

DEPARTMENT OF STATE FOREIGN SERVICE OF THE UNITED STATES OF AMERICA		1. DATE February 17/64	
REQUEST FOR NAME CHECK		<input checked="" type="checkbox"/> IMMIGRANT <input type="checkbox"/> NONIMMIGRANT	
3. TO: Department of State <input type="checkbox"/> Visa Office <input checked="" type="checkbox"/> Office of Security - Att'n ST/1 Liaison		4. APPLICANT (Include full name, aliases, etc.) QUINERO, Pedro	
5. FROM PARIS		6. PLACE OF BIRTH Casas de Guines, Las Villas, Cuba	7. DATE OF BIRTH
8. ACTION REQUESTED <input type="checkbox"/> SECURITY ADVISORY <input checked="" type="checkbox"/> VISA PERMIT and NAME CHECK <input type="checkbox"/> WAIVER UNDER ARTICLE 121(A) <input type="checkbox"/> OTHER (See Para. 27)		9. PRESENT ADDRESS 59 Boulevard Jourdan, Paris 14e. France.	
10. REFERENCE (Previous correspondence, Foreign Affairs Manual, etc.)			
11. DISTINGUISHING MARKS OF IDENTIFICATION None		12. SEX M	13. MARITAL STATUS Married
14. OCCUPATION (Include name and address of employer) Physician		15. NATIONALITY Cuban	
16. DESTINATION OR ITINERARY IN U. S. 3096 Nostrand Avenue, Brooklyn 29, New York.			
17. REASON FOR REQUEST, OR TYPE OF PROGRAM Cuban National		18. LENGTH OF STAY Permanent	19. TYPE PASSPORT Cuban
20. FATHER'S NAME RUIZ FONSECA, Pedro	24. RESIDENCES PAST 18 YEARS (Dates, street addresses, cities, countries) 1936 to 1961, Santo Domingo, Las Villas, Cuba. 1961 to 1964, same as # 9.		
21. MOTHER'S MAIDEN NAME QUINERO, Rosa Maria	<i>Handwritten signature and initials</i> 2-23-64		
22. SPOUSE (Maiden name) DANTA, Angela			
23. APPLICANT TO BE ACCOMPANIED BY: wife & son			
25. RELATIVES IN U. S. (Names, street addresses, cities, states) Miguel ANGEL GOMEZ SILVA, 1459 N.W. 13th Street, Miami, Florida. Frank PIETRO, The West End Plaza, 378 West End Ave. Apt. 904, New York 24, N.Y.			
26. AFFILIATIONS None bcd			
<input type="checkbox"/> Return to Visa Office		REQUESTING OFFICER	DATE
(For use of Office of Security)			
RESULTS OF THIS REQUEST <input type="checkbox"/> NO RECORD <input type="checkbox"/> SECURITY INFORMATION ATTACHED <input type="checkbox"/> NO DEROGATORY INFORMATION <input type="checkbox"/> OTHER (See below)			
CHECKED BY			DATE
REMARKS ND 6 March 64 H. G. P.			