



COMMISSION EXHIBIT 633

Commission Exhibit No. 633A

DECEASED

LEAVE THIS SPACE BLANK

DECEASED

SIGNATURE OF PERSON PHOTOGRAPHED
 Refused to sign

LAST NAME: **OSWALD, LEE HARVEY** FIRST NAME: _____ MIDDLE NAME: _____

DATE BORN: **694 133**

SEX: **M** RACE: **Blk**

HEIGHT: **5-018** WEIGHT: _____

HAIR: _____ EYES: _____

COMPLEXION: _____

SCARS AND MARKS: _____

AMPUTATION: _____

DATE: **11-25-63**

PLACE FBI NUMBER HERE: _____

CLASS: _____

NO. _____

DATE OF BIRTH: **10-16-39**

PLACE OF BIRTH: **New Orleans, La.**

CHECK IF NO REPLY IS RETURNED

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

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