

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT	(b) (2) (b) (3) (b) (6)	THIS DATE 31 October 1967 SEP
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INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I GENERAL

1. FULL NAME (Last-First-Middle) BARNARD, Edward Townsend	
2. CURRENT ADDRESS (No., Street, City, Zone, State) Little Meadow Road, Guilford, Connecticut	3. PERMANENT ADDRESS (No., Street, City, Zone, State) same
4. HOME TELEPHONE NUMBER Glendale 3-2262	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE Connecticut

SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. [REDACTED]	2. RELATIONSHIP wife
3. HOME ADDRESS (No., Street, City, Zone, State, Country). [REDACTED]	
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE same	
5. HOME TELEPHONE NUMBER [REDACTED]	6. BUSINESS TELEPHONE NUMBER [REDACTED]
7. BUSINESS TELEPHONE EXTENSION [REDACTED]	
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. [REDACTED]	

SECTION III MARITAL STATUS

1. CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS NA No changes.

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) (Middle) (Maiden) (Last) [REDACTED]	
4. DATE OF MARRIAGE 13 Sept 35	5. PLACE OF MARRIAGE (City, State, Country) Yarmouth, Maine, US
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) Washington, Connecticut	
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH
9. CAUSE OF DEATH	
10. CURRENT ADDRESS (Give last address, if deceased) [REDACTED]	
11. DATE OF BIRTH [REDACTED]	12. PLACE OF BIRTH (City, State, Country) [REDACTED]
13. IF BORN OUTSIDE U.S., DATE OF ENTRY	14. PLACE OF ENTRY
15. CITIZENSHIP (Country) US	16. DATE ACQUIRED
17. WHERE ACQUIRED (City, State, Country) 17 June 1935	
18. OCCUPATION Housewife	19. PRESENT EMPLOYER (Also give former employer, last two employers) DATE if spouse is deceased or unemployed
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) [REDACTED]	

**CODED
FOR
QUALIFICATIONS**

SECTION III CONTINUED TO PAGE 2

SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From- and To-) BY MONTH AND YEAR

NA

22. BRANCH OF SERVICE

23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN

SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)

NA

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

1. FULL NAME (Last-First-Middle)

2. RELATIONSHIP

3. AGE

4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES

5. CITIZENSHIP (Country)

6. FREQUENCY OF CONTACT

7. DATE OF LAST CONTACT

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?

YES

See number 5 below

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? YES NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? YES NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.

Few hundred dollars annually from dividends, plus occasional short-term activee military duty.

SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
General Industrial Bank	New Haven, Conn.
Guilford Trust Company	Guilford, Conn.

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP **US**

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:
 BIRTH MARRIAGE OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TWO YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input checked="" type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/QTR HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			
Yale Univ., New Haven, Ct.	Span.	mixed	1929	1933	B.A.	June 1933	

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
USAF Intell. Sch., Harrisburg, Pa.	Combat Intl.	Nov 1942	six weeks	
USAF ROI Squadron & Command	courses; currently undergoing 5-yr Senior Officers Course			

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	
See above (Harrisburg) plus	two short courses given by			
the RAF at Highgate, London,	in 1943 and 1944, all pertaining to Intelligence			

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

SECTION VIII

GEOGRAPHIC AREA KNOWLEDGE

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
Spain, Latin America	Background info for editing news copy				XXX	News
France	Sociological	Summer 1933	X	X	X	

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

Purpose of French visit was to study the language and people.

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY		
			HDQTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING

SECTION IX

TYPING AND STENOGRAPHIC SKILLS

1. TYPING (W.P.M.) 2. SHORTHAND (W.P.M.) 3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM

50 n GREGG SPEEDWRITING STENOTYPE OTHER (Specify):

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.) na

SECTION X

SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

Tennis; once taught it. Otherwise putter inside & outside home.
Reading & study of International Relations

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

Contact work or rewrite-editing because of news training; fair knowledge of Spanish and French.

3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

na

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

na

5. FIRST LICENSE OR CERTIFICATE (Year of issue) 6. LATEST LICENSE OR CERTIFICATE (Year of issue)

SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

NA

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

Na

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

NA

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

NA

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
1954 --	14	[REDACTED]
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
1	[REDACTED]	
6. DESCRIPTION OF DUTIES		
[REDACTED] duties as may be required		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
1947-54	13	[REDACTED]
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
2	[REDACTED] Specialist	
6. DESCRIPTION OF DUTIES		
[REDACTED] such other duties as may be assigned.		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
3		
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
4		
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
5		
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

