

TKES BROS. STEAMSHIP CO., INC. Ticket Form No. 2524

PASSENGER IMMIGRATION QUESTIONNAIRE - LEAVING UNITED STATES Information Required by U. S. Government
A separate form is required for each passenger.

Date: 9/16/39

Port of Embarkation (From): New Orleans Date of Embarkation (To): Le Havre

Steamer: Marine Ligier Voyage: 9/16/39 Name: Le Havre Birth: shipped to Europe

PLEASE PRINT - ALL COPIES MUST BE LEGIBLE

1. Last or Family Name: OSWALD Occupation: Agent

2. First Name: Lee Middle: Harvey

3a. Age: 19 Sex: Male Female Mar. Wid. Div. Single Race: White

3b. Date of Birth: 10 18 39 (Month Day Year) Place of Birth: New Orleans La (City and State)

4. Place of Birth: If in U. S. Name of State: La If outside U. S. (Country)

5a. Nationality: USA U. S. Passport Number: 1732242

5b. Date and Place Issued: 7/10/37 New Orleans La Valid To (Date): 9/10/61

SECTION "A" FOR ALL PASSENGERS

6. 10 International U. S. stamps—show date and place received.

7. Military Permit

8. Visa held—Country: France Valid To: 9/24 W 5th St Ft Worth Texas

9. Last address in U. S.: 3124 W 5th St Ft Worth Texas (Include number and street) (City and State)

10. Length of time passenger intends to remain abroad: Two months (If intended to be permanent or more than one year, state country)

SECTION "B" FOR U. S. CITIZENS AND NATIONALS ONLY

10a. Date and place of last entry into USA.

11. Alien Selling Permit (Income Tax Clearance)

12. Alien Selling Permit Number: _____ Place Issued: _____ Date: _____

SECTION "C" FOR ALIENS ONLY

11. Travel Document (Specify Kind of the following):

(a) Serial number of Form 257a: _____ (Alien Immigration Visa)

(b) Serial number of Form 1-19a: _____ (Visitor's Permit)

(c) 10a serial number of Form 1-152a: _____ (Alien-Entry Permit)

(d) Form 1-424

13. Address (Temporary or Permanent) at or near U. S. Port of Landing the Steamer (Specify Alien Port): Liberty Hotel New Orleans La (Include number and street) (City and State) (Telephone No.)

14. Permanent address (Whether in or out of U. S.): 3124 W 5th St Ft Worth Texas (Include number and street) (City and State)

15. Foreign Address (Temporary or Permanent): _____ (Include number and street) (City and State) (Country)

SECTION "D" FOR ALL PASSENGERS

16. Register Traffic: _____ (Include number and street) (City and State) (Country) (Total)

17. For the purpose of having accurate information and in preventing anything from being printed against your status, please advise: (May be omitted if desired.)

(a) Organization or Company with which connected: _____

(b) Location of Company: Pleasure

(c) Name of Business: Pleasure (1) Yes (2) No

(d) Purpose of Trip: Business (1) Yes (2) No

I hereby certify that to the best of my knowledge and belief, the foregoing information is true and correct.

Lee H. Oswald SIGNATURE OF PASSENGER

NEW ORLEANS La

DISTRIBUTION—Original and duplicate to Passenger Document or _____

Commission Exhibit No. 1948

PLEASE FILL OUT APPLICATION BLANK COMPLETELY.....

NAME: Oswald Lee H. STREET & NUMBER: 2515 W. 5th St. TOWN: Dallas
LAST NAME FIRST

PHONE NO: 4-3428 SOCIAL SECURITY NO: 433-58286 AGE: 23 WEIGHT: 150 HEIGHT: 5'9"

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

FINISHED WHAT GRADE IN SCHOOL: 12 NAME SCHOOL: Christian Heights High School

DID YOU ATTEND COLLEGE: no HOW LONG: _____ NAME COLLEGE: _____

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

WHERE DID YOU LAST WORK: H. S.M.C. (three years) NATURE OF WORK: air-ving

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:

Classical (accounting) work in military service, experienced with Dittie, adding and some typing, machines and filing system

DATE OF APPLICATION: Oct. 15, 1939

Lee H. Oswald SIGNATURE OF APPLICANT

Commission Exhibit No. 1949

COMMISSION EXHIBIT NO. 1948

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H S Aiken

11/27/67

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COMMISSION EXHIBIT No. 1949—Continued

FORM W-4 (Rev. July 1961)
U. S. Treasury Department
Internal Revenue Service

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name LEE HARVEY OSWALD Social Security Account Number 433-54-3737

Print home address 2515 WEST 5th ST City IRVING Zone _____ State TEXAS

EMPLOYEE:

File this form with your employer. Otherwise, he must withhold U. S. income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, write the figure "1"
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.
 - (a) If you claim both of these exemptions, write the figure "2"
 - (b) If you claim one of these exemptions, write the figure "1" 2
 - (c) If you claim neither of these exemptions, write "0"
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
 - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2"
 - (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2"
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 4 on other side.) 2
5. Add the number of exemptions which you have claimed above and write the total 4
6. Additional withholding per pay period under agreement with employer. See Instruction 1

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.
(Date) Oct 16 1967 (Signed) Lee H Oswald

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COMMISSION EXHIBIT No. 1949—Continued

NO	DATE OCTOBER 16 TO 31, 1949 EMPLOYEES	A							B							C															
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	16	17	18	19	20	21	22	23	24	25	26	27	28	29
		M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S												
1	W. H. SHOLEY			X	X	X	3			Y	Y	X	X	X			X	Y	Y	Y											
2	H. S. ALLEN			Y	Y	Y				X	X	Y	Y			Y	Y	Y	Y												
4	JACK DONOHUE			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
8	EDWARD SMITH			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
13	TROY WHEEL			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
5	JAMES JOHNSON			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
39	WENDE PIPER			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
17	HAROLD HERRMAN			Y	Y	Y	3			X	Y	Y	Y			Y	Y	Y	Y												
20	BILLY LOWLAND			Y	Y	Y	3			X	Y	Y	Y			Y	Y	Y	Y												
28	FRANK KALNER			Y	Y	Y	3			X	Y	Y	Y			Y	Y	Y	Y												
26	WALTER W. WINTER			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
47	CARL JONES			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
40	GORDON SMITH			Y	Y	Y	3			X	Y	Y	Y			Y	Y	Y	Y												
36	ROY EDWARD LEBLE			Y	Y	Y	3			X	Y	Y	Y			Y	Y	Y	Y												
37	RAKEL ANGE			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
46	ROBERT RAY WILLIAMS			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
65	THELMA DON FELIX			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
68	NORMAN FRALKER			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
25	CHARLES GUYTON			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												
72	LEE DONALD			Y	Y	Y				X	Y	Y	Y			Y	Y	Y	Y												

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NO	DATE NOVEMBER 1 TO 16, 1963	1 2					4 5 6 7 8 9					11 12 13 14 15									
		M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S		
1	MR. H. SHELLEY					8			8	8	8	8	8			x	8	8	8	8	8
2	H. P. ALLEN					8			8	8	8	8	8			x	8	8	8	8	8
6	JACK DOUGHERTY					8			8	8	8	8	8			x	8	8	8	8	8
8	EDWARD SHIELDS					8			8	8	8	8	8			x	8	8	8	8	8
13	TROY WEST					8			8	8	8	8	8			x	8	8	8	8	8
5	JAMES JOHMAN					8			8	8	8	8	8			x	8	8	8	8	8
39	EDDIE PIERRE					8			8	8	8	8	8			x	8	8	8	8	8
17	HAROLD NORMAN					8			8	8	8	8	8			x	8	8	8	8	8
10	BILLY LOWMEYER					8			5	5	5	5	5			x	8	8	8	8	8
29	FRANK KAISER					8			8	8	8	8	8			x	8	8	8	8	8
28	FRANKLIN WESTER					8			8	8	8	8	8			x	8	8	8	8	8
47	CARL JONES					8			8	8	8	8	8			x	8	8	8	8	8
40	GORDON SMYTH					8			8	8	8	8	8			x	8	8	8	8	8
58	ROY EDWARD LEWIS					8			8	8	8	8	8			x	8	8	8	8	8
59	DANIEL ARCE					8			8	8	8	8	8			x	8	8	8	8	8
65	BOBBIE RAY WILLIAMS					8			8	8	8	8	8			x	8	8	8	8	8
46	TERRY DON FELTS					8			8	8	8	8	8			x	8	8	8	8	8
68	WENLEY FRASIER					8			8	8	8	8	8			x	8	8	8	8	8
15	CHARLES GIBBS					8			8	8	8	8	8			x	8	8	8	8	8
12	LEE OSWALD					8			8	8	8	8	8			x	8	8	8	8	8

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No.	NAME	DATE	18 19 20 21 22 23					25 26 27 28 29 30												
			M	T	W	T	F	S	M	T	W	T	F	S	M	T	W	T	F	S
1	W. H. SHELLEY		X	X	X	X	X													
2	H. S. AIKEN		X	X	X	X	X													
6	JACK DOUGHERTY	✓	X	X	X	X	X													
8	EDWARD SHIELDS		X	X	X	X	X													
13	TROY WEST	✓	X	X	X	X	X													
5	JAMES JORMAN	✓	X	X	X	X	X													
18	EDDIE PIPER	✓	X	X	X	X	X													
9	MAROLD NORMAN	✓	X	X	X	X	X													
7	BILLY LOVEADY	✓	X	X	X	X	X													
3	FRANK KAISER	✓	X	X	X	X	X													
10	FRANKLIN WESTER		X	X	X	X	X													
4	CARL JONES	✓	X	X	X	X	X													
11	GORDON SMITH		X	X	X	X	X													
16	ROY EDWARD LEWIS	✓	X	X	X	X	X													
19	DANIEL AHC		X	X	X	X	X													
20	BONNIE RAY																			
17	THURTT DON FELTS	Terminated	-	-	-	-	-													
14	WESLEY FRAZIER	✓	X	X	X	X	X													
15	CHARLES GIVENS	✓	X	X	X	X	X													
12	LESLIE OSWALD	✓	X	X	X	X	X													

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