

JFK Assassination System  
Identification Form

Date: 2/23/201

Agency Information

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Document Information

ORIGINATOR : DOD  
FROM : DOD  
TO :

TITLE : RE: JOHN EDWARD PIC

DATE : 12/07/1960  
PAGES : 41

SUBJECTS :  
HALF BROTHER OF LEE HARV EY OSWALD  
PIC, JOHN EDWARD  
SECURITY INVESTIGATION

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : Unclassified  
RESTRICTIONS :  
CURRENT STATUS : Redact  
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OPENING CRITERIA :

COMMENTS : box 466-2

**INSTRUCTIONS:** Read the ca... at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "No," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

|   |                                |  |                                      |                            |  |                          |                                     |                          |
|---|--------------------------------|--|--------------------------------------|----------------------------|--|--------------------------|-------------------------------------|--------------------------|
| 1. (Print) FIRST NAME—MIDDLE NAME--MAIDEN NAME (If any)—LAST NAME<br><input checked="" type="checkbox"/> MR. <b>John Edward Pic</b>   |                                | 2. STATUS<br>CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY <input checked="" type="checkbox"/> |                                      |                            |  |                          |                                     |                          |
| 3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage)<br><b>None</b>   |                                | PERMANENT MAILING ADDRESS  |                                      |                            |  |                          |                                     |                          |
| 5. DATE OF BIRTH (Day, month, year)<br><b>17 January 1932</b>   |                                | PLACE OF BIRTH (City, County, State, and Country)<br><b>New Orleans, Orleans, Louisiana</b>                |                                      |                            |  |                          |                                     |                          |
| PLACE CERTIFICATE RECORDED<br><b>New Orleans, Louisiana</b>   |                                |  |                                      |                            |  |                          |                                     |                          |
| RACE<br><b>Cauc</b>   | HEIGHT<br><b>66 1/4</b>        | WEIGHT<br><b>165</b>   | COLOR OF EYES<br><b>Blue</b>         |                            |  |                          |                                     |                          |
| COLOR OF HAIR<br><b>Black</b>   |                                | SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS<br><b>None</b>   |                                      |                            |  |                          |                                     |                          |
| 6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20. |                                |  |                                      |                            |  |                          |                                     |                          |
| 7. U. S. CITIZEN<br><input checked="" type="checkbox"/>   |                                | IF NATURALIZED, CERTIFICATE NO.<br><b>N/A</b>  |                                      |                            |  |                          |                                     |                          |
| IF DERIVED, PARENTS' CERTIFICATE NO(S).<br><b>N/A</b>   |                                | DATE, PLACE, AND COURT<br><b>N/A</b>   |                                      |                            |  |                          |                                     |                          |
| ALIEN<br><input type="checkbox"/>   | REGISTRATION NO.<br><b>N/A</b> | NATIVE COUNTRY<br><b>N/A</b>   | DATE AND PORT OF ENTRY<br><b>N/A</b> |                            |  |                          |                                     |                          |
| DO YOU INTEND TO BECOME A U. S. CITIZEN?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                |  |                                      |                            |  |                          |                                     |                          |
| 8. MILITARY SERVICE   |                                |  |                                      |                            |  |                          |                                     |                          |
| ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:  |                                |  |                                      |                            |  |                          |                                     |                          |
| GRADE AND SERVICE NO.<br><b>TSgt AF 11313239</b>  |                                | SERVICE AND COMPONENT<br><b>USAF Reg A</b>   |                                      |                            |  |                          |                                     |                          |
| ORGANIZATION AND STATION<br><b>Willford Hall USAF Hospital</b>  |                                | DATE CURRENT ACTIVE SERVICE STARTED<br><b>26 Sep 1964</b>  |                                      |                            |  |                          |                                     |                          |
| ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:   |                                |  |                                      |                            |  |                          |                                     |                          |
| GRADE AND SERVICE NO.<br><b>N/A</b>   |                                | SERVICE AND COMPONENT<br><b>N/A</b>  |                                      |                            |  |                          |                                     |                          |
| ORGANIZATION AND STATION OR UNIT AND LOCATION<br><b>N/A</b>   |                                |  |                                      |                            |  |                          |                                     |                          |
| HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:   |                                |  |                                      |                            |  |                          |                                     |                          |
| COUNTRY   | SERVICE                        | COMPONENT  | FROM (Date)                          | TO (Date)                  | TYPE DISCHARGES OR SEPARATIONS—GRADE AND SERVICE NO. |                          |                                     |                          |
| U.S.A.  | USCG                           |  | 25Jan50                              | 31Jan56                    | Honorable, III 274-928                               |                          |                                     |                          |
| USA   | USAF                           | RegAF  | 1Feb56                               | 5Sep58                     | Honorable, SSgt, AF11313239                          |                          |                                     |                          |
| USA   | USAF                           | RegAF  | 26Sep58                              | 5Sep64                     | Honorable, SSgt, AF11313239                          |                          |                                     |                          |
| 9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)  |                                |  |                                      |                            |  |                          |                                     |                          |
| MONTH AND YEAR  |                                | NAME AND LOCATION OF SCHOOL  |                                      |                            | GRADUATE   |                          | DEGREE                              |                          |
| FROM—   | TO—                            |  |                                      |                            | YES  | NO                       |                                     |                          |
| 1937  | 1944                           | Public Schools, New Orleans, La.   |                                      |                            | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | None                                |                          |
| 1944  | 1945                           | Davy Crockett Elem., Dallas, Texas   |                                      |                            | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | "                                   |                          |
| 1945  | 1948                           | Chamberlain-Hunt Acad., Port Gibson, Miss.   |                                      |                            | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | "                                   |                          |
| 1948  | 1949                           | Arlington Hts. High School, Ft. Worth, Texas   |                                      |                            | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | "                                   |                          |
| 1949  | 1950                           | Paschall High School, Ft. Worth, Texas   |                                      |                            | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | "                                   |                          |
| 10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)   |                                |  |                                      |                            |  |                          |                                     |                          |
| RELATION AND NAME   |                                | DATE AND PLACE OF BIRTH  |                                      | PRESENT ADDRESS, IF LIVING |  |                          | U. S. CITIZEN                       |                          |
| FATHER<br><b>EDWARD JOHN PIC</b>  |                                | <b>UNKNOWN</b>   |                                      |                            |  |                          | YES                                 | NO                       |
| MOTHER (Maiden name)<br><b>MARGAURITE CLAVIRIE</b>  |                                | <b>UNKNOWN</b>   |                                      |                            |  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SPOUSE (Maiden name)<br><b>MARGARET DOROTHY FUHRMAN</b>   |                                |  |                                      |                            |  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| OTHER (Specify) SON<br><b>JOHN EDWARD PIC, JR.</b>  |                                |  |                                      |                            |  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DAUGHTER:<br><b>JANET ANN PIC</b>   |                                |  |                                      |                            |  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SON:<br><b>JAMES MICHAEL PIC</b>  |                                |  |                                      |                            |  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SON:<br><b>JEREMY ALLAN PIC</b>   |                                |  |                                      |                            |  |                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

11 OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)

| RELATIONSHIP AND NAME | AGE | OCCUPATION | ADDRESS | CITIZENSHIP |
|-----------------------|-----|------------|---------|-------------|
| None                  |     |            |         |             |
|                       |     |            |         |             |
|                       |     |            |         |             |
|                       |     |            |         |             |
|                       |     |            |         |             |

12 FOREIGN TRAVEL (Other than as a direct result of United States military duties)

| DATES |     | COUNTRY VISITED | PURPOSE OF TRAVEL |
|-------|-----|-----------------|-------------------|
| FROM- | TO- |                 |                   |
|       |     | None            |                   |
|       |     |                 |                   |
|       |     |                 |                   |
|       |     |                 |                   |
|       |     |                 |                   |

13 EMPLOYMENT (Show every employment you have had and all periods of unemployment)

| MONTH AND YEAR |          | NAME AND ADDRESS OF EMPLOYER                   | NAME OF IMMEDIATE SUPERVISOR | REASON FOR LEAVING  |
|----------------|----------|--|------------------------------|---------------------|
| FROM-          | TO-      |  |                              |                     |
| Sep 1948       | Feb 1949 | Everybody Department Store<br>Ft. Worth, Texas | UNKNOWN                      | Schooling           |
| Feb 1949       | Jan 1950 | Bart's Shoe Store<br>Ft. Worth, Texas          | Rhoades                      | Military Enlistment |
|                |          |  |                              |                     |
|                |          |  |                              |                     |
|                |          |  |                              |                     |
|                |          |  |                              |                     |
|                |          |  |                              |                     |
|                |          |  |                              |                     |
|                |          |  |                              |                     |
|                |          |  |                              |                     |

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE?  YES  NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY?  YES  NO HAVE YOU EVER BEEN REFUSED BOND?  YES  NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

SOCIAL SECURITY NO. 452-40-7470

14 CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories.)

| CHARACTER | NAME<br>(List 3 credit and 5 character) | YEARS KNOWN | STREET AND NUMBER<br>(Business address preferred) | CITY         | STATE OR TERRITORY |
|-----------|---|-------------|---|--------------|--------------------|
|           |   |             |   |              |                    |
|           | Merrie's Furniture Company              | 3           | " " "   | San Antonio, | Texas              |
|           | Wells Fargo Bank                        | 3           | SW Military Drive                                 | Fairfield,   | Calif              |
| CHARACTER | L. P. Conway                            | 18          |   |              |                    |
|           | Charles Scott                           | 9           | Unknown   |              |                    |
|           | Don W. Smith                            | 7           | W/A   |              |                    |
|           | Jack Forlives - CMSGT                   | 1           |   |              |                    |
|           | Walter Nicksan                          | 3           |   |              |                    |

DOD

Answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material.

15. LIST ALL RESIDENCES FROM 1 JANUARY 1937

| MONTH AND YEAR |         | STREET AND NUMBER    | CITY          | STATE OR COUNTRY |
|----------------|---------|----------------------|---------------|------------------|
| FROM—          | TO—     |                      |               |                  |
| 1937           | 1940    | Alvar Street         | New Orleans   | Louisiana        |
| 1940           | 1944    | Bartholomew Street   | New Orleans   | Louisiana        |
| 1944           | 1946    | Victor Street        | Dallas        | Texas            |
| 1946           | 1947    | Unknown              | Covington     | Louisiana        |
| 1947           | 1948    | Unknown              | Ft Worth      | Texas            |
| 1948           | 1951    | 7408 Ewing           | FtWorth       | Texas            |
| 1951           | 1953    | 325 E. 92d Street    | New York      | New York         |
| 1954           | 1955    | 30 St. Marks Place   | Staten Island | New York         |
| 1956           | 1958    | 104 Avenue C         | East Meadow   | New York         |
| 1958           | 1962    | Tachikawa, Japan     | Tachikawa     | Japan            |
| 1962           | 1963    | 110 Ferncroft Street | San Antonio,  | Texas            |
| 1963           | Present |                      |               |                  |

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

| NAME AND ADDRESS                               | TYPE<br>(Social, fraternal, professional, etc.) | OFFICE HELD | MEMBERSHIP |         |
|--|---|-------------|------------|---------|
|  |   |             | FROM—      | TO—     |
| Academy of Model Aeronautics, Washington, D.C. |   | None        | 1963       | 1964    |
| National Rifle Association, Washington, DdC.   |   | None        | 1965       | Present |

17.

|     |                                     |  |
|-----|-------------------------------------|--|
| YES | NO                                  |  |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?   |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?  |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?   |
|     | <input checked="" type="checkbox"/> | ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH, ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?  |
|     | <input checked="" type="checkbox"/> | HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?                                       |

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

N/A

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE.  YES  NO

IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

RECORDED  
DOD

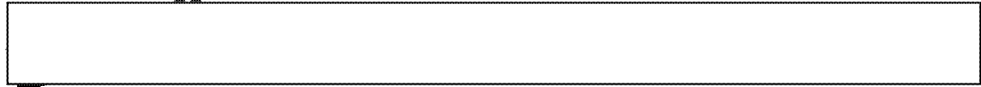
19 ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION?  YES  NO IF "YES," GIVE DETAILS

N/A

20. REMARKS

ITEM No. 10 (cont'd)

BROTHER:  
ROBERT EDWARD OSWALD



LEE HARVEY OSWALD      18 Oct 1939      Deceased      American citizen  
New Orleans, La.

Address of mother and father is unknown to me. I do not nor have not corresponded with them.

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE

SIGNATURE OF PERSON COMPLETING FORM

10 May 65

TYPED NAME AND ADDRESS OF WITNESS TSgt Ralph E. Gibson  
Wilford Hall USAF Hosp Lackland AFB Tex

SIGNATURE OF WITNESS

21.

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top, secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

SECRET clearance required for overseas assignment (Project TOP DOG)

RECORD OF PRIOR CLEARANCES

| DATE OF CLEARANCE | TYPE OF CLEARANCE | AGENCY THAT COMPLETED INVESTIGATION |
|-------------------|-------------------|-------------------------------------|
|                   |                   |                                     |
|                   |                   |                                     |
|                   |                   |                                     |

REMARKS

DOD