

Handwritten initials

Headquarters
DATE: 19 MAR 1963

TO : Special Agent in Charge, District Field Office

SUBJECT: *V-J-C*
IL 2763244-12119

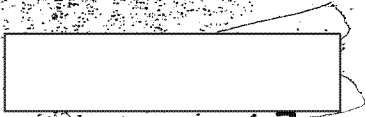
It is requested that you conduct name checks at the Government agencies marked below.

FBI	ONI	ACSI	STATE	PASSPORT	CSC	HCUA	OSI	CSIF	I & N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Clearance Name Check. Your office is the Office of Origin.

Attachments:
Biog. Data
Control Cards

SPAC
PAUL T. AUDEN



DISTRICT FIELD OFFICE
DATE:

19 MAR 63
TO: CHIEF, INVESTIGATIVE DIVISION

FBI-NIC _____ OTHERS-NR
