PERSONALITY [ ]ILE REQUEST

TO		DATE	ACTION			
RI/ANALYSIS SECTION		4/9/58	OPEN	X AMEND		CLOSE

FROM [ ]	ROOM NO. 2211 K	TELEPHONE 528

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

SECTION III: To be completed in all cases.

SECTION I

SENSITIVE			1.	SOURCE DOCUMENT
NONSENSITIVE				

NAME (Last)	(First)	(Middle)	(Title)	SEX	3.
OEBSGER	Rudolf		Dr.	X M	F

NAME VARIANT

TYPE NAME 2.	(Last)	(First)	(Middle)	(Title)
V	OEBSGER-ROEDER	Rudolf		Dr.

PHOTO 4.	BIRTH DATE 5.	COUNTRY OF BIRTH 6.	CITY OR TOWN OF BIRTH 7.	OTHER IDENTIFICATION 8.		
YES X NO	D 3 M 9 Y 12	Germany	Leipzig	1.	2.	3.

OCCUPATION/POSITION	OCC/POS. CODE 9.
Clerical employee	

SECTION II

CRYPTONYM	PSEUDONYM

SECTION III

COUNTRY OF RESIDENCE 10.	ACTION DESK 11.	SECOND COUNTRY INTEREST 12.	THIRD COUNTRY INTEREST 12a.
W Germany	EE/G/I		

COMMENTS: Pc EE/G/L

Please change true name from Dr. Rolf ROEDER to Dr. Rudolf OEBSGER (above, Sect. 1)

PERMANENT CHARGE		RESTRICTED FILE		SIGNATURE
X YES	NO	YES	NO	[ ]

Form No. 831 Use previous editions.
1 Oct. 56