### JFK Assassination System Identification Form

**Agency Information**

- **AGENCY**: HSCA
- **RECORD NUMBER**: 180-10072-10186
- **RECORD SERIES**: NUMBERED FILES.
- **AGENCY FILE NUMBER**: 010313

**Document Information**

- **ORIGINATOR**: SOCIAL SECURITY ADMINISTRATION
- **FROM**: HESS, JACQUELINE.
- **TITLE**: 
- **DATE**: 07/31/1978
- **PAGES**: 64
- **SUBJECTS**: OSWALD, MARINA; FINANCES, INCOME TAXES. OSWALD, LEE; PRE-RUSSIAN PERIOD, MILITARY SERVICE, COURT-MAR
- **DOCUMENT TYPE**: REPORT.
- **CLASSIFICATION**: Unclassified
- **RESTRICTIONS**: 3
- **CURRENT STATUS**: Redact
- **DATE OF LAST REVIEW**: 07/10/1996

**OPENING CRITERIA**:

- **COMMENTS**: Includes insurance forms, death certificate, & military documents of Oswald. Box 189.
Ms. Jackie Hess  
Select Committee on Assassinations  
U.S. House of Representatives  
3331 House Office Building, Annex 2  
Washington, D.C. 20515

Dear Ms. Hess:

This is in response to Mr. Blakey's May 15, 1978, request for access to all files and documents concerning or referring to Lee Harvey Oswald and Marina Oswald. The following documents are enclosed:

1. Form SS-5, Application for Social Security Account Number, completed by Lee Harvey Oswald.

2. Form SS-5, Application for Social Security Account Number, completed by Marina Oswald.

3. Numident showing name changes for Marina Oswald.


5. Certificate of Death issued by the City of Dallas for Lee Harvey Oswald.

6. Marriage certificate (and translation) for Lee Harvey Oswald and Marina Nikolaevna Prusakova.

7. Birth certificate (and translation) for Marina Nikolaevna.

8. Birth certificate (and translation) showing child born to Lee Harvey Oswald and Marina Nikolaevna Oswald.

9. OA-C70h, Certification of Contents of Document(s) or Record(s), re birth of child to Lee H. Oswald and Marina Nikolaevna Prusakova.
10. Form OA-C654, Certification By Uniformed Services, for Lee Harvey Oswald.

11. Letter dated 7/25/63 from the Department of the Navy to Lee Harvey Oswald.

12. Form DD-214, Armed Forces of the United States Report of Transfer or Discharge, for Lee Harvey Oswald.

13. Undesirable Discharge from the Armed Forces of the United States, issued to Lee Harvey Oswald.

14. Forms OA-C668, Claimant's Report to Social Security Administration, completed by Marina Oswald on 3/27/64 and 5/1/65.

15. Form OA-C669, Claimant's Report About Work to the Social Security Administration, completed by Marina Oswald on 10/8/64.


18. Form OAC-1001, Statement of Employer, completed by Jaggars-Chiles-Stovall, Inc.

19. Form OAC-1001, Statement of Employer, completed by Texas School Book Depository.


21. OAC-5002, Report of Contact, re contact with Jaggars-Chiles-Stovall, Inc.

22. OAC-5002, Report of Contact, re earnings under Jaggars-Chiles-Stovall, Inc.


27. Forms OA-C107, Determination of Resumption of Award.

28. Forms OA-C528b, Determination of Termination of Entitlement or Suspension of Payments Based on Supporting Evidence on File.

29. Forms OA-C610, Payee, Address Change, or Hold Check Request.

30. Form OA-0526, Benefit Summary.

31. Form OA-0101, Determination of Award.

32. Form OA-0589, receipt for check.

33. Form OA-0596, 1965 Conversion of Benefit Rates.

34. Form AC-512, Appointment of Representative, completed by Marina N. Oswald and James H. Martin.

35. Form OAC-5002, Report of Contact, with James H. Martin.


The above-mentioned documents are being sent to you in their entirety. We have withheld only the records of wage and self-employment income maintained under the direction of 42 U.S.C. 405(c)(2). This record is created on the basis of tax return information received from the Internal Revenue Service. Under 26 U.S.C. 6103, this information is given to the Social Security Administration for the administration of the Social Security Act and redisclosure is prohibited. You may request this information directly from the Internal Revenue Service.

I understand that the Dallas Region has already sent you the local folder on Lee Harvey Oswald. We are also checking with the National Archives to determine if it may have further social security records on Lee Harvey Oswald or Marina Oswald. To date, we have found no records under the aliases you provided. We will contact you if further documents are located.

Sincerely yours,

[Signature]
Robert P. Lynam
Associate Commissioner
for Program Operations

Enclosures
APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

REOUIRED UNDER THE FEDERAL INSURANCE CONTRIBUITIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED

FIRST NAME MIDDLE NAME (MIDDLE NAME OR INITIAL, DRAW A LINE) LAST NAME

Lee

OSWALD

MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE)

126 EXCHANGE, NO. LA.

PRINT FULL NAME GIVEN AT BIRTH

LEE HARVEY OSWALD

AGE ON LAST BIRTHDAY

DATE OF BIRTH (MONTH) (DAY) (YEAR)

15 OCT 18, 1937

PLACE OF BIRTH (CITY) (COUNTY) (STATE)

NEW ORLEANS

LA.

FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD

ROBERT OSWALD

MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD

MARGARET CLEAVITY

SEX (MARK (X) WHICH)

MALE FEMALE

SEX (MARK (X) WHICH)

COLOR (MARK (X) WHICH)

OF CUSMC, SPECIFY

OR WHITE NEGRO OTHER

HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER?

NO STATE

SAME NUMBER

STATE

EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE)

EMPLOYER'S NAME (IF UNEMPLOYED, WRITE "UNEMPLOYED")

BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"

TODAY'S DATE

WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT)

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

433-54-3937

DO NOT WRITE IN THE ABOVE SPACE

NW 55923 DocId:32245128 Page 5
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Мария Петровна Акимова</td>
<td>Россия, Москва</td>
<td>123456</td>
</tr>
<tr>
<td>Иван Иванович Петров</td>
<td>Москва, 10-й район</td>
<td>789012</td>
</tr>
<tr>
<td>Николай Николаевич Петров</td>
<td>Москва, 12-й район</td>
<td>345678</td>
</tr>
</tbody>
</table>

(29 ст. Акимова, Москва, 10-й район)
APPLICATION FOR SURVIVORS INSURANCE BENEFITS

All items on this form requiring an answer must be answered or marked "Unknown."

NOTICE.—Whoever (a) makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of any benefit, or in determining an individual’s disability, under Title II of the Social Security Act, or (b) who, having received an acknowledgment of this statement, knowingly and willfully uses such payment in a manner inconsistent with the terms of such acknowledgment, is subject, under the Social Security Act, to a fine of not more than $1,000 and 1 year’s imprisonment, or both.

[Signature]

Full name of applicant

Marina M. [Last Name]

Social Security account number

[SSN]

hereby apply for all insurance benefits payable to me under Title II of the Social Security Act, as amended, and to the children listed in item 14 below.

1. When was the deceased born? Month 10 Day 19 Year 39

2. In what State or foreign country did the deceased have his fixed, permanent home when he died?

3. (a) Did the deceased ever serve in the military or naval service of the United States? [ ] Yes [ ] No

(b) Was the deceased in active service after September 7, 1939, and before January 1, 1957? [ ] Yes [ ] No

(c) Give dates of service during the period specified in (b) above.

(d) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased? [ ] Yes [ ] No

List all such agencies.

4. Did the deceased work in the railroad industry at any time on or after January 1, 1937? [ ] Yes [ ] No

5. Give the names and addresses of the deceased’s employers during the 12 months before his death; if he worked in agricultural employment, give this information for the year of death and the year before. (If self-employed, write “Self-employed.”)

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>Work Began</th>
<th>Work Ended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

6. If the deceased was self-employed last year or the year before, give:

- Kind of trade or business
- Amount of net earnings

[ ] Less than $400 [ ] $400 or more
[ ] Less than $400 [ ] $400 or more

7. About how much did the deceased earn from employment and self-employment during the year in which he died?

- $2000.00

8. Give the following information about each marriage of the deceased, including his marriage to you.

<table>
<thead>
<tr>
<th>Date and Place of Marriage(s)</th>
<th>To Whom Married</th>
<th>How Marriage Ended</th>
<th>Marriage Ended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month, Day, Year</td>
<td>City</td>
<td>State</td>
<td>Date</td>
</tr>
</tbody>
</table>

9. What was your maiden name?

- [Signature]

10. When and where were you born? (Month, day, and year)

- [Signature]

(State or foreign country)

*This may also be considered an application for survivors benefits under Section 5 of the Railroad Retirement Act and for Veterans Administration payments under Title 38 USC., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).*
11. Indicate by (√) whether your marriage to the deceased was performed by:

- Clergyman or authorized public official √
- Other □
(Explain)

12. Were you married before your marriage to the deceased?

- Yes □
- No ×

If "Yes," give the following information about each of your previous marriages.

<table>
<thead>
<tr>
<th>Date and Place of Marriage(s)</th>
<th>To Whom Married</th>
<th>How Marriage Ended</th>
<th>Marriage Ended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td>Place</td>
<td></td>
</tr>
</tbody>
</table>

13. (a) Were you and the deceased living together at the same address when the deceased died? √

(b) If either you or the deceased was away from home (whether or not temporarily) when the deceased died, give the following: which of you was away; date last home; reason absence began; reason you were apart at time of death; if hospitalized, name of hospital and nature of confinement.

14. Was the deceased survived by any unmarried children (including stepchildren, adopted, and illegitimate children): (a) who were under 18 years of age when he died; or (b) who were 18 years of age or older, with a disability that began before age 18? ×

If your answer is "No," leave out the next questions and continue with question 21.

If your answer to question 14 is "Yes," give the following information about each such child.

(If uncertain as to name, date of birth, or whereabouts of any of these children, explain under "Remarks" on last page.)

As an aid to the examiner, show relationship to you and the deceased by placing (√) in the proper column.

<table>
<thead>
<tr>
<th>Full Name of Child</th>
<th>Date of Birth</th>
<th>Relationship to Deceased</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td>June Lee Oswald</td>
<td>2 15 62</td>
<td>Legitimate</td>
<td></td>
</tr>
<tr>
<td>Audrey Marie Rachel</td>
<td>10 30 63</td>
<td>Adopted</td>
<td></td>
</tr>
</tbody>
</table>

(Please DO NOT WRITE IN MARGIN)

15. Has any child listed in item 14 ever been adopted by anyone other than the deceased? ×

If "Yes," give the name of child, by whom adopted, and when.

16. (a) Were all the children listed in item 14 living with the deceased at time of death? √

- If "No," and the deceased was the FATHER or ADOPTING FATHER who died before September 1960, answer (b).

(b) Which of the children listed in item 14 were living with their STEPFATHER when the deceased died?

17. Are all the children listed in item 14 now living with you? ×

- If "No," give the following information about each child not living with you now.

<table>
<thead>
<tr>
<th>Full Name of Child Not Living With You</th>
<th>Person With Whom Child Now Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address</td>
<td>Relationship to Child</td>
</tr>
</tbody>
</table>

18. Has a child listed in item 14 lived with you in every month since your husband's death? ×

- If "No," list the months in which no such child lived with you.
19. Do you understand that all payments made to you on behalf of a child must be spent or saved for his use and benefit, and do you agree to so apply the benefits?  

Yes  No

20. Do you agree to notify the Social Security Administration promptly when you no longer have responsibility for the welfare and care of any child for whom you are filing this application?  

Yes  No

21. Have you or any children listed in item 14 married since the death of the deceased?  

Yes  No

If "Yes," give name of person who married and date of marriage.

22. Have you or any children listed in item 14 ever had a social security account number?  

Yes  No

If "Yes," give the following information for each person having a number.

<table>
<thead>
<tr>
<th>Name of Person as Shown on Social Security Card</th>
<th>Social Security Account Number</th>
</tr>
</thead>
</table>

23. Have you or any children listed in item 14 ever filed an application for social security benefits before?  

Yes  No

If "Yes," give the name and account number of the person on whose earnings record such previous claim was based.

(Name of wage-earner or self-employed person)  (Social security account number)

Answer questions 24 and 25 only if you are within 3 months of age 62 or older.

24. Were you in the active military or naval service of the United States after September 7, 1939, and before January 1, 1957?  

Yes  No

25. Did you work in the railroad industry at any time on or after January 1, 1937?  

Yes  No

Deductions are made from the benefits (other than disability benefits) of any person under age 72 who earns more than $100 a month in employment or renders substantial services in self-employment, and has earnings in excess of $1,200 for the taxable year. This applies to all employment and self-employment, whether or not covered by the Social Security Act.

26. (a) Are you or any of the children for whom you are filing now earning more than $100 a month in employment or rendering substantial services in self-employment?  

Yes  No

If "Yes," give the name of each such person.

(b) Do you expect your total earnings or the total earnings of any child for whom you are filing to exceed $1,200 this year (count all earnings beginning with the first month of this year)?  

Yes  No

If "Yes," give the name of each such person and the amount of his expected earnings. If "No," continue with question 27.

<table>
<thead>
<tr>
<th>Person</th>
<th>Expected Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

27. (c) Did every person listed in (b) earn more than $100 a month in employment or render substantial service in self-employment in all months of this year (counting the present month)?  

Yes  No

If "No," give the name of each person and the months of this year in which the person did not earn more than $100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None."

<table>
<thead>
<tr>
<th>Person</th>
<th>Months</th>
</tr>
</thead>
</table>

* The yearly period referred to in this and subsequent items is the same 12-month period used in figuring income taxes. If you or any of the children use a fiscal year (one that does not end on December 31), enter here the name of such person and the month the fiscal year ends.
Answer item 27 only if the deceased died before this year.

27. Did you or any child for whom you are filing earn more than $1,200 last year? [ ] Yes [ ] No

If "Yes," give the name of each such person, show his total earnings, and list the months of last year in which the person did not earn $100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None." (Do not list any month before the month the deceased died.)

<table>
<thead>
<tr>
<th>Person</th>
<th>Earnings</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you, while under age 72 at least one full month of that year, or any child for whom you are filing, earned more than $1,200. Also, your benefit is not payable for any month you do not have in your care a child of the deceased entitled to a child's benefit unless you are receiving benefits because you are a widow age 62 or over.

FAILURE TO REPORT THESE EVENTS MAY RESULT IN THE LOSS OF ADDITIONAL MONTHLY BENEFITS.

28. Do you agree to file the annual report of earnings when required? [ ] Yes [ ] No

29. Do you agree to notify the Social Security Administration promptly if you do not have an entitled child of the deceased in your care? [ ] Yes [ ] No

A widow's entitlement to benefits ends with the month before the month in which: (a) she marries, with certain exceptions (however, all marriages must be reported); or (b) she is under age 62 and no child of the deceased is entitled to child's insurance benefits.

A child's entitlement to benefits ends with the month before the month in which the child: (a) attains age 18 (unless the child has a physical or mental impairment which began before age 18, is expected to be long-lasting, and prevents any substantial gainful activity); (b) dies; (c) marries, with certain exceptions where the child is disabled (however, all marriages must be reported); or (d) is legally adopted (unless the adoption is by the child's stepparent, grandparent, aunt, or uncle after the death of the parent on whose record the child's claim is based).

If the child is age 18 or over and is receiving benefits as a disabled child, his entitlement to benefits also ends with the second month after the month in which his disability ceases.

30. Do you agree to notify the Social Security Administration promptly if any of these events occur and to return promptly any check for benefits received by you if you or any of the children are not entitled to it? [ ] Yes [ ] No

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

3. Texas school book repository 411 Elm, Dallas, Tex. 12/6/63-11/66

Knowing that anyone making a false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability, commits a crime punishable under Federal law, I certify that the above statements are true.

Signature of applicant (Write in ink):

<table>
<thead>
<tr>
<th>Sign Here</th>
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<td>[ ]</td>
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<table>
<thead>
<tr>
<th>(First name)</th>
<th>(Middle initial)</th>
<th>(Last name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marna N. Druza</td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>(Street and number)</th>
<th>(City)</th>
<th>(State)</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>(Street and number)</th>
<th>(City)</th>
<th>(State)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Telephone number at which I can be reached:

<table>
<thead>
<tr>
<th>Area code</th>
<th>730</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date:

<table>
<thead>
<tr>
<th>(Month)</th>
<th>(Day)</th>
<th>(Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Certificate of Death**

**State of Texas**

1. **Place of Death**
   - City: Dallas
   - County: Dallas

2. **Usual Residence**
   - State: Texas
   - City: Dallas
   - County: Dallas

3. **Name of Deceased**
   - First Name: Lee
   - Middle Name: Harvey
   - Last Name: Oswald

4. **Sex**
   - Male

5. **Date of Birth**
   - October 19, 1939

6. **Occupation**
   - Laborer

7. **Birthplace**
   - New Orleans, La, USA

8. **Citizen of What Country?**
   - USA

9. **Father's Name**
   - Robert Edward Lee Oswald

10. **Mother's Maiden Name**
    - Marguerite Claverie

11. **Social Security Number**
    - 433-54-3937

12. **Cause of Death**
    - Gunshot wound of the chest

13. **Place and Date of Death**
    - Parkland Hospital, Dallas, November 24, 1963

14. **Immediate Cause**
    - Hemorrhage, secondary to gun shot wound of the chest

15. **Time of Injury**
    - 11:24 p.m.

16. **Place of Injury**
    - City Hall, Dallas, Texas

17. **Name of Crematory or Cemetery**
    - Rose Hill Burial Park, Ft Worth, Texas

18. **Date of Burial**
    - November 25, 1963

19. **Signature**
    - [Signature]

20. **Date Signed**
    - December 6, 1963

21. **Emissary**
    - J. W. Bass

22. **Certificate**
    - Vital Statistics, Dallas, Texas
TRANSLATION

NAME OF INSURED INDIVIDUAL

SOCIAL SECURITY ACCOUNT NUMBER
433-54-3937

TRANSLATING OFFICE
Social Security Administration

A. REQUEST FOR ASSISTANCE
(Complete only if document is sent to another office for translation.)

1. DATE: 1/23/64

2. LANGUAGE OF DOCUMENT: Russian

3. PERSON(S) FOR WHOM PROOF SUBMITTED:
   (If married woman give maiden name)

4. FACT(S) TO BE PROVED:

5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION
(To be filled out by official translator)

1. TYPE OF DOCUMENT:
   Marriage Certificate

2. DATE EVENT RECORDED, IF SHOWN: 4/30/61

3. DATE DOCUMENT ISSUED:
   4/30/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:
   Bureau Manager (Chief)

5. NAME OF ISSUING AGENCY:
   Bureau of Registration of Citizens
   Statistics, Moscow, Dist. Oktyabrsk

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported? YES ☐ NO ☐

7. Is Foreign Service post verification stamp shown on document? YES ☐ NO ☐

8. Describe and explain any irregularities in document:

9. The document, which is in the language, contains the following pertinent information:

   Citizen: Oswald, Lee Harvey, born 10/18/39 in
   New Orleans

   and

   Citizen: Byrkanova, Marina Nikolaevna, born
   July 17, 1941 in Molotovsk, Dist. Arkhangelsk

   were married on April 30, 1961

   Reg. No. 415  Cert. No. 332281

REQUESTING OFFICE:

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Kotchan

TITLE
Do.Auth. 47

DATE
1/23/64
СВИДЕТЕЛЬСТВО О БРАКЕ

Гражданство: ОСВАДО

Город: новгород

Год рождения: 1939

Гражданка: БУРУСАЛЯ

Город: новгород

Год рождения: 1941

Свидетельство о браке

жена

Год регистрации: 1981

Уклон в 20 апреля 1981

Место рождения: новгород

Место рождения: новгород

Подпись: [подпись]

Свидетельство о браке
**A. REQUEST FOR ASSISTANCE**  
(Complete only if document is sent to another office for translation.)

<table>
<thead>
<tr>
<th>1. DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/23/64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. LANGUAGE OF DOCUMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUSSIAN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. PERSON(S) FOR WHOM PROOF SUBMITTED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If married woman give maiden name)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. FACTS TO BE PROVED:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:</th>
</tr>
</thead>
</table>

**B. TRANSLATION**  
(To be filled out by official translator)

<table>
<thead>
<tr>
<th>1. TYPE OF DOCUMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. DATE EVENT RECORDED, IF SHOWN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/14/41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. DATE DOCUMENT ISSUED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/14/61</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. TITLE OF OFFICER EXECUTING DOCUMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegal*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. NAME OF ISSUING AGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illegal*</td>
</tr>
</tbody>
</table>

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported?  
................................................................................................................... [ ] YES [ ] NO

7. Is Foreign Service post verification stamp shown on document?  
................................................................................................................... [ ] YES [ ] NO

8. Describe and explain any irregularities in document:


9. The document, which is in the language, contains the following pertinent information:

Name: Pryzachenko, Marina Nikolayevna, was born (MC, Illegal) 17, 1941 (Month appears to be July or June)  
Place of Birth: (City, Illegal), District Arkhangelsk, RSFSR  
Father: (Illegal)  
Mother: (Illegal)

Reg. No. 1285  
Cert. No. (Illegal)

* Document shows official Soviet ZACS bureau stamp.

**REQUESTING OFFICE:**  
Social Security Administration

**SIGNATURE OF AUTHORIZED TRANSLATOR:**

Geo. Polischuk  
Title: Cl Auth Tn  
Date: 7/23/64
**TRANSLATION**

<table>
<thead>
<tr>
<th><strong>A. REQUEST FOR ASSISTANCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME OF INSURED INDIVIDUAL</strong></td>
</tr>
<tr>
<td><strong>SOCIAL SECURITY ACCOUNT NUMBER</strong></td>
</tr>
<tr>
<td>433-54-3937</td>
</tr>
<tr>
<td><strong>TRANSLATING OFFICE</strong></td>
</tr>
<tr>
<td>Social Security Administration</td>
</tr>
</tbody>
</table>

| **1. DATE:** | 1/23/64 |
| **2. LANGUAGE OF DOCUMENT:** | Russian |
| **3. PERSON(S) FOR WHOM PROOF SUBMITTED:** |
| (If married woman give maiden name) |
| **4. FACTS TO BE PROVED:** |
| D/L |
| **5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:** |

<table>
<thead>
<tr>
<th><strong>B. TRANSLATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. TYPE OF DOCUMENT:</strong> Birth Certificate</td>
</tr>
<tr>
<td><strong>2. DATE EVENT RECORDED:</strong> 2/25/62</td>
</tr>
<tr>
<td><strong>3. DATE DOCUMENT ISSUED:</strong> 2/25/62</td>
</tr>
<tr>
<td><strong>4. TITLE OF OFFICER EXECUTING DOCUMENT:</strong> Bureau Manager (Chief)</td>
</tr>
<tr>
<td><strong>5. NAME OF ISSUING AGENCY:</strong> Bureau of Immigration Statistics</td>
</tr>
</tbody>
</table>

| **6. Does this document appear to be genuine and unaltered, and to have been made at the time purported?** |
| Statistics |
| **7. Is Foreign Service post verification stamp shown on document?** |
| Yes No |

| **8. Describe and explain any irregularities in document:** |

| **9. The document, which is in the_ _ _ _ language, contains the following pertinent information:** |

| **Family Name:** Oswald |
| **Father's Name:** Oswald Lee Harvey |
| **First Name:** June |
| **Father's Nationality:** American |
| **Patronymic:** Lee |
| **Mother's Name:** Oswald Marina Nikolaevna |
| **Born:** February 15, 1962 |
| **Mother's Nationality:** Russian |
| **Place of Birth:** Minsk, White Russian SSR |
| **Reg. No.:** 208 |
| **(Over)** |

**REQUESTING OFFICE:** Social Security Administration

**SIGNATURE OF AUTHORIZED TRANSLATOR:**

**Title:** 

**Date:** 1/23/64
Place of Registration: Minsk, District Terni
Office of Registration
Certificate No. 123610
**CERTIFICATION OF CONTENTS OF DOCUMENT(S) OR RECORD(S)**

(This form must be executed by an authorized employee of the Social Security Administration)

Name of wage earner or self-employed person: **Lee Harvey Oswald**

Social security account number: **433-54-3937**

Every item in a block must be filled out with exact excerpts from the paper certified or the item must be marked “not shown.” If the date on which an entry was made in a family record is “not shown,” indicate under “Remarks” any allegation as to when the document or record was established. CROSS OUT ALL UNUSED SPACES.

### A. AGE (OR RELATIONSHIP) OF:

#### 1. Name of Person as Shown on Evidence

<table>
<thead>
<tr>
<th>Name of Father</th>
<th>Age</th>
<th>Name of Mother</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

Person Having Custody, Relationship to Applicant, and Address: **Applicant**

#### Name and Address of Issuing Agency (If certifying from a Bible, give date of publication)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Date Recorded

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Born

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### B. MARRIAGE OF:

#### Name of Husband as Shown on Evidence

<table>
<thead>
<tr>
<th>No. of Previous Marriages (1, 2, etc.)</th>
<th>Born</th>
<th>Age</th>
<th>Birthday at Which Age Shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Shown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Name of Wife as Shown on Evidence

<table>
<thead>
<tr>
<th>No. of Previous Marriages (1, 2, etc.)</th>
<th>Born</th>
<th>Age</th>
<th>Birthday at Which Age Shown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Shown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Nature of Evidence

<table>
<thead>
<tr>
<th>Marriage Certificate</th>
<th>Place of Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Shown</td>
<td>Not Shown</td>
</tr>
</tbody>
</table>

Person Having Custody, Relationship to Applicant, and Address: **Applicant**

#### Name and Address of Issuing Agency (If certifying from a Bible, give date of publication)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Date of Marriage

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

**PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>PLACE OF BIRTH</th>
<th>DATE OF BIRTH</th>
<th>DATE OF DEATH</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oswald</td>
<td>Lee Harvey</td>
<td></td>
<td></td>
<td>10/19/39</td>
<td>11/24/63</td>
<td>433-54-3937</td>
</tr>
</tbody>
</table>

**Branch of Service**

Marine Corps

**Date(s) of Entry into Service**

10/24/56

**Date(s) of Separation**

9/11/59

**Remarks**

Part II ☐ Part III ☑ below to be completed by the service department

---

**PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.**

<table>
<thead>
<tr>
<th>1. Date(s) of Entry into Active Service</th>
<th>2. Date(s) of Separation from Active Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>240ct56</td>
<td>11Sep59</td>
</tr>
</tbody>
</table>

**3. Character of Separation(s) (If Bad Conduct as a Result of a General Court Martial)**

Honorable

*If Character of Separation Was Not Honorable, Under Honorable Conditions, Discharge, or Bad Conduct as a Result of a General Court Martial, Check Reason for Separation Below:

- [ ] Desertion.
- [ ] Resignation for the Good of the Service (Officers Only).
- [ ] Conscientious Objector Who Refused to Wear the Uniform or Otherwise to Comply with Lawsful Orders of Competent Military Authority.
- [ ] Conviction by a Civil Court for Treason, Sabotage, Espionage, Murder, Rape, Arson, Burglary, Robbery, Kidnapping, Assault with Intent to Kill, Assault with a Dangerous Weapon, or an Attempt to Commit Any of These Crimes.
- [ ] None of the Above.

---

**PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY**

(See instructions on reverse side)

**IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box.**

Sign and return the form without answering items 1, 2 and 3 below.

1. (a) Was this veteran an enlisting member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability? [ ] Yes [ ] No

(b) Was this veteran ever retired or transferred to the Fleet Reserve (Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? [ ] Yes [ ] No

2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? [ ] Yes [ ] No

(b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? [ ] Yes [ ] No

(c) Was this multiple increase because of active service occurring after July 24, 1947, and before January 1, 1957? [ ] Yes [ ] No

3. Did the veteran have active duty or active duty for training after December 31, 1956? [ ] Yes [ ] No

**Remarks by Certifying Agency:**

Served in an inactive status in the Marine Corps Reserve from 12Sep59 to 13Sep60 when discharged as Undesirable.

**Organization**

Records Service Section

Hq. U.S. Marine Corps

**Date**

27Jan64

**Signature**

W. C. Keene

**Rank or Title**

Head of Section

Form OA-C654

(261)

[Form OA-C654](#)
Instructions

Telecom. with Marine Corps 1/24/64 and attached OA-0654 completed 1/27/64.

Attached OA-0654 reflects DWE's honorable active service 10/24/56 - 9/11/59 which confirms telecom. with Marine Corps (W. C. Keene, Record Service Section, Hqrs. Marine Corps, Washington, D.C.) on 1/24/64. The DWE's discharge as Undesirable was from his inactive status in the Marine Corps Reserve from 9/12/59 to 9/13/60, which discharge did not affect the character of separation from earlier service.

MS wage credits for 10/56 - 12/56 are not precluded by type of discharge from later period of service. See CM 1823.

Lorene B. Benning
Claims Policy Examiner

This Act does not apply since military service is not required for credited service and benefits will be computed based on non-military service in 1962 and 1963.

Walter D. Babkin
Claims Policy Examiner
JUL 25 1963

Mr. Lee H. Oswald
P. O. Box 30061
New Orleans, La.

Dear Mr. Oswald:

The review of your discharge has been completed in accordance with the regulations governing the procedures of this Board. Careful consideration was given to the evidence presented in your behalf as well as that contained in your official records. The Secretary of the Navy has reviewed the proceedings of the Board.

It is the decision that no change, correction or modification is warranted in your discharge.

Sincerely yours,

D. W. BOWMAN
Captain, USN
President
Navy Discharge Review Board

Enclos: Original Discharge Certificate.
Information on Reenlistment
OSWALD, Leo Harvey

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS:

5. PLACE OF BIRTH (City and State or Country):

New Orleans, Louisiana

6. COLOR HAIR:

Brown

7. COLOR EYES:

Grey

8. HEIGHT:

71 in

9. WEIGHT:

150 lbs

10. MAJOR COURSE OR FIELD:

Academic

11. TYPE OF TRANSFER OR DISCHARGE:

Transferred

12. STATION OR INSTALLATION AT WHICH EFFECTED:

to Marine Corps Reserve

H&HS, MCAS, El Toro, (Santa Ana), California

13. EFFECTIVE DATE:

11 Sep 59

14. TERMINAL DATE OF RESERVE ACTIVATION:

8 Dec 62

15. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION:

16. SOURCE OF ENTRY:

Enlisted (First Enlistment)

17. DETERMINATION OR AREA COMMAND TO WHICH RESEVIST TRANSFERRED:

MARTC NAS, Glenview, Illinois

18. TERMINAL DATE OF RESERVE ACTIVATION:

8 Dec 62

19. GRADE, RANK OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE:

Private

20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State):

Dallas, Texas

21. STATEMENT OF SERVICE:

22. CREDITABLE FOR BASIC PAY PURPOSES:

(1) NLT SERVICE THIS PERIOD

2

(2) OTHER SERVICE

0

(3) TOTAL (Line 1 + Line 2)

2

23. TOTAL ACTIVE SERVICE:

2

24. FOREIGN AND/OR SEA SERVICE:

2

25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED:

NONE

26. WOUNDS INCURRED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and Date, if known):

NOTE

27. POST-GRADUATE COURSE SUCCESSFULLY COMPLETED:

28. OTHER:


### Prior Regular Enlistments
- **Private**

### Place of Entry into Current Active Service
- **Dallas, Texas**

### Statement of Service
- **Years**: 2
- **Months**: 9
- **Days**: 3
- **Creditable HLT Service This Period**: 2
- **Total Active Service**: 2
- **End Date**: 09/11/59

### Decorations, Medals, Badges, Commendations, Citations and Campaign Ribbons Awarded or Authorized
- **None**

### Wounds Received as a Result of Action with Enemy Forces
- **None**

### Schools or Colleges, College Training, Courses and/or Post-Graduate Courses Successfully Completed
<table>
<thead>
<tr>
<th>School or Course</th>
<th>Dates (From - To)</th>
<th>Major Courses</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacksonville, Florida</td>
<td>18Mar57 - 30May57</td>
<td>AvnFundamental1ClT&quot;Scoll AC2&quot;OpnCrsz</td>
<td>USAFI GED HSLow</td>
</tr>
<tr>
<td>D'Iberville, Mississippi</td>
<td>09Jun57 - 19Jun57</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Government Life Insurance in Force
- **Yes**: ☐
- **No**: ☑

### VA Benefits Previously Applied For (Specify Type)
- **None**

### Remarks
- **Lump sum leave settlement due but not settled**
- **Mileage paid**: $91.50
- **Recommended for Reenlistment**
- **Time lost current active duty**: Forty-five (45) days
- **Permanently in a non-pay status**: From 29Jun58 to 12Aug58
- **Good Conduct Medal period commence**: 27Jun58 (1st Award)
- **Total payment on separation**: $132.30 (9/11/59)

### Permanent Address for Mailing Post-Servicemen Pay, Formerly in the Army or Navy
- **Fort Worth, Texas**

### Signature of Person Being Transferred or Discharged
- **Lee A. Harris**

### Signature of Officer Authorized to Sign
- **A. G. Ayers Jr., Lt. Lt. USMC Res't OIC SepCo**

### Replacement of Edition of 1 Jul 52 Which Is Obsolete
- **DD Form 214**
UNDISIRABLE DISCHARGE

FROM THE ARMED FORCES OF THE UNITED STATES OF AMERICA

THIS IS TO CERTIFY THAT

PRIVATE FIRST CLASS LEE HARVEY OWSALD 1653230

WAS DISCHARGED FROM THE UNITED STATES MARINE CORPS

ON THE 13th DAY OF SEPTEMBER 1960 AS UNDESIRABLE

M. G. LETSCHER, FIRST LIEUTENANT, USMC
UNIT DESTINATION

☐ ADJ ☐ COR

☐ CC ☐ CR

☐ CL ☐ DR

INCOMING CORRESPONDENCE ASSIGNMENT
(MAIL AND DISTRIBUTION SUBUNIT)

Referred to

Received by

Searcher

Final disposition

REMARKS:


CLAIMANT'S REPORT TO
SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

Marina Oswald

SOCIAL SECURITY CLAIM NUMBER

433-54-3937 E, C, 2

 Fill in only the item(s) being reported.

1. CHANGE OF ADDRESS: (Fill in new address at bottom.)

Check if change is for:
☐ more than 6 months
☐ 6 months or less

To avoid delay in receipt of checks you should also file a regular change of address notice with your local post office.

2. MARRIAGE:

Enter date of marriage

New name

3. DEATH.

Enter date of death

4. DIVORCE OR ANNULMENT OF MARRIAGE (of spouse beneficiary from insured individual).

Enter date decree final

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE.

Enter date child left your care

6. CHILD LEGALLY ADOPTED BY

☐ Stepparent ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Other

Enter date of adoption

7. WORK OUTSIDE THE UNITED STATES:

I was employed or self-employed outside the United States beginning with the month of

Month and Year

SIGNATURE of person making this report

Marina Oswald

Date signed

March 27, 1964

P.O. Box or Street

629 Belt Line

Richardson, Tex., 75080

Form OA-C668 (10-62)
INCOMING CORRESPONDENCE

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CLAIMANT'S REPORT TO
SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

MARINA N. OSWALD

SOCIAL SECURITY NUMBER(S)

433-54-3937-E

Fill in Only the Item(s) being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)
   Check if change is for □ more than 6 months □ 6 months or less
   To avoid delay in receipt of checks you should also file a regular change
   of address notice with your local post office.

2. MARRIAGE
   Show New Name

Enter date of marriage

3. DEATH OF (Show Name):

Enter date of death

4. DIVORCE OR ANNULMENT OF MARRIAGE
   (of spouse beneficiary from insured individual):

Enter date decree final

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE

Enter date child left your care

Show Given Name(s) of Person(s) Who Left:

6. GOING OUTSIDE THE U.S.
   Name of country to which going

Date of departure from U.S.A.

Given Name(s) of Person(s) Going

7. CHILD LEGALLY ADOPTED
   Show Given Name(s) of Child(ren)

Enter date of adoption

BY □ Stepparent □ Grandparent □ Aunt □ Uncle □ Other

SIGNATURE of person making this report

Mrs. Marina Oswald
P.O. Box or Street

1245 Donna Drive

City State Zip Code

RICHARDSON, TEXAS 75080

Enter name of county, if any, in which you live

Date Signed

DALLAS COUNTY 5-1-65

FORM OA-C 658 (6-63)
**CLAIMANT'S REPORT ABOUT WORK TO SOCIAL SECURITY ADMINISTRATION**

**PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE**

MARINA N. OSWALD

**SOCIAL SECURITY CLAIM NUMBER**

433-54-3937-E

Fill in only the item being reported.

<table>
<thead>
<tr>
<th>REPORT HERE IF YOU WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>and expect to earn more than $1,200 during this taxable year.</td>
</tr>
<tr>
<td>I am working for wages of more than $100 (or rendering substantial services in self-employment) beginning with the month of.</td>
</tr>
<tr>
<td>Month &amp; Year</td>
</tr>
<tr>
<td>Amount</td>
</tr>
</tbody>
</table>

Your estimate will be used to schedule benefit payments to you during the year. At the end of the year an annual report of actual earnings is required, at which time adjustments, as necessary, will be made.

<table>
<thead>
<tr>
<th>REPORT HERE IF YOU STOP WORKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>for wages of more than $100 a month (or rendering substantial services in self-employment).</td>
</tr>
<tr>
<td>The last month I worked for wages of more than $100 (or rendered substantial services in self-employment) was.</td>
</tr>
<tr>
<td>Month &amp; Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REPORT HERE TO REVISE AN ESTIMATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>of earnings you previously gave for this taxable year.</td>
</tr>
<tr>
<td>I estimate that my total earnings for this taxable year will be.</td>
</tr>
<tr>
<td>Amount*</td>
</tr>
<tr>
<td>If $1,200 or less, show &quot;$1,200 or less&quot;.</td>
</tr>
</tbody>
</table>

Your benefit payments will be rescheduled in line with the changes in your work activity reported above.

**SIGNATURE** of person making this report

Marina Oswald

**P.O. Box or street**

629 Belt Line Road

**City**

Richardson, Texas

**State**

**ZIP**

13650 572923
INCOMING CORRESPONDENCE ASSIGNMENT RECORD

MAIL AND DISTRIBUTION

REPORTING CARD

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

Marna N. Porter

ENTER SOCIAL SECURITY CLAIM NUMBER IN THIS SPACE

435 54 8937

Check or fill in ONLY the information being reported.

1. CHANGE OF ADDRESS (Print new address at bottom)
   Check if change is for: □ More than 6 mos. □ 6 mos. or less

2. □ WORKING AND WILL EARN OVER $1,500 THIS YEAR:
   □ Working for wages of more than
   □ $2,000 a month or (rendering substantial services in self-employment) begin
   ning with the month of...
   □ Fill in both boxes
   □ I estimate that my total earnings for
   □ this taxable year will be...
   □ $...

3. □ STOPPING WORK:
   The last month I worked for wages of
   □ more than $125 (or rendered substantial services in self-employment) was...
   □ MONTH AND YEAR

4. □ SIGNIFICANT CHANGE IN ESTIMATE:
   □ I estimate that my total earnings for
   □ this taxable year will be...
   □ $...

5. □ DEATH
   □ ENTER DATE OF DEATH

6. □ GOING OUTSIDE THE U.S.
   □ Name of country to which going
   □ DATE GOING
   □ DATE EXPECT TO RETURN

7. □ MARRIAGE
   □ Place of marriage (City, County & State)
   □ DATE OF MARRIAGE

8. □ DIVORCE OR ANNULMENT.
   □ ENTER DATE OF
   □ DATE DECREE FINAL

9. □ CHILD LEGALLY ADOPTED BY
   □ Stepparent □ Brother or
   □ Aunt or Uncle □ Sister
   □ Other □ Grandparent
   □ ENTER DATE OF ADOPTION

10. □ CHILD OR OTHER CLAIMANT
    □ LEFT YOUR CARE
    □ ENTER DATE HE LEFT YOUR
    □ CARE

SIGNATURE OF PERSON MAKING THIS REPORT

Marna N. Porter

NUMBER AND STREET, P.O. BOX, OR ROUTE

6448 Dunsan Lane

CITY STATE ZIP CODE

DALLAS Texas 75214

DATE SIGNED

5-4-66

TELEPHONE NUMBER, IF ANY

EM 8 2177

ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE

DALLAS

FORM SSA-1425 (12-65) KC
<table>
<thead>
<tr>
<th>MONTHS</th>
<th>WORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPT</td>
<td>WRITER</td>
</tr>
<tr>
<td>OCT</td>
<td></td>
</tr>
<tr>
<td>NOV</td>
<td></td>
</tr>
<tr>
<td>DEC</td>
<td></td>
</tr>
</tbody>
</table>
1. WERE YOU AN EMPLOYEE IN 1964?
   - YES
   - NO

2. WERE YOU SELF-EMPLOYED IN 1964?
   - YES
   - NO

3. DO YOU EXPECT TO EARN OVER $1,200 IN 1965?
   - YES
   - NO

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Show amount of wages earned from January 1, 1964 through December 31, 1964 (gross wages before payroll deductions)</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Place “X” in box for each month, if any, in which you did NOT earn more than $100.</td>
<td>JAN</td>
<td>FEB</td>
<td>MAR</td>
<td>APR</td>
<td>MAY</td>
<td>JUN</td>
<td>JUL</td>
<td>AUG</td>
<td>SEP</td>
<td>OCT</td>
<td>NOV</td>
<td>DEC</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>a. Show 1964 total receipts (farmers show gross profits)</td>
<td>$ 40,935.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Show 1964 net earnings (or loss) (if a loss, write “L” after the amount)</td>
<td>$ 10,502.06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. State kind of trade or business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Place “X” in box for each month, if any, in which you believe you did NOT render substantial services in your business and complete item 4 on the other side.</td>
<td>JAN</td>
<td>FEB</td>
<td>MAR</td>
<td>APR</td>
<td>MAY</td>
<td>JUN</td>
<td>JUL</td>
<td>AUG</td>
<td>SEP</td>
<td>OCT</td>
<td>NOV</td>
<td>DEC</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>a. Show your expected total earnings for 1965</td>
<td>$ 5,000.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Are you now EITHER working for wages of over $100 a month OR rendering substantial services in self-employment</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DATE AND SIGN HERE:

SIGNATURE: [Signature]

SOCIAL SECURITY CLAIM NUMBER: 935-54-39378
I asked Mr. Clewer to look at his copy of his 941 for 1962. He did so and reported that he showed #727.21.

It is obvious that the #636.50 appearing on the 794 for 1962 was another employer and therefore 1962 is one of the high years.

This means that the #727.21 did not get on the wage record because the Jaggars Corporation used an inaccurate account number. They showed 433-54-3739 instead of 433-54-3937.

[Handwritten note: 12/14/64, took #636.50 + 6/63, still the same. Jaggars always wrong numbers show same for 1/6/64, under amount. Chief Police does not agree.]
<table>
<thead>
<tr>
<th>MONTHS</th>
<th>HOURS OF WORK</th>
<th>WHAT WORK DID YOU DO?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Feb</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Bruce</td>
<td>1984</td>
<td>4/25/66</td>
</tr>
<tr>
<td>Franklin</td>
<td>1984</td>
<td>4/25/66</td>
</tr>
</tbody>
</table>
1. **Are you an Employee in 1965?**
   - YES [ ]
   - NO [X]

   If "yes" complete a & b

2. **Were you self-employed in 1965?**
   - YES [X]
   - NO [ ]

   If "yes" complete a, b, c & d

3. **Do you expect to earn over $1,500 in 1966?**
   - YES [ ]
   - NO [X]

   If "yes" complete a & b

---

### Table: Employment Data for 1965

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table: Self-Employment Data for 1965

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table: Total Earnings 1965

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table: Total Earnings 1966

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Date:** 4-5-66  
**Signature:** Mrs. Marina M. Foster  
**Social Security Card:** [Redacted]
We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

JAGGERS - CHILES - STOVALL, INC.

522 BROWDER ST.

DALLAS, TEXAS 75222

Enclosure.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

In replying, Address: SOCIAL SECURITY ADMINISTRATION
3716 Rawlins St., P. O. Box 5556
Dallas, Texas 75219
Telephone: (RT 9-2885) RT 9-2991

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

<table>
<thead>
<tr>
<th>Name of Wage Earner</th>
<th>Social Security Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEE HARVEY OSWALD</td>
<td>133-54-3937</td>
</tr>
</tbody>
</table>

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

<table>
<thead>
<tr>
<th>Period</th>
<th>Wages Paid Year 1961</th>
<th>Wages Paid Year 1962</th>
<th>Wages Paid Year 1963</th>
<th>Wages Paid Year 1964</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1-March 31, inclusive.</td>
<td>$ 727.81</td>
<td>$ 0</td>
<td>$ 945.69</td>
<td>$ 0</td>
</tr>
<tr>
<td>April 1-June 30, inclusive.</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 121.67</td>
<td>$ 0</td>
</tr>
<tr>
<td>July 1-September 30, inclusive.</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. Employer's Occupation

Camera Dept.

4. Business Name of Employer (Type or print)

JAGGERS-CHILES-STOVALL, INC.

5. Street Address of Employer

522 Browder St.

6. City State

Dallas, Texas

7. Nature of Business

Typography

8. Written Signature of Employer or Authorized Employee of Firm

9. Title of Person Signing Above

Secretary-Treasurer


75 0359250

11. Date This Statement Filled Out

1-10-64
We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

Texas School Book Depository
Elm at Houston
Dallas, Texas

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

<table>
<thead>
<tr>
<th></th>
<th>Name of wage earner</th>
<th>Social security account number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LEE HARVEY OSWALD</td>
<td>437-54-3937</td>
</tr>
</tbody>
</table>

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

<table>
<thead>
<tr>
<th>Period</th>
<th>Wages Paid Year 19.63</th>
<th>Wages Paid Year 19...</th>
<th>Wages Paid Year 19...</th>
<th>Wages Paid Year 19...</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1–March 31, inclusive.</td>
<td>$NONE</td>
<td>$...</td>
<td>$...</td>
<td>$...</td>
</tr>
<tr>
<td>April 1–June 30, inclusive.</td>
<td>$NONE</td>
<td>$...</td>
<td>$...</td>
<td>$...</td>
</tr>
<tr>
<td>July 1–September 30, inclusive.</td>
<td>$NONE</td>
<td>$...</td>
<td>$...</td>
<td>$...</td>
</tr>
<tr>
<td>October 1–December 31, inclusive.</td>
<td>$261.68</td>
<td>$...</td>
<td>$...</td>
<td>$...</td>
</tr>
</tbody>
</table>

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.
We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

William B. Reily Co., Inc
640 Magazine St
New Orleans, La

(Mrs.) Martha A. McSteen

In reply, Address: Social Security Administration
701 Loyola Avenue
New Orleans, La 70113
Telephone 527-2551

Date 11/15/64

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to:

Lee H. Oswald

(Name of wage earner)

4-33-37

(Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under Social Security Act, outline your reasons under "Remarks" on the back of this form.

<table>
<thead>
<tr>
<th>Period</th>
<th>Wages Paid Year 19...</th>
<th>Wages Paid Year 19...</th>
<th>Wages Paid Year 19...</th>
<th>Wages Paid Year 19...</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1–March 31, inclusive</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>April 1–June 30, inclusive</td>
<td>$422.25</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>July 1–September 30, inclusive</td>
<td>$191.25</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>October 1–December 31, inclusive</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. Employee's Occupation
   Order in plant

4. Business Name of Employer (Type or Print)
   William B. Reily Co., Inc

5. Street Address of Employer
   640 Magazine St

6. City
   New Orleans, La

7. Nature of Business
   Coffee Roaster

8. Written Status of Employer or Authorized Employee of Firm
   Controller

9. Title of Person Signing Above


11. Date This Statement Filled Out
    11/15/64
Understanding that this statement is for the use of the Social Security Administration in the administration of the Social Security Act, Title II, I hereby certify that the following information is correct:

(1) Were the wages shown on the attached statement of employer reported to the Director of Internal Revenue?

Yes  

No

(2) If wages were reported, please give date(s) reported and under what employer's name the report(s) was made:

Same, on regular Return

(3) If the wages were not reported, please give reason for failure to report:

1/10/64

Date

Signature

Attachment to Form OAC-1001
NOLA-7/63
<table>
<thead>
<tr>
<th>DESCRIPTION OF REMITTANCE</th>
<th>AMOUNT</th>
<th>SCHEDULE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal check dated 10-6-64</td>
<td>37.50</td>
<td>OCT 15 1964</td>
</tr>
</tbody>
</table>

Acknowledged of the following:

<table>
<thead>
<tr>
<th>SCHEDULE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCT 15 1964</td>
</tr>
</tbody>
</table>

Forwarded by:

Mrs. Marina Oswald  
629 Belt Line Road  
Richardson, Texas 75080

Acknowledged

Previous balance: $
Current remittance: $
Current balance: $
Next date for payment: Oct 15 1964

Always give your Claim No.  433-54-3937-5 when writing about your claim.
We have regularly counted the following from.

1. Chicken: White, Black, Red:
   - White
   - Black
   - Red

2. Ducks:
   - 10

3. Geese:
   - 20

4. Turkeys:
   - 5

5. Pigeons:
   - 30

6. Rabbits:
   - 2

7. Birds:
   - 50

8. Frogs:
   - 10
<table>
<thead>
<tr>
<th>DATE</th>
<th>PRICER NO</th>
<th>ADDITIONAL NO</th>
<th>TITLE OF MOS</th>
<th>AUTHORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 Jun 57</td>
<td>6741</td>
<td></td>
<td>AmnElectronic Oper</td>
<td>CIC Rsp 1hr BRT, na-d-12 of 27 May 57</td>
</tr>
</tbody>
</table>

### EDUCATION

<table>
<thead>
<tr>
<th>TYPE OF SCHOOL</th>
<th>MAJOR SUBJECT</th>
<th>YRS COMPLETE</th>
<th>DATE OF DEGREE</th>
<th>YEARS EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLEGE/UNIVERSITY</td>
<td>Business</td>
<td>1</td>
<td>1956-1958</td>
<td>1, 2, 4, 6</td>
</tr>
<tr>
<td>TRAINING</td>
<td>Acct 1</td>
<td>1956-1958</td>
<td>1956-1958</td>
<td>1-2, 3, 4, 6</td>
</tr>
</tbody>
</table>

### MILITARY OCCUPATIONAL SPECIALTIES

- **Office Boy**
- **AvnFundScol JAX**
- **AvnRdtOrdn Fantor AB**

### TESTING AND SPECIAL QUALIFICATIONS

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>FORM</th>
<th>UNDERSTAND</th>
<th>COMPREHENSION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russian</td>
<td>21A</td>
<td>1 (P)</td>
<td>3 (P)</td>
<td>2 (P)</td>
</tr>
</tbody>
</table>

### CLASSIFICATION, ATTITUDE, AND TRADE TESTS

<table>
<thead>
<tr>
<th>TEST</th>
<th>FORM</th>
<th>DATE</th>
<th>ATTITUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTT</td>
<td>3a</td>
<td>III-105</td>
<td>Trans from old page</td>
</tr>
<tr>
<td>OTT</td>
<td>3a</td>
<td>III-105</td>
<td></td>
</tr>
<tr>
<td>OTT</td>
<td>3a</td>
<td>III-105</td>
<td></td>
</tr>
<tr>
<td>OTT</td>
<td>3a</td>
<td>III-105</td>
<td></td>
</tr>
<tr>
<td>OTT</td>
<td>3a</td>
<td>III-105</td>
<td></td>
</tr>
<tr>
<td>OTT</td>
<td>3a</td>
<td>III-105</td>
<td></td>
</tr>
</tbody>
</table>

### RECOMMENDED DUTY ASSIGNMENT

- **Aircraft Maintenance and Repair**

- **24 Mar 59** Completed HS-level GED
- **23 Mar 59** sat passed USAF HS GED PT. 1-46, 2-57, 3-55, 4-58, 5-52

### NAME

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>SERVICE NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feld</td>
<td>Lee</td>
<td>165329</td>
</tr>
</tbody>
</table>

Folsom Exhibit No. 1—Continued (p. 7)
e. The Marine has no firm offer of employment he has indicated that his former employer will entertain offering employment with a suitable salary to provide the necessary support of his mother.

3. In evaluation of all facts available, it is the opinion of the Board that Private First Class OSWALD meets the requirements of paragraph 10273 MAR for release from active duty.

4. The Board recommends that Private First Class Lee H. OSWALD be released from active duty with the Marine Corps for reasons of dependency.

B. J. KOZAK
Lieutenant Colonel, U. S. Marine Corps

FOLSOM EXHIBIT No. 1—Continued (p. 80)

THIRD ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Commanding General, 3d Marine Aircraft Wing
To: Senior Member, 3d Marine Aircraft Wing Hardship/Dependency Discharge Board.

Subj: Dependency Discharge; request for; case of Private First Class Lee H. OSWALD 1653230/6741 USMC

Ref: (b) Para 10273 MarCorMan
(c) CG 3d MAW ltr to LtCol KOZAK 10:RH:dln of 30 Jul 1959

1. Delivered.

2. In accordance with the provisions of subparagraph 9c of reference (b), you will convene the 3d Marine Aircraft Wing Hardship/Dependency Discharge Board, as designated by reference (c), as soon as practicable for the purpose of considering the subject case.

3. The recommendations of the Board will be returned to this Headquarters by endorsement hereon as expeditiously as possible.

W. A. CLEMAN, JR.
By direction

FOLSOM EXHIBIT No. 1—Continued (p. 81)
FOURTH ENCLOSEMENT on Pfc OSWALD's 1st of 17 Aug 1959

From: Senior Member, 3d Marine Aircraft Wing Hardship or Dependency Discharge Board
To: Commanding General, 3d Marine Aircraft Wing

Subj: Discharge by reason of dependency; request for case of Private First Class Lee H. OSWALD 1653230/6741 USMC

1. Guided by the provisions of reference (a) and in compliance with Third Endorsement hereto, the Hardship or Dependency Discharge Board met at 1530, 27 August 1959 to consider the case of Private First Class Lee H. OSWALD 1653230/6741 USMC. The Marine had submitted an official request for a dependency discharge in accordance with reference (a). The following members were present:

   Lieutenant Colonel Bolish J. KOZAK 07108 USMC (AWHG-3)
   Major George E. MC CLANE 016430/7335 USMC (AWHG-36)
   Major Eugene T. CARD 035129/7304 USMC (AWHG-3)

2. Upon examination of the basic request, supporting enclosures and Service record, Private First Class Lee H. OSWALD was interviewed by the Board. The following facts were then considered:

   a. Private First Class Lee H. OSWALD, not married, on his initial three (3) year enlistment in the Marine Corps is obligated to serve on active duty until 7 December 1959.

   b. The Marine submitted his request for a dependency discharge in order that he may provide physical and financial assistance to his invalid mother residing in Fort Worth, Texas.

   c. The home situation of Private First Class OSWALD has been aggravated subsequent to his enlistment date through incapacitation of his mother as a result of an industrial accident. The mother is no longer gainfully employed due to her physical condition and has no source of income. The presence of her son, Private First Class OSWALD, is required for physical and financial assistance.

   d. One son, married and residing in Fort Worth is unable to provide either financial or physical assistance to the Marine's mother due to his marital responsibilities and the inability of the two families to maintain a common house. Another son, married, with the U. S. Air Force on active duty in Japan, cannot furnish financial support.

FOLSOM EXHIBIT No. 1—Continued (p. 79)
Memorandum

TO: Kansas City Payment Center

FROM: Jess C. Carter, Assistant Manager
Dallas, Texas

SUBJECT: Lee Harvey Oswald - A/N 433 54 3937

Our newspaper has reported the re-marriage of the wage earner's widow. Since the language barrier is still a problem with her it is possible she will overlook making a proper report. Reportedly the marriage took place on Tuesday June 1, 1965.

[Signature]

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan
3716 Rawlins Street
F.O. Box 6556
Dallas, Texas 75219

WAGE EARNER:
When writing about your claim always give Claim No.

433-54-3937

MRS. Marina Porter
733 Scottsdale
Richardson 24 75080

This will acknowledge your inquiry regarding the check(s) for the
month(s) of July 1969 to be sent in Aug

The Treasury Department desires that each person promptly receive the
amount due him but wishes to avoid unnecessary expense in record search-
ing which results in many instances in finding the check was correctly
paid. On a notice, such as you have furnished us, the Treasury Department
must necessarily search its payment records from the date of issuance of
the check until the date that a substitute check will be issued. Because
of the large volume of payments, the searching operation entails a heavy
expense for each item. Accordingly, it is requested that you fill out
the questionnaire on the reverse of this notice and RETURN IT IN THE
ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER
ACTION WILL BE TAKEN.

If you receive the check before hearing from the Treasury Department
you should notify the social security district office shown above. You
may use the enclosed post card to notify us. After sending in this noti-
fication, you may cash the check.

Upon receipt of this questionnaire, action if necessary, will be taken
by the Treasury Department to place a stop payment on the check and to
refer the case to the United States Secret Service for investigation and
clearance so a duplicate check can be sent to you. The Treasury Depart-
ment will get in touch with you if it needs further information.

Sincerely yours,

District Manager

Enclosures:
Envelope
Post-Card OA-C1247

Check Number

Date

AUG 19 1969

Amount

DO NOT WRITE BELOW THIS LINE

SSA FORM 179S (10-66)
(formerly OA-CL735)
A PROMPT REPLY WILL EXPEDITE ACTION

QUESTIONNAIRE

1. Have you received the check described on the other side of this sheet? □ Yes □ No

If your answer is "Yes" destroy this form; fill out and mail the enclosed post card.

2. If your answer is "No," have you asked your local post office about the check? (If your answer is "No," this should be done.) □ Yes □ No

3. If you recently changed your mailing address, have you tried to find out whether the check is being held there for you at your old address or was returned to the post office? (If your answer is "No," this should be done.) □ Yes □ No

4. Have you any information which you think might assist the Treasury Department in locating the check? (If your answer is "Yes," please give such information under "Remarks.") □ Yes □ No

5. Is it possible that you received the check and cashed it, thinking it was issued for another purpose? (If your answer is "Yes," please explain under "Remarks.") □ Yes □ No

6. If this check was illegally cashed, you will be entitled to payment of the amount of the check; however, another check in place of it will not be issued until the case has been fully investigated by the United States Secret Service. As it may be necessary to contact you for further information, please furnish on the line below the address at which you may be reached during the daytime, if such place is different from your residence.

---

Same as Residence

(Number and Street)  (City, State and ZIP Code)

7. If the check was mailed to a different address than shown below, please furnish that address.

(Number and Street)  (City, State and ZIP Code)

8. After reviewing all circumstances, I/we wish to make formal claim to the Treasury Department for stoppage of payment of this check and the issuance of a substitute check. □ Yes

9. REMARKS (State any other facts which may aid in locating the check):

---

If this questionnaire has been signed by mark (X), two witnesses who know the person must sign below, giving their full addresses.

SIGNATURE OF PAYEE OR CLAIMANT

Mrs. Kenneth Parker

SIGNATURE OF CO-PAYEE (Both husband and wife must sign if co-payees of a combined check)

733 Scottsdale Ave

City, State and Zip Code

Richardson, Tex

Date (Mo., Day, and Year)  Telephone Number

Aug 12, 1949  A D 1 - 0 7 1 0

U.S. GOVERNMENT PRINTING OFFICE 1946 0-236-966
3716 Rawlins Street  
P.O. Box 6556  
Dallas, Texas 75219  

WAGE EARNER: Lee Oswald  
When writing about your claim always give Claim No.  

Mr. Porter  
733 Scottsdale  
Richardson, Tex. 75080  

This will acknowledge your inquiry regarding the check(s) for the month(s) of June 1969.

The Treasury Department desires that each person promptly receive the amount due him but wishes to avoid unnecessary expense in record searching which results in many instances in finding the check was correctly paid. On a notice, such as you have furnished us, the Treasury Department must necessarily search its payment records from the date of issuance of the check until the date that a substitute check will be issued. Because of the large volume of payments, the searching operation entails a heavy expense for each item. Accordingly, it is requested that you fill out the questionnaire on the reverse of this notice and RETURN IT IN THE ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER ACTION WILL BE TAKEN.

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Upon receipt of this questionnaire, action if necessary, will be taken by the Treasury Department to place a stop payment on the check and to refer the case to the United States Secret Service for investigation and clearance so a duplicate check can be sent to you. The Treasury Department will get in touch with you if it needs further information.

Sincerely yours,

Clarence M. Hayden
District Manager

Enclosures:  
Envelope  
Post Card OA-01247

DO NOT WRITE BELOW THIS LINE

Check Number Date Amount

75080 7/3/69

FORM SSA-L735 (10-66)  
(FORMERLY OA-CL735)
1. Have you received the check described on the other side of this sheet?
   □ Yes □ No

If your answer is "Yes" destroy this form; fill out and mail the enclosed post card.

2. If your answer is "No," have you asked your local post office about the check?
   (If your answer is "No," this should be done.)
   □ Yes □ No

3. If you recently changed your mailing address, have you tried to find out whether
   the check is being held there for you at your old address or was returned to the
   post office? (If your answer is "No," this should be done.)
   □ Yes □ No

4. Have you any information which you think might assist the Treasury Department
   in locating the check? (If your answer is "Yes," please give such information
   under "Remarks.")
   □ Yes □ No

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   for another purpose? (If your answer is "Yes," please explain under "Remarks.")
   □ Yes □ No

6. If this check was illegally cashed, you will be entitled to payment of the amount of the check; however,
   another check in its place will not be issued until the case has been fully investigated by the United States
   Secret Service. As it may be necessary to contact you for further information, please furnish on the line below
   the address at which you may be reached during the daytime, if such place is different from your residence.

7. If the check was mailed to a different address than shown below, please furnish that address.

   733 Scottsdale Dr. Richardson, Tex. 75080
   (Number and Street) (City, State and ZIP Code)

8. After reviewing all circumstances, I/we wish to make formal claim to the Treasury Department for stoppage of
   payment of this check and the issuance of a substitute check.

9. REMARKS (State any other facts which may aid in locating the check):
   Above

---

If this questionnaire has been signed by mark (X), two witnesses who know the person must sign below, giving their full addresses.

1. NAME

2. NAME

SIGNATURE OF PAYEE OR CLAIMANT

Mrs. Kenneth Porter

SIGNATURE OF CO-PAYEE (Both husband and wife must sign if co-

payees of a combined check)

733 Scottsdale Dr.

RE/MENCE NUMBER AND STREET

Richardson, Tex., 75080

ADDRESS (Street number, City, State and ZIP Code)

ADDRESS (Street number, City, State and ZIP Code)

CITY, STATE AND ZIP CODE

DATE (Mo., Day, and Year)

July 18, 1963

TELEPHONE NUMBER

AD-1-0720
**Determination of Resumption of Award**

**Name and Address:**
Marina N. Porter  
1245 Donna Dr.  
Richardson, TX 75080

**Account Number:** 433-54-3967

**District Office:** 3716 Rawlings St.  
Dallas, TX

**Temporary Deduction:**
- **Employed:**
- **TOTAL EARNINGS:** $5,130.40
- **EXCESS EARNINGS:** $3,680
- **CHARGEABLE MONTHLY BENEFIT:** $160
- **TOTAL BENEFIT:** $40.30

**Employed Outside the U.S.**
- **Mother Has a Child in Her Care Beginning:**

**When Determined that the Above Person is Now the Proper Payee:**
- **Age 65:**
- **Age 72:**
- **To Combine:** A & B Benefits
- **Other:** Term - 6/65 Remarkable

**Beneficiary Notice:**
- **PMT. IDENT. CODE:** 587 (8.10, 25)
- **BEGIN DATE:** (34.50)
- **MONTHLY RATE:** 40.30 25.5 21.6
- **ACCREDITE BENEFIT:** 34.50
- **MONTHLY BENEFIT:** 40.30
- **Deductions:**
  - **CHARGEABLE MONTHLY BENEFIT:** $160
  - **TOTAL BENEFIT:** $40.30
  - **AMOUNT DUE:** $37.60

**Remarks:**
- **PIA:** 76.00

**Approved by Reviewer:**
- **Date:** 4/23/66
- **Social Security Administration:**

**Form OA-C107 (5-64)**

**Form Approved by Comptroller General, U.S.**

**January 28, 1965**

**Department of Health, Education, and Welfare**

**Social Security Administration**

**Prepared by Examiner:**
- **Date:** 4/23/66
- **SSN:** 41 KOMAY

**Date:** 4/23/66

**Page 53**
**DETERMINATION OF RESUMPTION OF AWARD**

**DISTRICT OFFICE:** 3716 Rawlins St., Dallas, Tex. 75219

**CLAIM NUMBER:** 433-54-3937

The following determination is based on supporting evidence on file and certification of payment is recommended as follows:

**NAME AND ADDRESS**

Marina N. Oswald  
629 Belt Line Rd.  
Richardson, Tex. 75080

1. TEMPORARY DEDUCTIONS E EMPLOYED 9/64 ON (Partial)

2. PERMANENT DEDUCTIONS EMPLOYED

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<th>TOTAL EARNINGS $</th>
<th>TOTAL EXCESS EARNINGS $</th>
<th>CHARGEABLE EXCESS EARNINGS $</th>
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3. EMPLOYED OUTSIDE THE U. S.

4. MOTHER HAS A CHILD IN HER CARE BEGINNING

5. IT HAS BEEN DETERMINED THAT THE ABOVE PERSON IS NOW THE PROPER PAYEE.

6. AGE 65.

7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO.

8. NEW ADDRESS

9. ATTAINED AGE 75.

10. A & B BENEFITS

11. OTHER

**ONE CHECK ONLY**

A- AWARD  \( \times \) ADJUSTMENT  SUPPLYS  CONDITIONAL ADJUSTMENT  FOLDER REFERENCE

**BENEFICIARY NOTICE**

**[Signature]**

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**REMARKS**

PIA 71.00  
MAX. 106.60  
E 31.40  
C2 37.60  C1-37.60

AA-Excess refund received on Schedule #74, dtd. 10/15/64

3-0C 3.KC OCT

**PREPARED BY EXAMINER**

[Signature]  DATE 10-16-64  
**APPROVED BY REVIEWER**

[Signature]  DATE 10-16-64
Determination of Resumption of Award

Name and Address: Marina N. Oswald

Account Number: 433-54-3937

The following determination is based on supporting evidence on file and certification of payment is recommended as follows:

1. Temporary Deductions: Employed 1/65 on (part-time)

2. Permanent Deductions: Employed 9/64 - 12/64 (part-time)

Total Earnings: $9,990.00

Total Excess Earnings: $8,480.00

Receivable Excess Earnings: $24.80

Total Monthly Benefit(s): $37.60

☐ 3. Employed outside the U.S.

☐ 4. Mother has a child in her care beginning

☐ 5. It has been determined that the above person is now the proper payee.

☐ 6. Recomp.

☐ 7. To correct name or Social Security account No.

☐ 8. New Address 202 (T) exc

☐ 9. Attained age 72

☐ 10. A & B Benefits

☐ 11. Other

One check only: ☐ Award ☐ Adjustment ☐ Supp L/S ☐ Conditional Adjustment ☑ Folder Reference

Beneficiary Notice: NW

PMT. BEN. CODE MONTHLY BENEFIT ACCRUED BENEFIT DEDUCTIONS NET AMOUNT DUE

BEGIN. DATE MONTHLY RATE PERIOD FROM TO AMOUNT EFFECTIVE FROM TO AMOUNT RF WD WI

REMARKS: PIA 71.00

Prepared by Examiner: [Signature]

Date: 2/27/65

Approved by Reviewer: [Signature]

Date: 2/27/65

NW 55923 DocId:32245128 Page 55
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- 0. Investigation pending determ. of cont. disability
- 1. Worked outside the United States
- 2. Worked and expects net earnings to exceed $1200
- 3. OAIB worked and expects net earnings to exceed $1200

- 4. Failure to have a child entitled to benefits in your care
- 5. OAIB worked outside the United States

- 6. Death
- 7. Refused VR Services
- 8. Payee not determined
- 9.

- 10. Benefits payable by some other agency
- 11. Death of beneficiary
- 12. Dependent terminated due to death of insured individual
- 13. Remarriage
- 14. Attained age 18 and not disabled
- 15. Child attained age 18 and not disabled
- 16. Beneficiary entitled to other benefits
- 17. Child no longer disabled
- 18. Claim withdrawn

- 19. Marriage of child
- 20. Adoption
- 21. Adoption of child
- 22. DIB no longer disabled
- 23. Mother terminated Child no longer disabled
- 24. DIB attained age 65
- 25. Claim withdrawn
Marina N. Oswald

0. Investigation pending determin. of cont. disability
1. Worked outside the United States
2. Worked and expects net earnings to exceed $1200
3. OAIB worked and expects net earnings to exceed $1200

☐ 0. Benefits payable by some other agency
☐ 1. Death of beneficiary
☐ 2. Dependent terminated due to death of insured individual
☐ 3. Divorce
☐ 4. Child attained age 18 and not disabled
☐ 5. Beneficiary entitled to other benefits
☐ 6. Child no longer disabled
☐ 7. Refused VR Services
☐ 8. Payee not determined
☐ 9.

☐ 6. Death
☐ 7. Adoption of child
☐ 7C. Adoption
 ☐ 7. Adoption of child
☐ 8. Mother terminated-
   Child no longer disabled
☐ X. DIB attained age 65
☐ R. Claim withdrawn
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**Previous District Office**

**Department of Health, Education, and Welfare**

Social Security Administration

**New District Office**

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Marina N Oswald
1245 Donna Dr
Richardson Tex 75080

ADDRESS CHANGE

HOLD CHK DATED

PAYEE CHANGE

REPLACE CHK DATED

DRAWN PAYABLE TO 6/3/65

Mariana N Oswald

FILE COPY
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Form OA-C6108 (6-64) File Copy
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**FILE COPY**
### BENEFIT SUMMARY

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**REMARKS**

C1 (2)

157 P 74KC FEB

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**CLERK**

F. Corfield

**DATE**

1/3/64

**REVIEWER**

F. S. Line

**DATE**

2-7-67
Form approved by Comptroller General, U.S.  
January 23, 1958

1. INSURED INDIVIDUAL
   Lee H. Oswald
   RACE X
   DATE OF BIRTH 10/19/39
   DATE OF DEATH 11/21/63
   DATE CLAIM FILED

2. REQUIRED QTRS. 6 HAS AT LEAST 6
   CURRENT QTRS. 1951
   LAST BASE YR. OR CLOSING DATE 1963
   LUMP SUM AMOUNT 213.00

3. TOTAL EARNINGS 3306.85

4. SYMBOL NAME DATE OF ORIGINAL DATE CLAIM ADJUSTED RELATIVE'S ACCT.  
   E 7/17/41 1/9/64 53.30 37.60 
   C2 June L 2/15/62 53.30 37.60 
   Cl Audrey M 10/20/63 53.30 37.60

5. DISABILITY PERIOD EXCLUDED
   ELAPSED YRS. OR 61-62
   YEARS DROPPED
   DIVISOR 24
   INCREMENTS
   PRIMARY AMOUNT 71.00

6. REMAINS UNPAID

7. MAXIMUM PAYABLE 112.80

8. REIMBURSABLE F. M. EXPENSES ARE PAID AS FOLLOWS

II. REMARKS

3716 Rawlins St
Dallas, Tex 75219

107 P 74KC FEB

12. CERTIFICATION OF PAYMENT

Symbol Name and address of payee as claimant or as representative of the claimant
   E Marina N. Oswald
   63 Bx 1407 Grand Prairie, Tex 75050
   C Marina N. Oswald for minor children of L. H. Oswald
   Same

Pursuant to lawfully delegated authority, I certify that, on application by or on behalf of the claimant(s) named above as payee(s) and the supporting evidence forwarded herewith, the foregoing statements are my determination of fact and decisions as to the benefit(s) to be paid as indicated.

By, [Signature] (Claims Representative) Date 1/16/64

I certify that pursuant to lawfully delegated authority I have verified the above statements with the supporting evidence on file in this office, that I have computed all amounts and that same are correct as shown, and that all indicated benefit(s) are in accordance with the provisions of Title II of the Social Security Act as amended.

By, [Signature] (Claims Authorizer) Date 2/3/64
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1965 CONVERSION OF BENEFIT RATES
DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

APPOINTMENT OF REPRESENTATIVE

I appoint .............................................. to act as my repre-
sentative with respect to my claim under the Social Security Act, based on the earnings record of

Lee Harvey Oswald ....................................
(Name of wage earner or self-employed individual)

433-54-3937 ..............................................
(Social security account number)

The above-named representative is authorized to obtain from the Administration informa-
tion concerning my claim; and it is understood that any notice or request sent to him shall have
the same force and effect as if sent to me.

Mrs. Marina N. Oswald ................................
(Signature)

P.O. Box 1407 ..............................................
(Address)

Jan 10, 1964 ..............................................
(Date)

Grand Prairie, Texas ..................................

ACCEPTANCE OF APPOINTMENT

I accept the above appointment. I am a person in good standing in my community and I am
able to assist and advise the above party in this case.

I am ......................................................
(Business advisor, relative, etc.)

James H. Martin ........................................
(Signature)

2710 Farrar St ..........................................
(Address)

Jan 10, 1964 ..............................................
(Date)

Dallas, Texas ...........................................

(SEE REVERSE SIDE FOR REGULATIONS AS TO FEES OF REPRESENTATIVES FOR SERVICES TO A
PARTY AND INFORMATION ON CONFLICT OF INTEREST)

Form AC-512
(3-60)
REPORT OF CONTACT

(USE INK OR TYPEWRITER)

NAME AND ADDRESS OF PERSON(S) CONTACTED:
Mr. James H. Martin - Business Manager for Mrs. F. F. Oswald

CONTACT MADE IN PERSON ✓ TELEPHONE □ PLACE OF CONTACT Dallas

I discussed the amount of earnings for 1963 with Mr. Martin. He said the 1061's were correct. He stated that 2600 shown on the application form was simply a very liberal "guess".

I feel that we can accept the 1001 total for 1963 without hesitation.

Contact Made By

(Signature)

Act. (Title)

(DATE)

(AN)

(OFFICE)

(Dallas, Tex.)

(1-10-64)

(433-54-3937)
REPORT OF CONTACT
(USE INK OR TYPEWRITER)

W/E OR S/E PERSON

NAME AND ADDRESS OF PERSON(S) CONTACTED:

= Transmittal =

CONTACT MADE:

IN PERSON ☐ TELEPHONE ☐ PLACE OF CONTACT:

Since there were several million witnesses to the shooting which resulted in Lee H. Oswald's death, we feel it is not necessary to obtain a statement from authorities showing Mr. Oswald was not involved.