

SECRET

THIS BLANK FORM IS CLASSIFIED:

SEP 1957

1. SUBJECT (NAME, IN ROMAN LETTERS AND IN NORMAL ORDER) <b>ALINE BERZINS</b>		CASE TO GREEN LIST REQUEST NO. <b>076819</b> 13 Sept 1957									
2. ALIASES, VARIANT SPELLINGS, CTC NUMBERS, ETC.		DATE OF REQUEST _____									
3. BIRTH DATE <b>2 September 1897</b>		REQUEST FROM _____									
4. BIRTH PLACE <b>Auce, Latvia</b>		NAME OF ORIGINATING OFFICER _____									
5. CITIZENSHIP <b>Latvian</b>		OFFICE DESIGNATOR <b>SK/2</b>									
6. PRESENT ACTIVITY AND LOCATION <b>unknown -- deported to Siberia to forced labor camp, 14 June 1941</b>		ROOM, BUILDING <b>1058 J</b>									
7. OCCUPATIONAL SPECIALTIES, EDUCATION <b>unknown</b>		EXTENSION <b>8545</b>									
8. MILITARY SERVICE		14. WAS CONTINUING SEARCH REQUESTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
<table border="1"> <thead> <tr> <th>SERVICE ARM, COUNTRY</th> <th>SPECIALTY</th> <th>LOCATION</th> <th>DATES</th> </tr> </thead> <tbody> <tr> <td><b>Latvian Liberation Army</b></td> <td><b>Infantry</b></td> <td></td> <td><b>1918-1920</b></td> </tr> </tbody> </table>		SERVICE ARM, COUNTRY	SPECIALTY	LOCATION	DATES	<b>Latvian Liberation Army</b>	<b>Infantry</b>		<b>1918-1920</b>	15. TYPE OF REQUEST <input checked="" type="checkbox"/> FIRST TIME SUBMITTED <input type="checkbox"/> ADDITIONAL DATA <input type="checkbox"/> COVER NAME	
SERVICE ARM, COUNTRY	SPECIALTY	LOCATION	DATES								
<b>Latvian Liberation Army</b>	<b>Infantry</b>		<b>1918-1920</b>								
9. PAST OCCUPATIONS		16. INTEREST IN SUBJECT <input checked="" type="checkbox"/> ESPIONAGE OR CE ACTIVITY <input type="checkbox"/> OPERATIONAL CLEARANCE <input checked="" type="checkbox"/> OTHER									
<table border="1"> <thead> <tr> <th>ACTIVITY</th> <th>LOCATION</th> <th>DATES</th> </tr> </thead> <tbody> <tr> <td><b>housewife</b></td> <td><b>Latvia</b></td> <td></td> </tr> </tbody> </table>		ACTIVITY	LOCATION	DATES	<b>housewife</b>	<b>Latvia</b>		17. INFORMATION REQUIRED <b>All information available</b>			
ACTIVITY	LOCATION	DATES									
<b>housewife</b>	<b>Latvia</b>										
10. DESCRIPTION (HEIGHT) (WEIGHT) (EYES) (HAIR) (RACE) (OTHER)											
11. SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>may be SAHERJS</b>											
12. OTHER MEMBERS OF IMMEDIATE FAMILY, AND ASSOCIATES <b>Alfreds Dekabs Berzins, husband; Maiga Berzins, daughter; Marias Nolle (Wolle), son</b>											
13. OTHER SIGNIFICANT DATA (POLITICS, RELIGION, ETC)		ATTACH EXTRA SHEETS WHEN NEEDED									

INSTRUCTIONS: INSERT CARBON; FILL OUT FORMS COMPLETELY. SEND BOTH SHEETS TO FI/STD. SEE CSI-10-7

FORM NO. 501 REPLACES FORM 51-125  
1 FEB 55 WHICH MAY BE USED.

SECRET

(9)

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCE METHOD EXEMPTION 3828  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2007