

EMPLOYEE IDENTIFICATION/QUESTIONNAIRE

Terminated
4-6-63

DATE EMPLOYED *Oct 12, 1962*

LEE HARVEY OSWALD

| | | |
|---|--------------------------------------|---|
| NAME IN FULL (First, Middle, Last) <i>602 ELSBETH ST</i> <i>3519 FARMHUNT</i> | | SOCIAL SECURITY NO. <i>433-54-3739</i> |
| PRESENT ADDRESS <i>PO Box 2915</i> | | PHONE NO. <i>LA 10692</i> |
| PERMANENT HOME ADDRESS <i>SAME</i> | DATE OF BIRTH <i>Oct 18, 1939</i> | RACE <i>W</i> |
| <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED | HEIGHT <i>5'9"</i> | WEIGHT <i>150</i> |
| <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE | NO. OF DEPENDENTS <i>3</i> | |

WIFE OR HUSBAND'S FULL NAME

MARINA N. OSWALD WIFE

IN CASE OF ACCIDENT NOTIFY —

WIFE

PHONE NO.

*LA-10692*DO YOU HAVE ANY OF THE FOLLOWING AILMENTS? *NO*
 Tuberculosis Back injury High Blood Pressure Heart Disease Kidney trouble Illness due to chemicals.
HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY? Yes No

Commission Exhibit No. 427

Signed

L. H. Oswald

(D-11)

COMMISSION EXHIBIT 427