

JFK Assassination System  
Identification Form

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## 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 HARVEY OSWALD  
PIC, JOHN EDWARD  
SECURITY INVESTIGATION

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : Unclassified  
RESTRICTIONS :  
CURRENT STATUS : Redact  
DATE OF LAST REVIEW : 03/16/1994

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 <input checked="" type="checkbox"/> MR. <b>John Edward Pic</b>		2. STATUS 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) None		PERMANENT MAILING ADDRESS <b>7306 Westville, San Antonio, Texas</b>					
5. DATE OF BIRTH (Day, month, year) <b>17 January 1932</b>		PLACE OF BIRTH (City, County, State, and Country) <b>New Orleans, Orleans, Louisiana</b>	PLACE CERTIFICATE RECORDED <b>New Orleans, Louisiana</b>				
RACE <b>Cauc</b>	HEIGHT <b>66 1/4</b>	WEIGHT <b>165</b>	COLOR OF EYES <b>Blue</b>				
COLOR OF HAIR <b>Black</b>		SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS <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 <input checked="" type="checkbox"/>		NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED, CERTIFICATE NO. <b>N/A</b>				
IF DEIVED, PARENTS' CERTIFICATE NO(S). <b>N/A</b>		DATE, PLACE, AND COURT <b>N/A</b>					
ALIEN <input type="checkbox"/>	REGISTRATION NO <b>N/A</b>	NATIVE COUNTRY <b>N/A</b>	DATE AND PORT OF ENTRY <b>N/A</b>				
DO YOU INTEND TO BECOME A U. S. CITIZEN? 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. <b>TSgt AF 11313239</b>	SERVICE AND COMPONENT <b>USAF Reg A</b>	ORGANIZATION AND STATION <b>Willford Hall USAF Hospital JACKLAND AFB, Texas</b>	DATE CURRENT ACTIVE SERVICE STARTED <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. <b>N/A</b>	SERVICE AND COMPONENT <b>N/A</b>	ORGANIZATION AND STATION OR UNIT AND LOCATION <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"/>	None	
1944		1945		Davy Crockett Elem., Dallas, Texas	<input checked="" type="checkbox"/>	"	
1945		1948		Chamberlain-Hunt Acad., Port Gibson, Miss.	<input checked="" type="checkbox"/>	"	
1949		1949		Arlington Hts. High School, Ft. Worth, Texas	<input checked="" type="checkbox"/>	"	
1949		1950		Paschall High School, Ft. Worth, Texas	<input checked="" 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						YES	
EDWARD JOHN PIC		UNKNOWN		New Orleans, Louisiana		<input checked="" type="checkbox"/>	
MOTHER (Maiden name)						YES	
MARGAURITE CLAVIRIE		UNKNOWN		Fort Worth, Texas		<input checked="" type="checkbox"/>	
SPOUSE (Maiden name)						YES	
MARGARET DOROTHY FUHRMAN		22 December 1933 New York, New York		7306 Westville San Antonio, Texas		<input checked="" type="checkbox"/>	
OTHER (Specify)						YES	
SON						YES	
JOHN EDWARD PIC, JR.		14 May 1952 New York, New York		7306 Westville San Antonio, Texas		<input checked="" type="checkbox"/>	
DAUGHTER:						YES	
JANET ANN RECF		18 October 1954 Staten Island, New York		7306 Westville 14 1965 San Antonio, Texas		<input checked="" type="checkbox"/>	
SON:						YES	
JAMES MICHAEL PIC		21 February 1960 Tachikawa, Japan		7306 Westville San Antonio, Texas		<input checked="" type="checkbox"/>	
SON:						YES	
JEREMY ALLAN PIC		3 September 1964 San Antonio, Texas		7306 Westville San Antonio, Texas		<input checked="" type="checkbox"/>	

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PREVIOUS EDITIONS ARE OBSOLETE.

Exception to Standard Form 88

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 Ft. Worth, Texas	UNKNOWN	Schooling
Feb 1949	Jan 1950	Bart's Shoe Store 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 (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
	Sears Roebuck Co.	3	SW Military Drive	San Antonio,	Texas
	Marrie's Furniture Company	3	" " " "	San Antonio,	Texas
	Wells Fargo Bank	3	SW Military Drive	Fairfield,	Calif.
	L. P. Conway	18	604 Jackson St	Ft. Worth,	Texas
	Charles ...	9	Unknown	Hempstead	N.Y.
	Don ...	7		Tachikawa	Japan
	Max ...	1	5107 ...	San Antonio	Texas
	Walter ...	3	2023 ...	San Antonio	Texas

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	7306 Westville	San Antonio	Texas

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

NAME AND ADDRESS	TYPE (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.

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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

DOB 7 Apr <sup>33</sup>??  
New Orleans, La.

Presently lives in  
Wichita Falls, Tex.

American citizen

LEE HARVEY OSWALD

18 Oct 1939  
New Orleans, La.

Deceased

American citizen

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	<i>[Signature]</i>	
	TYPED NAME AND ADDRESS OF WITNESS	SIGNATURE OF WITNESS
	TSgt Ralph E. Gibson Wilford Hall USAF Hosp Lackland AFB Tex	<i>Ralph E. Gibson</i>

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 oversea assignment (Project TOP DOG)**

RECORD OF PRIOR CLEARANCES		
DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS

**DDG**