

FORM DS-939 12-1-63		DEPARTMENT OF STATE OFFICE OF SECURITY		SPECIAL	
REQUEST FOR SECURITY INFORMATION					
TO: CENTRAL INTELLIGENCE AGENCY		FROM: VISA SECURITY DIVISION		DATE: May 25, 1967	
DO NOT WRITE ABOVE THIS LINE					
I NAME (If married woman include maiden name) Eerik HEINE		DATE OF BIRTH September 11, 1919		PLACE OF BIRTH Estonia	
ALIASES AND NICKNAMES ---		SEX Male	MARITAL STATUS ----	CITIZENSHIP Canadian	
ADDRESS Toronto, Canada			OCCUPATION AND NAME AND ADDRESS OF EMPLOYER ?		
ADDITIONAL IDENTIFYING DATA Reports requested Report dated May 15, 1963 and August 26, 1963					
CONTROL: THIS REQUEST PLACED WITH THE OFFICE OF SECURITY BY:					
DIVISION OR AGENCY Visa Security Division			REASON FOR REQUEST, OR TYPE OF PROGRAM Security Case		
DATE May 25 1967					
NAME OR REQUESTING OFFICER SCA:VO:JWReeves:slw					
II RESULTS OF THIS REQUEST FOR SECURITY INFORMATION:					
<input type="checkbox"/> NO RECORD <input type="checkbox"/> SECURITY INFORMATION ATTACHED <input type="checkbox"/> NO DEROGATORY INFORMATION <input type="checkbox"/> OTHER (Use reverse side for reporting)					
CHECKED BY			DATE		
III FOR USE OF OFFICE OF SECURITY:					
DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODS EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2003 2006					
<input checked="" type="checkbox"/> COORDINATED WITH <u>State</u>					
5741 (Date)					

29 MAY 1967