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CLAIM FOR COMPENSATION ON ACCOUNT OF DEATH
TO BE SUBMITTED TO THE U. S. DEPARTMENT OF LABOR, Bureau of
Employee Compensation, WASHINGTON 25, D. C.

- 1. Full name of deceased employee Juan GONZALEZ Romero
- 2. Date of death 17 April 1961
- 3. Place where death occurred Playa Giron, Cuba
- 4. Relationship to the deceased of the person claiming to be entitled to compensation Mother
- 5. Did deceased leave any other relatives entitled to compensation? Yes If so, give names, addresses, ages, and relationship below.

Name	Address	Date of Birth	Relationship
<u>Celina ROMERO de Gonzalez</u>	<u>Cuba</u>	<u>27 Feb 02</u>	<u>Mother</u>
<u>Modesto GONZALEZ Romero</u>	<u>"</u>	<u>12 Feb 32</u>	<u>Brother</u>

- 6. Date of marriage to deceased employee N/A
(A certified copy of marriage certificate should be attached hereto)
- 7. Date of birth of claimant: (a) February (Month) (b) 27 (Date) (c) 1902 (Year)
- 8. Were you living with deceased at the time of his death? N/A
(If not, you should fill out "Affidavit in support of claim of dependents other than widow or widower and children under 18", except questions 1, 2, 1, and 9 on page 2 of this blank)
- 9. Number of children now living who are the issue of said marriage N/A
- 10. Number of children now living who were under 18 years of age at time of decedent's death _____
- 11. Have the above named children a guardian? _____ If so, give name and address _____
- 12. Were you married at any time to anyone other than the deceased? N/A
- 13. Was the deceased at any time married to anyone other than you? N/A
- 14. If answer to item 12 or 13 is "yes", explain when and how prior marriage or marriages terminated _____

Received by
REC Records Security Officer
APR 23 1961

I HEREBY CERTIFY that each and every statement set forth above is true to the best of my knowledge and belief.

Name: [Signature] (b)(3)
Address: on behalf of
Celina ROMERO de Gonzalez et al
(City) (State)

Approved for Release
Date 4/28 1961

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53

6