

PLEASE FILL OUT APPLICATION BLANK COMPLETELY.....

NAME Oswald LEE H. STREET & NUMBER 2515 W. 5th St. TOWN Irving  
LAST NAME FIRST

PHONE NO 4 31628 SOCIAL SECURITY NO. 433-54387 AGE 23 WEIGHT 150 HEIGHT 5'9

PLACE OF BIRTH New Orleans, La HOW LONG LIVED IN DALLAS continuously

FINISHED WHAT GRADE IN SCHOOL 11th NAME SCHOOL Arbington Heights Oct. 26th, 44

DID YOU ATTEND COLLEGE no HOW LONG — NAME COLLEGE —

RACE C MARRIED () OR SINGLE ( ) HOW MANY DEPENDENTS 2 dependents

WHERE DID YOU LAST WORK U.S.M.C. (three years) NATURE OF WORK air-wing

REASON FOR LEAVING LAST JOB Honorable discharge

HOW LONG DID YOU WORK ON YOUR LAST JOB three years

WHERE IS YOUR FATHER EMPLOYED dead NATURE OF WORK —

IS YOUR MOTHER EMPLOYED yes NATURE OF WORK Practical nurse

MEMBER OF ORGANIZATIONS: — CHURCH — LODGE — VETERAN —

HAVE YOU ANY PHYSICAL DEFECTS (ANSWER YES OR NO) IF ANSWER IS YES STATE WHAT THEY ARE:

no

DO YOU ROOM AND BOARD no DO YOU LIVE WITH PARENTS no

SHOULD YOU LIKE TO MENTION SOME OF YOUR SPECIAL ABILITIES YOU WOULD LIKE COMPANY TO KNOW IN CONSIDERING YOUR APPLICATION USE THE THREE LINES BELOW.

clearical (accounting) work in military service,  
experienced with Ditts, adding and some typing  
machine and filing system.

DATE OF APPLICATION

Oct. 15, 1963

[Signature]  
SIGNATURE OF APPLICANT

COMMISSION EXHIBIT 496

H. S. Aiken

11/20/67