



COMMISSION EXHIBIT 633

Commission Exhibit No. 633A

**DECEASED**

LEAVE THIS SPACE BLANK

**DECEASED**

SIGNATURE OF PERSON FINGERPRINTED

Refused to sign

SCORE AND MARKS

AMPUTATION

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

DATE

11-25-63

CHECK IF NO REPLY IS RECEIVED

LAST NAME

FIRST NAME

MIDDLE NAME

**OSWALD, LEE HARVEY**

CONTROLDOR AND ADDRESS

ADDRESS

SEX

HT. (inches)

WT. (lbs)

HAIR

EYES

DATE OF BIRTH

PLACE OF BIRTH

NEW ORLEANS, LA.

5-018

CLASS

RACE

FBI NUMBER

ISSUE

NO.

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	

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