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FROM :
TO : HESS, JACQUELINE.

TITLE :

DATE : 07/31/1978
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OSWALD, LEE; PRE-RUSSIAN PERIOD, MILITARY SERVICE,
COURT-MAR

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CURRENT STATUS : Redact
DATE OF LAST REVIEW : 07/10/1996

OPENING CRITERIA :

COMMENTS : Includes insurance forms, death certificate, & military documents of Oswald. Box 189.

Released under the John F. Kennedy
Assassination Records Collection Act of
1992 (44 USC 2107 Note). Case#:NW
68261 Date: 09-01-2022



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21235

REFER TO:
IPO-4-5-1

JUL 28 1978

010313

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.
4. Form OA-C5, Application for Survivors Insurance Benefits, completed by 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-C704, 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.
16. Form SSA-1425, Reporting Card, completed by Marina Porter on 5/4/66.
17. Forms OA-C777, Annual Report of Earnings, completed by Marina Oswald for 1964 and 1965.
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.
20. Form OAC-1001, Statement of Employer, completed by William B. Reily, Company, Inc.
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.
23. Copies of three pages of the Warren Commission Report re employment of Lee Harvey Oswald prior to service in the Marine Corps.
24. Form OA-C790, Request for E/R Action.
25. Memorandum dated 6/3/65, re remarriage of Marina Oswald.
26. Forms SSA-L735 sent to Marina Porter and completed by Mrs. Porter.

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-C526, Benefit Summary.
31. Form OA-C101, Determination of Award.
32. Form OA-C589, receipt for check.
33. Form OA-C596, 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.
36. Form OAC-5002, Report of Contact, re Lee Harvey Oswald's death.

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,


Robert P. Bynum
Associate Commissioner
for Program Operations

Enclosures

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
 REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
 READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

433-54-3937

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. **PRINT** IN BLACK OR DARK BLUE **INK** OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED		FIRST NAME LEE	MIDDLE NAME. (IF YOU HAVE A MIDDLE NAME OR INITIAL, DRAW A LINE —) HARVEY	LAST NAME OSWALD
2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE) 126 Exchange St. N.O., LA.			3 PRINT FULL NAME GIVEN YOU AT BIRTH LEE HARVEY OSWALD	
4 AGE ON LAST BIRTHDAY 15	5 DATE OF BIRTH (MONTH) (DAY) (YEAR) OCT. 18 1939		6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) NEW ORLEANS LA.	
7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD ROBERT LEE OSWALD			8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD MARGARET CLEVERLY	
9 (MARK (X) WHICH) SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		10 COLOR (MARK (X) WHICH) (IF OTHER, SPECIFY) OR RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER		11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (MARK (X) WHICH) DO NOT KNOW <input type="checkbox"/>
BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"				
12 EMPLOYER'S ADDRESS (No. AND STREET) (CITY) (ZONE) (STATE)				
13 TODAY'S DATE 10/16/55		14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) Lee H. Oswald		

DO NOT WRITE IN THIS SPACE

DAU NO
RECORD

1. *Имя (Name)*
 2. *Фамилия (Surname)*
 3. *Пол (Sex)*
 4. *Дата рождения (Date of Birth)*
 5. *Место рождения (Place of Birth)*
 6. *Гражданство (Citizenship)*
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FORM 1 APPL/CYCLE 08 64 ENTRY 0 REF# 65163940518

NAME LINE MARINA NICHOLAEVNA OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE S SEX 2 RACE 1

MOTHER CLAUDIA V PROOSAKOVA FATHER NICHOLAI UNKNOWN
BIRTHPLACE ARCHANGEL UR*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 1 OF 3

DO IRS FORM 2 APPL/CYCLE 121175 ENTRY 2 REF# 75165960637

NAME LINE MARINA NIKOLAEVNA PORTER 636
2ND NAME MARINA NIKOLAEVNA OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE S SEX 2 RACE 0

MOTHER KLAVDIA PROOSAKOVA FATHER ALEXANDR MEDVEDEV
BIRTHPLACE ARCHANGEL UR*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 2 OF 3

DO COO FORM 8 APPL/CYCLE 011976 ENTRY 2 REF# 76010006538

NAME LINE M N PORTER 636
2ND NAME MARINA NIC OSWALD 243

SIGNATURE BIRTH DATE 0717941 CODE D SEX 2 RACE 0

DALLAS, TEXAS

JAN 9 1964

APPLICATION FOR SURVIVORS INSURANCE BENEFITS *

(Do not write in this space)

Dallas DO JAN 9
 Received
 JEL

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 a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than \$1,000 or 1 year's imprisonment, or both.

Lee Harvey Oswald 433-54-3937
(Name of deceased wage earner or self-employed person) (Social security account number)

I Marina N. Oswald, hereby apply for all insurance benefits payable to
(Full name of applicant)

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? Louisiana

3. (a) Did the deceased ever serve in military or naval service of the United States? Yes No
 If "Yes," answer (b).

(b) Was the deceased in active service after September 7, 1939, and before January 1, 1957? Yes No
 If "Yes," answer (c) and (d).

(c) Give dates of service during the period specified in (b) above 10/24/56 - 9/11/59

(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

If "Yes," name such person(s) _____
 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 the deceased worked in agricultural employment, give this information for the year of death and the year before. (If self-employed, write "Self-employed.")

NAME AND ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED	
	Month	Year	Month	Year
<u>Wagers-Chiles Store - 522 Broad, Dallas</u>	<u>10</u>	<u>62</u>	<u>4</u>	<u>63</u>
<u>Am. B. Realty Co. Inc. 640 Magazine, New Orleans, La.</u>	<u>5</u>	<u>63</u>	<u>7</u>	<u>63</u>

6. If the deceased was self-employed last year or the year before, give:
 Year _____ 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? \$ 2600.00

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

DATE AND PLACE OF MARRIAGE(S)			TO WHOM MARRIED	HOW MARRIAGE ENDED	MARRIAGE ENDED	
Month, Day, Year	City	State			Date	Place
<u>4/30/61</u>	<u>Madk, Pselo</u>	<u>Russia</u>	<u>Marina N. Prossakova</u>	<u>His death</u>	<u>11/24/63</u>	<u>Dallas, Tex</u>

9. What was your maiden name? Marina Nikolaevna Prossakova

10. When and where were you born? 7/17/41 Severo Dvinsk, Russia
(Month, day, and year) (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).

PLEASE DO NOT WRITE IN MARGIN

cont.

11. Indicate by (✓) whether your marriage to the deceased was performed by:

Clergyman or authorized public official or 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.

DATE AND PLACE OF MARRIAGE(S)			TO WHOM MARRIED	HOW MARRIAGE ENDED	MARRIAGE ENDED	
Month, Day, Year	City	State			Date	Place

13. (a) Were you and the deceased living together at the same address when the deceased died? Yes No

(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.

He was last at home 11/22/63 when he left to go to work. He were not separated by marital difficulties; he was in police custody until his death.

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? Yes No

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.)

Show relationship to you and the deceased by placing (✓) in the proper column.

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO DECEASED				RELATIONSHIP TO YOU	
	Month	Day	Year	Legitimate	Adopted	Stepchild	Illegitimate	Natural or Adopted	Stepchild
<i>June Lee Oswald</i>	<i>2</i>	<i>15</i>	<i>62</i>	<i>X</i>				<i>X</i>	
<i>Audrey Marina Rachel Oswald</i>	<i>10</i>	<i>20</i>	<i>63</i>	<i>X</i>				<i>X</i>	

(If you are not filing this application on behalf of any child listed above, give under "Remarks" on last page the name of each such child and the reason(s) for not filing. If a child of the deceased is born after this application is filed, notify your office of the Social Security Administration promptly, as such child may receive benefits.)

15. Has any child listed in item 14 ever been adopted by anyone other than the deceased? Yes No

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? Yes No

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? Yes No

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

FULL NAME OF CHILD NOT LIVING WITH YOU	PERSON WITH WHOM CHILD NOW LIVES	
	Name and Address	Relationship to Child

18. Has a child listed in item 14 lived with you in every month since your husband's death? Yes No

If "No," list the months in which no such child lived with you

PLEASE DO NOT WRITE IN MARGIN

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.

NAME OF PERSON AS SHOWN ON SOCIAL SECURITY CARD	SOCIAL SECURITY ACCOUNT NUMBER

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.

PERSON	EXPECTED EARNINGS
	\$
	\$

(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."

PERSON	MONTHS

* 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.....

PLEASE DO NOT WRITE IN MARGIN

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.)

PERSON	EARNINGS	MONTHS
	\$	
	\$	

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 remarries, 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. *Deer School Book Depository 411 Elm, Dallas Tex 10/63-11/63*

PLEASE DO NOT WRITE IN MARGIN

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.

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

1. _____ (Name)
 _____ (Street and number)
 _____ (City) (Zone number) (State)

2. _____ (Name)
 _____ (Street and number)
 _____ (City) (Zone number) (State)

Signature of applicant (Write in ink):

Sign Here *M* Marina N. Oswald
 (First name) (Middle initial) (Last name)

PO Box 1407
 (Street and number)

Grand Prairie Tex 75050
 (City) (Zone number) (State)

Telephone number at which I can be reached:
DA 7-6569 DA 7-0188
 (If none, write "None.")

Date: X
 (Month) (Day) (Year)

TRANSLATION

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

NAME OF INSURED INDIVIDUAL

1. DATE:

1/23/64

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

2. LANGUAGE OF DOCUMENT:

Russian

TRANSLATING OFFICE

Social Security Administration

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, Murzik, Dist. Leningrad

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: Puzanova, Marina Nikolaevna, born July 17, 1941 in Melotovsk, Dist. Arkhangelsk

were married on April 30, 1961

Reg. No. 415 Cert. No. 332281

REQUESTING OFFICE:

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Kotishan

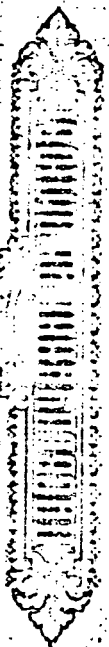
TITLE

Auth V-1

DATE

1/23/64

Marriage Certificate



СВИДЕТЕЛЬСТВО О БРАКЕ

Гражданка
Гражданка

Осваля
(протестантская)

111 Картер
1939 года рождения

187
года рождения

ср. Норман Гроссман
(место рождения - место - Чикаго)

Гражданка
и гражданка

Джессика
(протестантская)

1941 года рождения

1711
года рождения

ср. Джарретт
(место рождения - место рождения)

1942 года рождения

ср. Джарретт
(место рождения - место рождения)

1942 года рождения

ср. Джарретт
(место рождения - место рождения)

аб нем у кнѣге запису актау грамалянскага стану
аб шлюбѣ
о чѣм в кнѣге записей актов грамалянскаго состоянія
о браке

1961 года August месина 50 числа
зробленіи медны запис за № 411

Проступил шлюб прѣдсеініи прѣдсѣдніи
Прѣдсѣдніи прѣдсѣдніи прѣдсѣдніи

1961 года August месина 50 числа
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1961 года August месина 50 числа
зробленіи медны запис за № 411

Проступил шлюб прѣдсеініи прѣдсѣдніи
Прѣдсѣдніи прѣдсѣдніи прѣдсѣдніи



№ 332281

Official signature

TRANSLATION

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

NAME OF INSURED INDIVIDUAL

1. DATE:

1/23/64

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

2. LANGUAGE OF DOCUMENT:

RUSSIAN

TRANSLATING OFFICE

Social Security Administration

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:

Birth Certificate

2. DATE EVENT RECORDED, IF SHOWN:

8/14/41

3. DATE DOCUMENT ISSUED:

7/14/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:

5. NAME OF ISSUING AGENCY:

Illegible*

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: PRYKANOVA, Marina Nikolaeovna was born (No. illegible) 17, 1941 (month appears to be July or June)

Place of Birth: (City Illegible), District Arkhangelsk, RSFSR

Father: (Illegible)

Mother: (")

Reg. No. 1285

Cert No. (Illegible)

REQUESTING OFFICE:

* Document shows official Soviet ZACS bureau stamp.

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

Geo. Potishkin
Cl Auth In

DATE

1/23/64

1935

11/11/35
Mama's
Birth Certificate

Mr. Murphy
2 for
main

POI
C. L. ...

Maria ...

City

STATE

PEOPLE

0 CHEN B

0 PORTLAND

14

1935

3



НАЦИОНАЛЬНОСТЬ
P. O. ...

...

...

...

TRANSLATION

A. REQUEST FOR ASSISTANCE

(Complete only if document is sent to another office for translation.)

NAME OF INSURED INDIVIDUAL

1. DATE:

1/23/64

SOCIAL SECURITY ACCOUNT NUMBER

433-54-3937

2. LANGUAGE OF DOCUMENT:

Russian

TRANSLATING OFFICE

Social Security Administration

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

4. FACT(S) TO BE PROVED:

D/B

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

B. TRANSLATION

(To be filled out by official translator)

1. TYPE OF DOCUMENT:

Birth Certificate

2. DATE EVENT RECORDED, IF SHOWN:

2/25/62

3. DATE DOCUMENT ISSUED:

2/25/62

4. TITLE OF OFFICER EXECUTING DOCUMENT:

Bureau manager (chief)

5. NAME OF ISSUING AGENCY:

Bureau of Registration of Births, Deaths & Statistics, Minsk, Dist. Jewish

6. Does this document appear to be genuine and unaltered, and 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:

Family name: OSWALD

FATHER'S NAME: OSWALD, LEE HARVEY

First Name: June

FATHER'S NATIONALITY: AMERICAN

Patronymic: Lee

MOTHER'S NAME: OSWALD,

BORN: February 15, 1962

MARINA NIKOLAEVNA

Place of Birth: Minsk, White Russian SSR

MOTHER'S NATIONALITY: RUSSIAN

REG. No. 208

(over)

REQUESTING OFFICE:

Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR

George Koteshon

TITLE

Chief

DATE

1/23/64

Place of Registration: Minsk, District Lenin

Office of Registration

Certificate No. 123610

ПРОВЕДЕНИЕ ДЕЯТЕЛЬНОСТИ

СВИДЕТЕЛЬСТВО О РОЖДЕНИИ

Гр. Освальд

(примечание: фамилия)

Гр. Фухи Лу

(имя и имя по бабку — имя в отчестве)

Родился(лась) 15. II. 1962 г.

(примечание: инициалы, год, месяц и число)

в Минском районе г. Минск

в Минском районе г. Минск

в Минском районе г. Минск

в Минском районе г. Минск

в Минском районе г. Минск

в Минском районе г. Минск

в Минском районе г. Минск

в Минском районе г. Минск

в Минском районе г. Минск

в Минском районе г. Минск

Given See Birth Certificate

БАБУШКА:
РОДИТЕЛИ: 4 50 - 54 - 51 1/2

Освальд

Бабушка Лу Карбел

Отец Лу Карбел

Мать Освальд

Мать Фухи Лу

Мать Фухи Лу

Мать Фухи Лу

Мать Фухи Лу

Мать Фухи Лу

Мать Фухи Лу

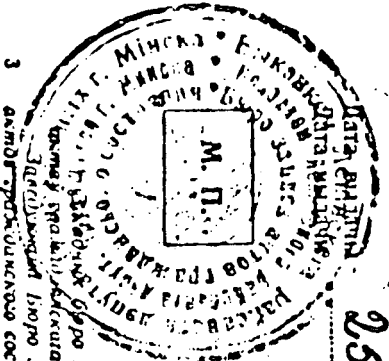
Мать Фухи Лу

Мать Фухи Лу

Мать Фухи Лу

Мать Фухи Лу

Мать Фухи Лу



IV-ПР № 123610

Handwritten signature

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: Audrey Marina Rachel Oswald BORN: 10/20/63 AGE: no BIRTHDAY AT WHICH AGE SHOWN: LAST NEXT NEAREST NOT GIVEN DATE RECORDED: no

NAME OF FATHER: Lee H. Oswald NOT SHOWN AGE: no NAME OF MOTHER: Marina Nikolaevna Proskova NOT SHOWN AGE: no

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: APPLICANT NATURE OF EVIDENCE: Cert. of Birth Reg.

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication): BVS, Dallas, Tex CUSTODIAN DOCUMENT NO.: 19133

2. NAME OF PERSON AS SHOWN ON EVIDENCE: BORN: AGE: BIRTHDAY AT WHICH AGE SHOWN: LAST NEXT NEAREST NOT GIVEN DATE RECORDED:

NAME OF FATHER: NOT SHOWN AGE: NAME OF MOTHER: NOT SHOWN AGE:

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: APPLICANT NATURE OF EVIDENCE:

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication): CUSTODIAN DOCUMENT NO.:

3. NAME OF PERSON AS SHOWN ON EVIDENCE: BORN: AGE: BIRTHDAY AT WHICH AGE SHOWN: LAST NEXT NEAREST NOT GIVEN DATE RECORDED:

NAME OF FATHER: NOT SHOWN AGE: NAME OF MOTHER: NOT SHOWN AGE:

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: APPLICANT NATURE OF EVIDENCE:

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication): CUSTODIAN DOCUMENT NO.:

4. NAME OF PERSON AS SHOWN ON EVIDENCE: BORN: AGE: BIRTHDAY AT WHICH AGE SHOWN: LAST NEXT NEAREST NOT GIVEN DATE RECORDED:

NAME OF FATHER: NOT SHOWN AGE: NAME OF MOTHER: NOT SHOWN AGE:

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: APPLICANT NATURE OF EVIDENCE:

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication): CUSTODIAN DOCUMENT NO.:

B. MARRIAGE OF:

NAME OF HUSBAND AS SHOWN ON EVIDENCE: NO. OF PREVIOUS MARRIAGES (1, 2, ETC.): NOT SHOWN BORN: AGE: BIRTHDAY AT WHICH AGE SHOWN: LAST NEXT NEAREST NOT GIVEN

NAME OF WIFE AS SHOWN ON EVIDENCE: NO. OF PREVIOUS MARRIAGES (1, 2, ETC.): NOT SHOWN BORN: AGE: BIRTHDAY AT WHICH AGE SHOWN: LAST NEXT NEAREST NOT GIVEN

NATURE OF EVIDENCE: MARRIAGE CERTIFICATE PLACE OF MARRIAGE:

PERSON HAVING CUSTODY, RELATIONSHIP TO APPLICANT, AND ADDRESS: APPLICANT DATE OF MARRIAGE:

NAME AND ADDRESS OF ISSUING AGENCY (If certifying from a Bible, give date of publication): CUSTODIAN DOCUMENT NO.:

CERTIFICATION BY UNIFORMED SERVICES

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.

FROM: Social Security Administration
 Division of Claims Policy
 Entitlement Branch, Room 645
 Baltimore, Md. 21235

~~XXXXXXXX~~ Thomas C. Parrott *TP* Date 1/24/64
 Director

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION			
LAST NAME - FIRST NAME - MIDDLE NAME Oswald, Lee Harvey	DATE OF BIRTH 10/19/39	DATE OF DEATH 11/24/63	SOCIAL SECURITY NUMBER 433-54-3951
BRANCH OF SERVICE Marine Corps	DATE(S) OF ENTRY INTO SERVICE 10/24/56	DATE(S) OF SEPARATION 9/11/59	PLACE(S) OF SEPARATION
RATE OR RANK			
SERIAL NO. 1653230			
Part II <input checked="" type="checkbox"/> . . . Part III <input type="checkbox"/> below to be completed by the service department			
REMARKS:			

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

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE 24Oct56	2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE 11Sep59	3. CHARACTER OF SEPARATION (S) * (If Bad Conduct indicate if given as a result of a General Court Martial) Honorable
4. If period of service was less than 90 days, WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		*IF CHARACTER OF SEPARATION WAS NOT <i>Honorable</i> , Under <i>Honorable Conditions</i> , <i>Dishonorable</i> , NOR <i>Bad Conduct</i> AS A RESULT OF A <i>General COURT MARTIAL</i> , CHECK REASON FOR SEPARATION BELOW: a. <input type="checkbox"/> DESERTION. b. <input type="checkbox"/> RESIGNATION FOR THE GOOD OF THE SERVICE (<i>Officers Only</i>). c. <input type="checkbox"/> CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY. d. <input type="checkbox"/> 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 OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES. e. <input type="checkbox"/> NONE OF THE ABOVE.
5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED? <input type="checkbox"/> INDUCTED <input type="checkbox"/> CALLED FROM INACTIVE SERVICE <input type="checkbox"/> ENLISTED <input type="checkbox"/> RE-ENLISTED <input type="checkbox"/> COMMISSIONED		

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.

- (a) Was this veteran an enlisted 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 Naval (or 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

If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).

(c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? Yes No

(d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? Yes No
- (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

If answer is "Yes," answer (b) and (c).

(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. CONTINUED ON REVERSE SIDE

ORGANIZATION Records Service Section Hq. U. S. Marine Corps	SIGNATURE <i>W.C. Keene</i>
DATE 27Jan64	RANK OR TITLE Head of Section

This form requests information to permit the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940-- July 24, 1947) or post-World War II (July 25, 1947--December 31, 1956) for which military service wage credits may be granted.

The duplicate copy of this form should be kept in the veteran's military file. If there is ever a subsequent change made in the service or retirement record which affects the information furnished on this form, the Social Security Administration should be advised accordingly.

PART I--The items identifying the veteran are completed by the requesting Social Security Administration office shown in the upper right corner of the form. That office will also check block(s) after "Part II" and/or "Part III" to show the type of information being requested.

INSTRUCTIONS

telecom. with Marine Corps 1/24/64 and attached OA-C654 completed 1/27/64.

Attached OA-C654 reflects DWE's honorable active service 10/24/56 - 9/11/59 which confirms telecom. with Marine Corps (W. C. Keene, Record Service Section, Hdqs. 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.

L. Benning
Lorene B. Benning
Claims Policy Examiner

Acis Act does not apply since military service is not required for insured status and benefits were computed based on non-military service in 1962 and 1963.
Walter D. Labenstein
Claims Policy Examiner



DEPARTMENT OF THE NAVY
NAVY DISCHARGE REVIEW BOARD
WASHINGTON 25, D. C.

IN REPLY REFER TO
EXOS:QB(33)
JAP:gjo

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

Encls: Original Discharge Certificate.
Two (2) letters dated 31 Jan 1962, 13 Nov 1961.
Information on Reenlistment

250

Service Record LEGEND: Insert N/A to the items below which are not applicable.

1. LAST NAME - FIRST NAME & MIDDLE NAME OSWALD, Leo Harvey		2. SERVICE NUMBER 1653230		3. GRADE, RATE OR RANK PFC (E-2)		4. DATE OF RANK (Day, Month, Year) 1 Mar 59	
5. PLACE OF BIRTH (City and State or Country) New Orleans, Louisiana				6. DATE OF BIRTH 18 Oct 39		7. MARITAL STATUS Single	
8. COLOR HAIR Brown		9. COLOR EYES Grey		10. HEIGHT 71M		11. WEIGHT 150	
12. MAJOR COURSE OR FIELD Academic		13. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
14. TYPE OF TRANSFER OR DISCHARGE Transferred				15. STATION OR INSTALLATION AT WHICH EFFECTED H&HS, MCAS, El Toro, (Santa Ana), California			
16. REASON AND AUTHORITY 226-Dependency. Par 10273 MARCOMMAN & MCO 1000.2B & CG 3dMAM's 5th Brd of 31 Aug 59				17. CHARACTER OF SERVICE HONORABLE			
18. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3dMAM, H&HS, MCAS, El Toro (Santa Ana) California				19. EFFECTIVE DATE 11 Sep 59		20. TYPE OF CERTIFICATE DD-217-MC	
21. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE N/A				22. DATE INDUCTED N/A			
23. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED MARTC NAS, Glenview, Illinois							
24. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR 8 Dec 62		25. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER: Private		b. TERM OF SERVICE (Years) 3		c. DATE OF ENTRY DAY MONTH YEAR 24 Oct 56	
26. PRIOR REGULAR ENLISTMENTS NONE				27. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Dallas, Texas			
28. PLACE OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 4936 Collinwood Street Port Worth, Tarrant, Texas				29. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) MILITARY SERVICE THIS PERIOD 2 9 3 (2) OTHER SERVICE 0 0 0 (3) TOTAL (Line (1) + Line (2)) 2 9 3 b. TOTAL ACTIVE SERVICE 2 9 3 c. FOREIGN AND/OR SEA SERVICE 1 2 2			
30. SPECIALTY NUMBER AND TITLE 6741: Avnlectrold Operator				31. RELATED CIVILIAN OCCUPATION AND O. T. NUMBER Radio Operator 0-61.30			
32. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE				33. FOREIGN AND/OR SEA SERVICE NONE			
34. AWARDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NONE				35. OTHER NONE			

20. PRIOR REGULAR ENLISTMENTS NONE		21. GRADE, RATE, OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Private		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Dallas, Texas	
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 4936 Collinwood Street Fort Worth, Tarrant, Texas		24. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) MILITARY SERVICE THIS PERIOD: 2 YEARS 9 MONTHS 2 DAYS (2) OTHER SERVICE: 0 0 0 (3) TOTAL (Line (1) + Line (2)) b. TOTAL ACTIVE SERVICE: 2 9 3 c. FOR LIAISON AND/OR SEA SERVICE: 1 2 2			
25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NONE		26. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and Date, if known) NONE			

27. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED SCHOOL OR COURSE: Jacksonville, Florida 18Mar57-2May57 Dillon, Mississippi 19May57-19Jun57		28. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED USAFI GED HIGH SCHOOL	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------	--

29. VA GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) NONE	
------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------	--

31. AMOUNT OF ALLOTMENT N/A		32. MONTH ALLOTMENT DISCONTINUED N/A	
33. VA CLAIM NUMBER C-		34. VA CLAIM NUMBER N/A	

35. REMARKS Lump sum leave settlement due but not settled ✓ Mileage paid: \$91.55 ✓ 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 commences 27Jun58 (1st Award) Total payment on separation: \$132.30 (9/11/59)		36. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 3121 W. 5th Street, Fort Worth, Tarrant, Texas	
37. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER A.G. AYERS JR, 1st Lt USMCR Ass't OIC SopsCo		38. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>See Remarks</i>	
39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>A.G. Ayers Jr</i>			

433-54-1107

UNDESIRABLE DISCHARGE

FROM THE ARMED FORCES OF THE
UNITED STATES OF AMERICA

THIS IS TO CERTIFY THAT

PRIVATE FIRST CLASS LEE HARVEY OSWALD 1653230

WAS DISCHARGED FROM THE
UNITED STATES MARINE CORPS

ON THE 13th DAY OF SEPTEMBER 1960

AS UNDESIRABLE

M. G. Letscher

M. G. LETSCHER, FIRST LIEUTENANT, USMC

ity for discharge _____

at _____ on the _____ day of

_____, 19____, to serve _____ years

s service _____

eld on discharge _____

(Date of testing)

y occupational specialty _____ *ww*

(sea, foreign, battles, engagements, expeditions) _____

number _____

ation _____

f discharge _____

y that the above is correct according to the service records.

. NAS, GLENVIEW, ILL. 26 Sep 60
non-delivery of Discharge
(address unknown)

Abraham By direction

U.S. GOVERNMENT PRINTING OFFICE 16-63069-2

UNIT DESTINATION	
<input type="checkbox"/> ADJ	<input type="checkbox"/> COR
<input type="checkbox"/> CC	<input type="checkbox"/> CR
<input type="checkbox"/> CL	<input type="checkbox"/> DR

INCOMING CORRESPONDENCE ASSIGNMENT
(MAIL AND DISTRIBUTION SUBUNIT)

Referred to _____
 Received by _____
 Searcher _____
 Final disposition _____

REMARKS:

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 SOCIAL SECURITY ADMINISTRATION
 BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

Form Approved
 Budget Bureau
 No. 72-R597.1

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, C1, 2

Fill in Only the Item(s) being reported.

- 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.
- MARRIAGE. Enter date of marriage _____
 Show new name _____
- DEATH. Enter date of death _____
- DIVORCE OR ANNULMENT OF MARRIAGE (of spouse beneficiary from insured individual). Enter date decree final _____
- CHILD OR OTHER CLAIMANT LEFT YOUR CARE. Enter date child left your care _____
- CHILD LEGALLY ADOPTED BY. Enter date of adoption _____
 Stepparent Grandparent Aunt Uncle Other
- 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. Zone No. *75080* State

UNIT DES	
<input type="checkbox"/> PES	
<input checked="" type="checkbox"/> CC	
<input type="checkbox"/> CAS	

INCOMING CORRESPONDENCE

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved
Budget Bureau
No. 72-R597.2

CLAIMANT'S REPORT TO
SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

MARINA N. OSWALD

SOCIAL SECURITY CLAIM 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

DALLAS COUNTY

Date Signed

5-1-65

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.

REPORT HERE IF YOU WORK
and expect to earn more than \$1,200 during this taxable year.

I am working for wages of more than \$100 (or rendering substantial services in self-employment) beginning with the month of . . . →

Month & Year
9-64

Fill in both boxes

I estimate that my total earnings for this taxable year will be . . . →

Amount
\$ 5,000

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.

REPORT HERE IF YOU STOP WORKING
for wages of more than \$100 a month (or rendering substantial services in self-employment).

The last month I worked for wages of more than \$100 (or rendered substantial services in self-employment) was . . . →

Month & Year

REPORT HERE TO REVISE AN ESTIMATE
of earnings you previously gave for this taxable year.

I estimate that my total earnings for this taxable year will be . . . →

Amount*
\$

*If \$1,200 or less, show "\$1,200 or less"

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

SIGNATURE of person making this report | Date signed

Mrs. Marina Oswald | Oct. 8, 1964

P.O. Box or street

629 BELT LINE ROAD

City | Zone No. | State

RICHARDSON, TEXAS 75080

509 to file 10-15-64 J.P.

<input type="checkbox"/> PES	<input type="checkbox"/> COR
<input type="checkbox"/> CC	<input type="checkbox"/> RECON
<input type="checkbox"/> CAS	<input type="checkbox"/> REC

INCOMING CORRESPONDENCE ASSIGNMENT RECORD

(MAIL AND DISTRIBUTION SYSTEM)

REPORTING CARD

Form Approved
Budget Bureau
No. 72-8597-3

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

MARINA N. PORTER
ENTER SOCIAL SECURITY CLAIM NUMBER IN THIS SPACE
433 54 3937

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. STOPPING WORK AND WILL EARN OVER \$1,500 THIS YEAR:

I am working for wages of more than \$125 a month (or rendering substantial services in self-employment) beginning with the month of

MONTH AND YEAR

Fill in both boxes

I estimate that my total earnings for this taxable year will be

AMOUNT

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

AMOUNT

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

DATE DECREE FINAL

9. CHILD LEGALLY ADOPTED BY

- Stepparent
- Aunt or Uncle
- Other
- Brother or Sister
- 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

Mrs Marina N. Porter

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

6448 DUNSTAN LANE

CITY

STATE

ZIP CODE

DATE SIGNED

TELEPHONE NUMBER, IF ANY

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

FORM SSA-1425 (12-65) KC

Referred to

Received by

Searcher

Final disposition

REMARKS:

mit

late

osition

U.S. GOVERNMENT PRINTING OFFICE

SOCIAL SECURITY ADMINISTRATION

ANNUAL REPORT OF EARNINGS - 1964
Please read enclosed INSTRUCTIONS leaflet carefully.

Form Approved
Budget Bureau
No. 7-4231-9
Apr. Exp. 12-31-66

NOTICE: Whoever makes a false statement in connection with this report is liable to a penalty.

PRINT NAME AND ADDRESS BELOW IF NOT
ALREADY SHOWN, THEN ANSWER QUESTIONS
ON OTHER SIDE.

MARIANA N OSWALD
629 BELT LINE RD
RICHARDSON TEX
75080

Please do not bend, pin or tear this card.

MONTHS	MONTHS	WHAT WORK DID YOU DO?
SEPT	1/57	WRITER
OCT	4/57	"
NOV	4/57	"
DEC	4/57	"

RR 01 /
4/21/62
Ald

FORM OA-C77 (12-64) DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—SOCIAL SECURITY ADMINISTRATION

FAO H P 720

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

a. Show amount of wages earned from January 1, 1964 through December 31, 1964 (gross wages before payroll deductions) \$

b. Place "X" in box for each month, if any, in which you did NOT earn more than \$100.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

a. Show 1964 total receipts (farmers show gross profits) \$ 40,935.05
 b. Show 1964 net earnings (or loss) if a loss, write "L" after the amount) \$ 9999, 502.06
 c. State kind of trade or business

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.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

a. Show your expected total earnings for 1965. \$ 5,000.00
 b. Are you now EITHER working for wages of over \$100 a month OR rendering substantial services in self-employment? YES NO

DATE SIGN HERE

SIGNATURE *Mrs. Margaret Beard*

SOCIAL SECURITY CLAIM NUMBER 433 54-3737 E

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:

Dallas, Tex.

DATE:

1-10-64

W/E OR S/E PERSON

Lee Harvey Oswald

A/N

433-54-3937

NAME AND ADDRESS OF PERSON(S) CONTACTED:

Mr. Lee R. Clower - Office

Mgr. - Jaggars Chiles Stovall Inc.

RI-1-55011

CONTACT MADE:

IN PERSON

TELEPHONE

PLACE OF CONTACT

Dallas

I asked Mr. Clower to look at his copy of his 941 for 12/62. He did so and reported that he showed #727,81.

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

This reason the #727,81 did not get on the wage record is because the Jaggars Corporation used an inaccurate account number. They showed 433-54-3739 instead of 433-54-3937.

1/27/64 Jaggars Corp did report for Oswald 3/63, + 6/63 as they say. The same for 12/62, wrong number. show same on 1001. E.J. Johnson, Sr. Chief Clerk

CONTACT MADE BY

Jessie Carter

(SIGNATURE)

Asst. Mgr.

(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

47 54-3937 E

SOCIAL SECURITY ADMINISTRATION

ANNUAL REPORT OF EARNINGS - 1965

Please read enclosed INSTRUCTION leaflet carefully.

Form Approved
Budget Bureau
No. 72-RS74.9
App. Exp. 12-31-66

NOTICE: Whoever makes a false statement in connection with this report is liable to a penalty.

PRINT NAME AND ADDRESS BELOW IF NOT
ALREADY SHOWN, THEN ANSWER QUESTIONS
IN OTHER STATE

MARINA F. JALD
1245 DONNA DR
RICHARDSON TEX
75080

Please do not bend, pin or tear this card.

FOR A COMPLETE LIST OF EMPLOYERS REPORTING EARNINGS TO SOCIAL SECURITY, SEE THE LIST OF EMPLOYERS ON PAGE 2 OF THE INSTRUCTIONS.

4. Answer only if you answered item 2d on other side.
Show what work you did in connection with your business during each month for which you made an entry in item 2L (Also explain if ownership of your business changed.)

MONTHS	HOURS OF WORK	WHAT WORK DID YOU DO?
Jan		WORKER
Feb		"
June		"
July		"
Aug		"
Sept		"
Oct		"
Nov		"
Dec		"

Handwritten: S. Franklin F 4844/8360
PH 107
S. Franklin E-30-13
4/25/66

1. WERE YOU AN EMPLOYEE IN 1965?
 YES NO

2. WERE YOU SELF-EMPLOYED IN 1965?
 YES NO

3. DO YOU EXPECT TO EARN OVER \$1,500 IN 1966?
 YES NO

a. Show amount of wages earned from January 1, 1965 through December 31, 1965 (gross wages before payroll deductions)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

b. Place "X" in box for each month, if any, in which you did NOT earn more than \$100.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

a. Show 1965 total receipts from self employment (farmers show gross profits) \$ 5130.24

b. Show 1965 net earnings (or loss) from self-employment (if a loss, write "L" after the amount) \$ 5130.24

c. State kind of trade or business
 W.F.T.F.

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.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12
		X	X	X			X				

a. Show your expected total earnings for 1966 \$ 0

b. Are you now EITHER working for wages of over \$125 a month OR rendering substantial services in self-employment?
 YES NO

DATE: 4-5-66
 SIGNATURE: Mrs. Marina N. Foster
 SOCIAL SECURITY CLAIM NUMBER: [REDACTED]

JFK Act 5 (g) (2) (D)

In replying, Address: SOCIAL SECURITY ADMINISTRATION
 3716 Rawlins St. P. O. Box 6556
 Dallas, Texas 75219
 Telephone RI 9-2885 RI 9-2991 late 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.)

JAGGARS-CHILES-STOVALL, INC.

522 S. BROWDER ST.

DALLAS TEXAS 75222

J. H. Malone
 District Manager.

Enclosure.

STATEMENT OF EMPLOYER

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

1. LEE HARVEY OSWALD 433-54-3937
 (Name of wage earner) (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 the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PLEASE DO NOT WRITE IN MARGIN

2. PERIOD	WAGES PAID YEAR 19. 62	WAGES PAID YEAR 19. 63	WAGES PAID YEAR 19.	WAGES PAID YEAR 19.
January 1-March 31, inclusive.....	\$ none	\$ 945.69	\$.....	\$.....
April 1-June 30, inclusive.....	\$ none	\$ 121.67	\$.....	\$.....
July 1-September 30, inclusive.....	\$ none	\$ none	\$.....	\$.....
October 1-December 31, inclusive.....	\$ 727.81	\$ none	\$.....	\$.....

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 Camera Dept.		7. NATURE OF BUSINESS Typography	
4. BUSINESS NAME OF EMPLOYER (Type or print) Jaggars-Chiles-Stovall, Inc.		8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM <i>J. H. Malone</i>	
5. STREET ADDRESS OF EMPLOYER 522 Browder St.		9. TITLE OF PERSON SIGNING ABOVE Secretary-Treasurer	
6. CITY Dallas, Texas	STATE	10. EMPLOYER'S FEDERAL IDENTIFICATION NO. 75 0359250	11. DATE THIS STATEMENT FILLED OUT 1-10-64

3716 Rawlins St. P. O. Box 6556
 Dallas, Texas 75219
 RI 9-2885 Telephone RI 9-2991 Date 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

J. Dickenson
 District Manager.

Enclosure.

STATEMENT OF EMPLOYER

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

1. LEE HARVEY OSWALD 433-54-3937
 (Name of wage earner) (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 the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PLEASE DO NOT WRITE IN MARGIN

2. PERIOD	WAGES PAID YEAR 19.63	WAGES PAID YEAR 19.....	WAGES PAID YEAR 19.....	WAGES PAID YEAR 19.....
January 1-March 31, inclusive.....	\$ NONE	\$.....	\$.....	\$.....
April 1-June 30, inclusive.....	\$ NONE	\$.....	\$.....	\$.....
July 1-September 30, inclusive.....	\$ NONE	\$.....	\$.....	\$.....
October 1-December 31, inclusive.....	\$ 261.68	\$.....	\$.....	\$.....

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 <i>Over Clerk</i>	7. NATURE OF BUSINESS <i>Text Books</i>
4. BUSINESS NAME OF EMPLOYER (Type or print) <i>Texas School Book Depository</i>	8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM <i>O. J. Campbell</i>
5. STREET ADDRESS OF EMPLOYER <i>Elm at Houston St.</i>	9. TITLE OF PERSON SIGNING ABOVE <i>Vice President</i>
6. CITY STATE <i>Dallas 7, Texas</i>	10. EMPLOYER'S FEDERAL IDENTIFICATION NO. <i>075-0491330</i>
	11. DATE THIS STATEMENT FILLED OUT <i>1-10-64</i>

In replying, Address: SOCIAL SECURITY ADMINISTRATION

701 Loyola Avenue
 New Orleans, La. 70113

Telephone 527-2551 Date 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.)

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

Martha A. McSteen
 (Mrs.) Martha A. McSteen

District Manager.

Enclosure.

STATEMENT OF EMPLOYER

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

1. Lee H. Oswald (Name of wage earner) 433-54-3937 (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 the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PLEASE DO NOT WRITE IN MARGIN

2. PERIOD	WAGES PAID YEAR 19. 63	WAGES PAID YEAR 19.	WAGES PAID YEAR 19.	WAGES PAID YEAR 19.
January 1-March 31, inclusive.....	\$	\$	\$	\$
April 1-June 30, inclusive.....	\$ 422.25	\$	\$	\$
July 1-September 30, inclusive.....	\$ 191.25	\$	\$	\$
October 1-December 31, inclusive.....	\$	\$	\$	\$

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	7. NATURE OF BUSINESS Coffee Roasters
4. BUSINESS NAME OF EMPLOYER (Type or print) Wm B REILY co, Inc	8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM H. Schluderman Controller
5. STREET ADDRESS OF EMPLOYER 640 Magazine St	9. TITLE OF PERSON SIGNING ABOVE
6. CITY STATE New Orleans La 70130	10. EMPLOYER'S FEDERAL IDENTIFICATION NO.
	11. DATE THIS STATEMENT FILLED OUT 1/10/64

Wage Earner Lee H. Oswald

A/N 433-54-3937

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

H. J. Schindler Controller
Signature

Attachment to Form OAC-1001
NOLA-7/63

Form OA - C589

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

10-14-64

Always give
Claim No. 433-54-3937-E
when writing about your claim

acknowledged of the following:

DESCRIPTION OF REMITTANCE	AMOUNT	SCHEDULE NO.
Personal check dated 10-6-64	37.50	OCT 15 1964 74

Forwarded by:

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

ACKNOWLEDGED
OCT 15 1964
LP

Previous balance	\$
Current remittance	\$
Current balance	\$
Next date for payment	

REPORT OF CONTACT
(USE INK OR TYPEWRITER)

OFFICE: Dallas, Texas

DATE: 1/16/64

W/E OR S/E PERSON
Lee Harvey Oswald

A/N
433-54-3937

NAME AND ADDRESS OF PERSON(S) CONTACTED:

CONTACT MADE:
IN PERSON TELEPHONE

PLACE OF CONTACT:

We have requested scouting of the wife's unreported 12/62 earnings from Jaggers - Chiles - Stovall, Inc. We have a 1001 showing wife's correct earnings for this period, & we have also verified that these earnings were reported under an incorrect AIN. We are forwarding claims for adjudication without waiting for the scouting which we have requested. As soon as it is received, we will forward it to PC for association with wife's file. We presume that these earnings will be located through scouting. However, if not, we will prepare 7010's. Results of this development will be forwarded for association with wife's file. We will also ~~credit~~ ^{credit} ~~credit~~ ^{credit} 3/63^{4/63} earnings from this instance (over) they are also pre-lag.

CONTACT MADE BY H. Lynde
(SIGNATURE)

Claims Rep.
(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

MILITARY OCCUPATIONAL SPECIALTIES				
DATE	PRIMARY MOS	ADDITIONAL MOS	TITLE OF MOS	AUTHORITY
25 Jun 57	6741	- - - -	Avn Electronics Oper ✓	CAC Spd Ltr DFI-nad-12 of 27 May 57

EDUCATION					CIVILIAN OCCUPATIONS	
CIVILIAN					JOB TITLE (Name and perform)	
TYPE SCHOOL	MAJOR SUBJECT	NUM. SEM. YEARS	GRAD. YES NO	YEAR LEFT SCHOOL	DOT NO.	YEARS EXPERIENCE
GRAMMAR SCHOOL		8	X	1957	1-23.02	1 1/2
HIGH SCHOOL	Acad	1	X	1957	Office Boy	
COLLEGE—UNIVERSITY						
TRADE—BUSINESS						

MILITARY				JOB TITLE (Name and perform)	
SCHOOL ATTENDED AND COURSE	NUM. SEM. WEEKS	YEAR COMPLETED	INCOM. FLETS	DOT NO.	YEARS EXPERIENCE
Avn Fund Scol JAX	6	1957			
ACFT Oper Cresa Keesler AFB	6	1957			

TESTING AND SPECIAL QUALIFICATIONS							
FOREIGN LANGUAGE							
LANGUAGE	FORM	COMPREHENSION			RATING		DATE
		UNDERSTANDS	READS	WRITES	TOTAL SCORE	ADJ. RATING	
Russian	DA AGO FRT-1579	5 (P)	4 (P)	3 (P)	2 (P)		25 Feb 59

OPERATES (Name of machine, vehicle, equipment, etc.)						CLASSIFICATION, APTITUDE, AND TRADE TESTS			
TITLE	FORM	DATE	GRADE—SCORE	AUTHENTICATION (Name and rank)					
GCT	3a		III-105	Trans from old page					
RY	3a		II-125						
AC	3a		III-108						
AR	3a		III-90						
PA	3a		III-94						
RGT	SR-2	30 Oct 56	III-92						

PREFERENCE OF DUTY: Aircraft Maintenance and Repair RECOMMENDED DUTY ASSIGNMENT: Aircraft Maintenance and Repair

SKILLS AND MISCELLANEOUS QUALIFICATIONS:
 1. Completed HS level OKDE
 23 Mar 59 sat passed USAFI HS GRD PT. 1-46, 2-57, 3-55, 4-58, 5-52

NAME (Last)	(First)	(Middle)	SERVICE NO.
OSWALD	Leo	Harvey	1653230

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 MCM 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
B. J. KOZAK

Lieutenant Colonel, U. S. Marine Corps

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

10:GCK:wdp
26 Aug 1959

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. Cushman, Jr.

W. A. CUSHMAN, JR.
By direction

FOLSOM EXHIBIT No. 1—Continued (p. 81)

726

1910
AUG 28 1959

FOURTH ENDORSEMENT on Pfc OSWALD's ltr 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 (MAG-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 home. 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)

PAYMENT CENTER PLEASE ADVISE CURRENT DISTRICT OFFICE PRIOR CERTIFICATION (SEE OVER)

DISTRICT OFFICE: DALLAS TEX
 NAME OF A/N HOLDER: OSWALD, LEE H
 CODE: 814
 REQUEST DATE: 01 17 64
 TYPE ACTION: B-SOA
 BLOCK NUMBER: G 74962
 ACCOUNT NUMBER: 433-54-3937

MULTIPLE A/N: MULTIPLE A/N
 MILITARY SERVICE: FROM: M 10 19 39
 THRU: V 01 09 64
 DATE OF ONSET: MO. ELECT. D 11 24 63
 R. R. SERVICE

LAG INFORMATION FURNISHED BY DISTRICT OFFICE				FAMILY COMPOSITION				PRIOR CERTIFICATION		FORM 805
TYPE	PERIOD	AMOUNT	EIN	SEX	DATE OF BIRTH	DATE OF APPL.	NO. ELECT.	P	MO. ELECT.	SEP
	LAG	NP								S

DEB. DATA: /
 REMARKS:

IDENTIFYING INFORMATION -- ACCOUNT NUMBER UNKNOWN

FORM OA-C790 (IDP) 1-62
 SS 5 REMOVED BY: ERN
 6087012004

REQUEST FOR E/R ACTION

UNITED STATES GOVERNMENT

Memorandum

CONFIDENTIAL - ADMINISTRATIVE

TO : Kansas City Payment Center

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

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

DATE: June 3, 1965

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.

Jess C. Carter

(2) 510's, 101, 526
RG81
V. Daugherty L02
6/7/65

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan



NR DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

John R. ...
Lee H. Oswald
11/1/67

NR
OFFICE

3716 Rawlins Street
P.O. Box 6556
Dallas, Texas 75219

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

433-54-3937C

Mrs. Marina Porter
733 Scottsdale
Richardson TX 75080

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

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.

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 notification, 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 Department will get in touch with you if it needs further information.

Sincerely yours,

District Manager

Enclosures:
Envelope
Post-Card OA-C1247

DALLAS, TEXAS	
AUG 12 1969	
Amount	71014
SSA DISTRICT OFFICE	
FORM SSA-L785 (10-66)	
FORMERLY OA-CL-735	

DO NOT WRITE BELOW THIS LINE

Check Number _____ Date _____

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	
1. NAME		<i>Mrs. Kenneth Parker</i>	
ADDRESS (Street number, City, State and ZIP Code)			
2. NAME		SIGNATURE OF CO-PAYEE (Both husband and wife must sign if co-payees of a combined check)	
ADDRESS (Street number, City, State and ZIP Code)		RESIDENCE NUMBER AND STREET	
		733 Scottsdale Dr	
		CITY, STATE AND ZIP CODE	
		Richardson Tex	
		DATE (Mo., Day, and Year)	TELEPHONE NUMBER
		Aug 12, 1969	AD 1-0720

VR



DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
SOCIAL SECURITY ADMINISTRATION

3716 Rawlins Street
P.O. Box 6556
Dallas, Texas 75219

OFFICE

WAGE EARNER: *Lee Oswald*
When writing about your
always give Claim No. JFK Act 5 (g) (2) (D)

24
Mrs. 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.

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 notification, 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 Department will get in touch with you if it needs further information.

Sincerely yours,

Clarence M. Vaden
District Manager

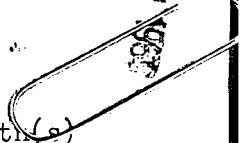
- Enclosures:
- Envelope
- ~~Post Card OA-C1247~~

DO NOT WRITE BELOW THIS LINE

Check Number	Date	Amount
<i>75080</i>	<i>7/3/69</i>	

FORM SSA-L735 (10-66)
(FORMERLY OA-CL735)

PAYS DO JUL 19 1969



DELAYED PAYMENT
PROCESS AS SSA-555

7681
110

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? Yes No
(If your answer is "No," this should be done.)
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.

753 Scottsdale dr.
(Number and Street)

Richardson, Texas
(City, State and ZIP Code)

AUG 11 12 26 PM '69
 NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES
 DIVISION OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE

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.

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

None

<p>If this questionnaire has been signed by mark (X), two witnesses who know the person must sign below, giving their full addresses.</p> <p>1. NAME _____</p> <p>ADDRESS (Street number, City, State and ZIP Code) _____</p> <p>2. NAME _____</p> <p>ADDRESS (Street number, City, State and ZIP Code) _____</p>	<p>SIGNATURE OF PAYEE OR CLAIMANT <input checked="" type="checkbox"/> <u>Mrs. Kenneth Porter</u></p> <p>SIGNATURE OF CO-PAYEE (Both husband and wife must sign if co-payees of a combined check) <input checked="" type="checkbox"/> <u>753 Scottsdale dr.</u></p> <p>RESIDENCE NUMBER AND STREET <input checked="" type="checkbox"/> <u>Richardson, Texas, 75080</u></p> <p>CITY, STATE AND ZIP CODE <input checked="" type="checkbox"/> _____</p> <p>DATE (Mo., Day, and Year) <input checked="" type="checkbox"/> <u>July 18, 1969</u></p> <p>TELEPHONE NUMBER <input checked="" type="checkbox"/> <u>AD-1-0720</u></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DETERMINATION OF
 RESUMPTION OF AWARD

DISTRICT OFFICE 3716 RAWLINS ST, DALLAS, TEX ACCOUNT NUMBER 433-54-2927

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS MARINA N. PORTER- 1245 DONNA DR- RICHARDSON, TX 75080
 FOR MINOR CHILDREN OF _____
 FOR _____
 GUARDIAN OF _____

- 1. TEMPORARY DEDUCTIONS EMPLOYED _____
- 2. PERMANENT DEDUCTIONS "E" EMPLOYED 1/65-2/65 F.A.

TOTAL EARNINGS \$ 5130.40 TOTAL EXCESS EARNINGS \$ 3680 CHARGEABLE EXCESS EARNINGS \$ 1.60 TOTAL MONTHLY BENEFIT(S) \$ 40.30

- 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, RECOMP. _____
- 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO. 8. NEW ADDRESS _____
- 9. ATTAINED AGE 72 _____ 10. TO COMBINE A & B BENEFITS _____
- 11. OTHER "E"-TERM-6/65 REMARRIAGE ^{202 (T) EXC}

- ONE CHECK ONLY AWARD ADJUSTMENT SUPP L/S CONDITIONAL ADJUSTMENT FOLDER REFERENCE

BENEFICIARY NOTICE: 587(5130.24)(-)(34.50)(34.50) R45(40.30)(1/65-2/65)

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS			R F D	W I C	NET AMOUNT DUE
		BEGIN. DATE	MONTHLY RATE	PERIOD		AMOUNT	EFFECTIVE		AMOUNT			
				FROM	TO		FROM	TO				
E	/		33.40				1/65	5/65	167.00			
E	/		40.30	1/65	2/65	80.60					2	
E	/		40.30	3/65	5/65	120.90						34.50

REMARKS PIA 76.00 ABS-C35 SL-3 A-6J 41KOMAY

PREPARED BY EXAMINER L. J. ... F198 II DATE 4/23/66 APPROVED BY-REVIEWER R. J. ... E-30-13 DATE 4/25/66

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	FOR MINOR CHILDREN OF FOR GUARDIAN OF

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

2. PERMANENT DEDUCTIONS _____ EMPLOYED _____

TOTAL EARNINGS \$ _____ TOTAL EXCESS EARNINGS \$ _____ CHARGEABLE EXCESS EARNINGS \$ _____ TOTAL MONTHLY BENEFIT \$ _____

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. RECOMP. _____ 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO. _____ 8. NEW ADDRESS _____

9. ATTAINED AGE 72 _____ 10. TO COMBINE A & B BENEFITS _____ 11. OTHER _____ 202 (T) EXC _____

ONE CHECK ONLY A- AWARD ADJUSTMENT SUPP L/S CONDITIONAL ADJUSTMENT FOLDER REFERENCE

BENEFICIARY NOTICE:
 "S"

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS			R F D	W I C	NET AMOUNT DUE	
		BEGIN. DATE	MONTHLY RATE	PERIOD		AMOUNT	EFFECTIVE		AMOUNT				
				FROM	TO		FROM	TO					
E			37.60					9/64	9/64	37.60			
E			37.50	AA	37.50								
E		10/64	31.40	9/64	9/64	31.40					2		31.30

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-CC 35KC OCT

PREPARED BY-EXAMINER <i>G. E. Hoffmann</i>	DATE 10-16-64	APPROVED BY-REVIEWER <i>W. C. Law</i>	DATE 10/16/64
-----------------------------------------------	------------------	------------------------------------------	------------------

DISTRICT OFFICE		DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE		CLAIM NO. 433-54-3937-E	PIC E			
		W. E.		DATE 6/7/65				
Marina N. Oswald			ADJMT. CODING					
			CR. BLOCK NO. 0208 JUN '65 KC					
		DATE OF BIRTH		INITIALS				
		PAYEE FILE		<i>mg</i>				
		DIARY FILE						
CLC	MONTHLY RATE	SHOULD HAVE BEEN (SHOULD BE) STOPPED						
45	31.40	6/65						
SPA	LAST SCHED. NO.	TREASURY REQUESTED TO DISCONTINUE PAYMENT		CROSS-REF.				
	9A	6/65		ACCOUNT NO.				
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 0. Investigation pending determ. of cont. disability <input type="checkbox"/> 1. Worked outside the United States <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care <input type="checkbox"/> 5. OAIB worked outside the United States </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 7. Refused VR Services <input type="checkbox"/> 8. Payee not determined <input type="checkbox"/> 9. </td> </tr> </table>						<input type="checkbox"/> 0. Investigation pending determ. of cont. disability <input type="checkbox"/> 1. Worked outside the United States <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200	<input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care <input type="checkbox"/> 5. OAIB worked outside the United States	<input type="checkbox"/> 7. Refused VR Services <input type="checkbox"/> 8. Payee not determined <input type="checkbox"/> 9.
<input type="checkbox"/> 0. Investigation pending determ. of cont. disability <input type="checkbox"/> 1. Worked outside the United States <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200	<input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care <input type="checkbox"/> 5. OAIB worked outside the United States	<input type="checkbox"/> 7. Refused VR Services <input type="checkbox"/> 8. Payee not determined <input type="checkbox"/> 9.						
			<i>mjb</i> <i>revised on 6/7/65</i> (Clerk) (Date) (Reviewer) (Date)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 0. Benefits payable by some other agency <input type="checkbox"/> 1. Death of beneficiary <input type="checkbox"/> 2. Dependent terminated due to death of insured individual <input checked="" type="checkbox"/> 3. Divorce Remarriage <input type="checkbox"/> 4C. Attained age 18 and not disabled <input type="checkbox"/> 4. Child attained age 18 and not disabled <input type="checkbox"/> 5. Beneficiary entitled to other benefits <input type="checkbox"/> 6C. Child no longer disabled <input type="checkbox"/> 9. </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7C. Adoption <input type="checkbox"/> 7. Adoption of child <input type="checkbox"/> 8H. DIB no longer disabled <input type="checkbox"/> 8. Mother terminated- Child no longer disabled <input type="checkbox"/> X. DIB attained age 65 <input type="checkbox"/> R. Claim withdrawn </td> </tr> </table>						<input type="checkbox"/> 0. Benefits payable by some other agency <input type="checkbox"/> 1. Death of beneficiary <input type="checkbox"/> 2. Dependent terminated due to death of insured individual <input checked="" type="checkbox"/> 3. Divorce Remarriage <input type="checkbox"/> 4C. Attained age 18 and not disabled <input type="checkbox"/> 4. Child attained age 18 and not disabled <input type="checkbox"/> 5. Beneficiary entitled to other benefits <input type="checkbox"/> 6C. Child no longer disabled <input type="checkbox"/> 9.	<input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7C. Adoption <input type="checkbox"/> 7. Adoption of child <input type="checkbox"/> 8H. DIB no longer disabled <input type="checkbox"/> 8. Mother terminated- Child no longer disabled <input type="checkbox"/> X. DIB attained age 65 <input type="checkbox"/> R. Claim withdrawn	
<input type="checkbox"/> 0. Benefits payable by some other agency <input type="checkbox"/> 1. Death of beneficiary <input type="checkbox"/> 2. Dependent terminated due to death of insured individual <input checked="" type="checkbox"/> 3. Divorce Remarriage <input type="checkbox"/> 4C. Attained age 18 and not disabled <input type="checkbox"/> 4. Child attained age 18 and not disabled <input type="checkbox"/> 5. Beneficiary entitled to other benefits <input type="checkbox"/> 6C. Child no longer disabled <input type="checkbox"/> 9.	<input type="checkbox"/> 6. Death Marriage of child <input type="checkbox"/> 7C. Adoption <input type="checkbox"/> 7. Adoption of child <input type="checkbox"/> 8H. DIB no longer disabled <input type="checkbox"/> 8. Mother terminated- Child no longer disabled <input type="checkbox"/> X. DIB attained age 65 <input type="checkbox"/> R. Claim withdrawn							

DISTRICT OFFICE	DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE	CLAIM NO. 433-54-3937	PIC E
		W. E.	

ADJMT. CODING A9	DATE 10/16/64
----------------------------	-------------------------

Marina N. Oswald

CR. BLOCK NO. W-0402 OCT '64 KC	
DATE OF BIRTH	INITIALS <i>Bea D</i>
PAYEE FILE	
DIARY FILE	

CLC 45	MONTHLY RATE 37.60	SHOULD HAVE BEEN (SHOULD BE) STOPPED
SPA	LAST SCHED. NO. 9A	TREASURY REQUESTED TO DISCONTINUE PAYMENT 10/64

CROSS-REF.
ACCOUNT NO.

- | | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> 0. Investigation pending determ. of cont. disability | <input type="checkbox"/> 4. Failure to have a child entitled to benefits in your care | <input type="checkbox"/> 7. Refused VR Services |
| <input type="checkbox"/> 1. Worked outside the United States | <input type="checkbox"/> 5. OAIB worked outside the United States | <input type="checkbox"/> 8. Payee not determined. |
| <input type="checkbox"/> 2. Worked and expects net earnings to exceed \$1200 | | <input type="checkbox"/> 9. |
| <input type="checkbox"/> 3. OAIB worked and expects net earnings to exceed \$1200 | | |

red *A. C. L.* 10/16/64
 (Clerk) (Date) (Reviewer) (Date)

- | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> 0. Benefits payable by some other agency | <input type="checkbox"/> 6. Death Marriage of child |
| <input type="checkbox"/> 1. Death of beneficiary | <input type="checkbox"/> 7C. Adoption |
| <input type="checkbox"/> 2. Dependent terminated due to death of insured individual | <input type="checkbox"/> 7. Adoption of child |
| <input type="checkbox"/> 3. Divorce Marriage Remarriage | <input type="checkbox"/> 8H. DIB no longer disabled |
| <input type="checkbox"/> 4C. Attained age 18 and not disabled | <input type="checkbox"/> 8. Mother terminated- Child no longer disabled |
| <input type="checkbox"/> 4. Child attained age 18 and not disabled | <input type="checkbox"/> X. DIB attained age 65 |
| <input type="checkbox"/> 5. Beneficiary entitled to other benefits | <input type="checkbox"/> R. Claim withdrawn |
| <input type="checkbox"/> 6C. Child no longer disabled | |
| <input type="checkbox"/> 9. | |

PREVIOUS DISTRICT OFFICE		DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE	
DATE 5/10/65		WAGE EARNER		PIC E	CLAIM NO.
FLOA	LLOA	MBA 03140	SPA	Marina N Oswald 433 54 3937 E 1245 Donna Dr Richardson Tex 75080	
TR FILE CODE 9A		CLC 45	S & C CODE 45390A		
<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> HOLD CK DATED _____ <input checked="" type="checkbox"/> PAYEE CHANGE REPLACE CK DATED 6/3/65 DRAWN PAYABLE TO Mariana N Oswald					

FORM OA-C610 (2-64)

FILE COPY

mvj

PREVIOUS DISTRICT OFFICE			DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST			NEW DISTRICT OFFICE					
DATE 05/05/65 06			WAGE EARNER			PIC			CLAIM NO. 3716 RAWLINS ST DALLAS TEX 75219		
FLOA 2	LLOA 3	MBA 03140	SPA MARINA	433 54 3937 E							
TR FILE CODE 9A		CLC 45	J & C CODE 45390A	MARIANA N OSWALD 1245 DONNA DR RICHARDSON TEX 75080							
<input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> HOLD CK DATED _____ <input checked="" type="checkbox"/> PAYEE CHANGE REPLACE CK DATED _____ DRAWN PAYABLE TO _____ MARIANA N OSWALD CK REDIRECTED											

Reject 5/6/65 ll

FORM OA-C610B (6-64)

FILE COPY

US DISTRICT OFFICE		DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION		NEW DISTRICT OFFICE	
		PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST			
4-3-64		WAGE EARNER		CLAIM NO.	
LLOA		MBA		PIC	
4		03760		B	
CODE		CLC		S & C CODE	
		15390			
ADDRESS CHANGE _____ HOLD CHECK DATED _____ PAYEE CHANGE _____ HOLD CHECK DATED _____ DRAWN PAYABLE TO _____					
Marina N Oswald 433 54 3937 B 629 Belt Line Richardson Tex 75080					

A-C610 (6-63)

FILE COPY

Form approved by Comptroller General, v. 1
January 23, 1958

1. INSURED INDIVIDUAL Lee H Oswald		RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> O	DATE OF BIRTH 10/19/39	DATE OF DEATH 11/24/63	DATE CLAIM FILED		
2. REQUIRED QTRS. 6	HAS AT LEAST 6	CURRENT QTRS. 1951	3. First Base Yr. Or Starting Date 1963	LAST BASE YR. OR CLOSING DATE	4. LUMP SUM AMOUNT 213.00		
5. TOTAL EARNINGS 3306.85		DISABILITY PERIOD EXCLUDED	ELAPSED YRS. OR YRS. DROPPED 61-62	DIVISOR 24	INCREMENTS 71.00		
6. SYMBOL	NAME	DATE OF BIRTH	DATE CLAIM FILED	ORIGINAL BENEFIT	ANY OTHER BENEFITS	ADJUSTED BENEFIT	RELATIVE'S ACCT. NUMBER (IF ANY)
G1		7/17/41	1/9/64				
E		"	"	53.30		37.60	49-2-4251
C2	June L	2/15/62	"	53.30		37.60	
C1	Audrey M	10/20/63	"	53.30		37.60	
8. REIMBURSABLE F. H. EXPENSES ARE		PAID AS FOLLOWS		REMAINS UNPAID		7. MAXIMUM PAYABLE 112.80	
11. REMARKS					D.O. CODE 814		

3716 Rawlins St
Dallas Tex 75219

127 P 74KC FEB

12. CERTIFICATION OF PAYMENT		DATE OF ENTITLEMENT TO MONTHLY BENEFITS	MONTHLY BENEFIT	LUMP-SUM DEATH PAYMENT
Symbol	Name and address of payee as claimant or as representative of the claimant			
E	Marina N Oswald Bx 1407 Grand Prairie Tex 75050	11/63	37.60	213.00
C	Marina N Oswald for minor children of L H Oswald Same	11/63	75.20	

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 D. Lynde
(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.

Approved E. L. Linn
(Claims Authorizer)
Date **1/3/64**

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

APPOINTMENT OF REPRESENTATIVE

I appoint James H Martin to act as my repre-

(Name of representative)

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 information 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)

Grand Prairie, Texas

Jan 10, 1964

(Date)

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 adviser

(Union representative, relative, etc.)

James H Martin

(Signature)

11611 Farrar St.

(Address)

Dallas, Texas

Jan 10, 1964

(Date)

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

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:	Dallas, Tex.
DATE:	1-10-64
A/N	433-54-3937

W/E OR S/E PERSON
Lee Harvey Oswald

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

CONTACT MADE:
IN PERSON TELEPHONE

PLACE OF CONTACT
Dallas

I discussed the amount of earnings for 1963 with Mr. Martin. He said our 1001's were correct. He stated, the \$2600⁰⁰ shown on the application form was simply a very liberal "guess".

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

CONTACT MADE BY *Joe A. Carter*
(SIGNATURE)

Asst. Mgr.
(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:

DATE:

A/N

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 Mrs. Oswald was not involved.

CONTACT MADE BY

John Carter
(SIGNATURE)

Asst. Mgr.
(TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)