

JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

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RECORD NUMBER : 194-10001-10496
RECORDS SERIES : FOREIGN PERSONNEL AND ORGANIZATIONS
AGENCY FILE NUMBER : AB632604W - PAGES 76-79

DOCUMENT INFORMATION

ORIGINATOR :
FROM : EDIFANIO ROMERO-DELGADO
TO :
TITLE : DD FORM 398 - STATEMENT OF PERSONAL HISTORY
DATE : 01/18/63
PAGES : 4
SUBJECTS : ROMERODELGADO, EPIFANIO

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
CLASSIFICATION : UNCLASSIFIED
RESTRICTIONS : 3
CURRENT STATUS : RELEASED WITH DELETIONS
DATE OF LAST REVIEW : 03/07/95
OPENING CRITERIA :
COMMENTS :

Released under the John F. Kennedy
Assassination Records Collection Act of
1992 (44 USC 2107 Note). Case#:NW
64954 Date: 09-22-2022

STATEMENT OF PERSONAL HISTORY

CUBAN

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. <input checked="" type="checkbox"/> (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS Edifanio ROMERO-Delgado			2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY		
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) Piche			4. PERMANENT MAILING ADDRESS 1140 SW 9th St., Miami, Fla.		
5. DATE OF BIRTH (Day, month, year) 21 Jan 1936		PLACE OF BIRTH (City, County, State, and Country) Candelario, PinardelRio, Cuba		PLACE CERTIFICATE RECORDED Candelario, PinardelRio, Cuba	
RACE Cau	HEIGHT 66"	WEIGHT 165	COLOR OF EYES Brown	COLOR OF HAIR Brown	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS NONE
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.					
7. U. S. CITIZEN <input type="checkbox"/>		NATIVE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NATURALIZED, CERTIFICATE NO.	
ALIEN <input checked="" type="checkbox"/>		REGISTRATION NO. A13 108 636		NATIVE COUNTRY Cuba	
		DATE AND PORT OF ENTRY 21 Sept 1962 Texas		DO YOU INTEND TO BECOME A U. S. CITIZEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

B. MILITARY SERVICE					
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION	
				DATE CURRENT ACTIVE SERVICE STARTED	
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION OR UNIT AND LOCATION	
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.

9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)							
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL			GRADUATE		DEGREE
FROM--	TO--				YES	NO	
Sep 46	Jun 49	Escuela Publica San Cristobal					

10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)									
RELATION AND NAME		DATE AND PLACE OF BIRTH			PRESENT ADDRESS, IF LIVING			U. S. CITIZEN	
								YES	NO
FATHER Felipe Romero		date unknown Conzolaciondel Sur, Cuba			DECEASED				X
MOTHER (Maiden name) Sagunda Delgado		date unknown " " "			Finca Sabana La Mar SanCristobal PinardelRio, Cuba				X
SPOUSE (Maiden name) Ilda Martinez		1 Feb 1936 Candelaria PinardelRio, Cuba			" " " "				X
OTHER (Specify) Arturo Romero Son		9 May 1962 San Cristobal Finar delRio, Cuba			" " " "				X
Balerio Romero B		" " " " Finca Sabana La MarSan Cristobal PinardelRio Cuba			" " " "				X
Jose Manuel Romero B		" " " "			" " " "				X
Aniceto Romero B		" " " " 76			" " " "				X
Santiago Romero B		" " " "			" " " "				X

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

RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
Juan Delgado	U 36	farmer	Consolacion del Sur, Cuba	Cuban
Pedro Delgado	U 38	"	Candelaria Pinardel Rio, Cuba	"
Francisco Delgado	U 40	"	Santa Cruz Pinardel Rio, Cuba	"
Niebe Delgado	A 39	housewife	" " " "	"
Maria Delgado	A 39	"	" " " "	"

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

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM—	TO—		
29 Aug 62	21 Sep 62	Mexico	in transit to USA

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

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM—	TO—			
Feb 59	Jan 60	Equipos Presada Pinardel Rio, Cuba	Nestor Prieto	Political reasons

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

SOCIAL SECURITY NO. JFK Act 5 (g) (2) (D)

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

CREDIT	NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
		NONE			
CHARACTER	Juan Noriega	10	1040 15th St. Apt #15	Miami Beach	Fla.
	Gustado Acosta	10 mo	1140 SW 9th St.	Miami	"

REMARKS:

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

20. REMARKS

ITEM #10

Fernando Romero B	San Cristobal Pinardel Rio Finca Santa Amalia Sabana La Mar	San Cristobal Pinardel Rio, Cuba
Sabina Romero S	" " " "	" " " "
Augustina Romero S	" " " "	" " " "

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

DATE

18 Jan 63

SIGNATURE OF PERSON COMPLETING FORM

Eugenio Romero Dolgado

TYPED NAME AND ADDRESS OF WITNESS

LUIS A. ZAYAS, MSGT, AFES&IS, CORAL GABLES, FLA.

SIGNATURE OF WITNESS

Luis A. Zayas

21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

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

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RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS