

*Handwritten initials*

Headquarters  
DATE: 19 MAR 1963

TO : Special Agent in Charge, District Field Office

SUBJECT: *V-J-C*  
*IL 276224-100-1119*

It is requested that you conduct name checks at the Government agencies marked below.

FBI	ONI	ACSI	STATE	PASSPORT	CSC	HCUA	OSI	CSIF	I & N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Clearance Name Check. Your office is the Office of Origin.

Attachments:  
Biog. Data  
Control Cards

*SPAC*  
PAUL T. AUDEN

*19 MAR 63*

DISTRICT FIELD OFFICE  
DATE:

TO: CHIEF, INVESTIGATIVE DIVISION

FBI-NIC \_\_\_\_\_ OTHERS-NR

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