
   Sept. 5, 1961

3. SIGNED AT (City and State)
   MIAMI, FLA.

NOTE: Use the following space for extra details. Reference each page of such material, sign your name at the end of the added material. If additional pages are inserted, sign each such page.