State

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FORM DS-939
12-4-51

DEPARTMENT OF STATE

DIVISION OF SECURITY

REQUEST FOR SECURITY INFORMATION

To:	From:	Date:
DEPUTY DIRECTOR OF PLANS (CIA)	[illegible]	2/11/58

DO NOT WRITE ABOVE THIS LINE

I NAME (If married woman include maiden name)	DATE OF BIRTH	PLACE OF BIRTH
[illegible] (Check only from May 1, 1956 to present).	January 18, 1912	[illegible], Galicia,

ALIASES AND NICKNAMES		MARITAL STATUS	CITIZENSHIP
[illegible]	M		[illegible]

ADDRESS	OCCUPATION AND NAME AND ADDRESS OF EMPLOYER
[illegible]	

ADDITIONAL IDENTIFYING DATA

CONTROL: THIS REQUEST PLACED WITH THE DIVISION OF SECURITY BY:

DIVISION OR AGENCY	REASON FOR REQUEST, OR TYPE OF PROGRAM
VISA OFFICE-Security Branch	VISA - Security Case
DATE 2/11/58	
NAME OR REQUESTING OFFICER [illegible]	

II RESULTS OF THIS REQUEST FOR SECURITY INFORMATION:

- ☐ NO RECORD
- ☐ NO DEROGATORY INFORMATION
- ☐ SECURITY INFORMATION ATTACHED
- ☐ OTHER (Use reverse side for reporting)

CHECKED BY	DATE

III FOR USE OF DIVISION OF SECURITY:

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES METHODS EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2007

VISA OFFICE
SECURITY BRANCH
FEB 11 1958
DEPT. OF STATE

(Date)

13 FEB 1958

FOR COORDINATION WITH State