

DOCUMENT REQUEST FORM

Case No. _____ Requester: TR Date Due _____

True Name: Bello Americo Rodriguez 63 / Extension _____

Alias (including middle name): Leon Lopez ZENADA 57

Address to be searched: Washington, D. C.

States or cities with which Subject is familiar: _____

Height: 5'10" Weight: 150 Hair: Black Eyes: Dark Blood Type: _____

Wears glasses: No Married: No Occupation: _____

Birth date: 27 January 1928 27 Place: San Juan, P. R.

DATA FOR BIRTH CERTIFICATE, AS OF TIME OF BIRTH

Parent's name: Jose L. ... Mother's maiden name: Elisa ...
FCB: People's Place FOD: People's Place

Year of Birth: 5 April 1909 Year of Birth: 19 June 1910

Occupation: Reporter Occupation: Reporter
Residence: Los Angeles Doctor's name: _____

Number of children born to parents prior to this time: 2

Specify state or country where documentation will be used: U. S. and Latin America

Documentation type: Birth certificate or Driver's license SDH getting this
Social Security Card _____
Birth Certificate _____

Security clearance: _____

Signature sample in color: _____

