

Released under the John F. Kennedy  
Assassination Records Collection Act of  
1992 (44 USC 2107 Note). Case#:NW/  
58613 Date: 03-18-2025

Date : 01/14/98

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JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : INSCOM/CSF  
RECORD NUMBER : 194-10004-10403  
RECORDS SERIES : DOD-AFFILIATED PERSONNEL INCIDENT INVESTIGATIONS  
AGENCY FILE NUMBER : PAGE 70  
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DOCUMENT INFORMATION

ORIGINATOR : USA  
FROM :  
TO : DCS, OPERS HQS, USAINTC  
TITLE : [ RESTRICTED ]  
DATE : 09/09/68  
PAGES : 1  
SUBJECTS : MARTI, MANUEL

RESIDENCES

EMPLOYMENT

SCHOOLING

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : UNCLASSIFIED  
RESTRICTIONS : 3  
CURRENT STATUS : RELEASED WITH DELETIONS  
DATE OF LAST REVIEW : 03/07/95  
OPENING CRITERIA :  
COMMENTS :

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1992 (44 USC 2107 Note). Case#:NW/  
58613 Date: 09-22-2022

254-1448		STAPLE HERE		SPECIAL-BI	
1. LAST NAME - FIRST NAME - MIDDLE NAME <b>MARTI MANUEL (NMN)</b>				9 Sep 1968	
3. ALIAS(ES) AND ALL FORMER NAME(S) <b>NONE</b>				4. SOCIAL SECURITY NUMBER <b>092-36-1601</b>	
5. MONTH, DAY, YEAR OF BIRTH <b>May 17 1946</b>		6. PLACE OF BIRTH <b>SAN JUAN, PR.</b>		7. SERVICE NUMBER <b>US52773870</b>	
8. REQUEST COPY OF RESULTS OF ANY INVESTIGATION CONDUCTED TO DATE <b>OPS III</b>				9. SECURITY PROGRAM <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> INDUSTRIAL	
10. RETURN RESULTS TO: (Include ZIP Code) <b>SAC CT 1-21</b>				11. LOCAL FILES CHECKED WITH FAVORABLE RESULTS <input checked="" type="checkbox"/>	
12. INITIATOR OF REQUEST <b>0310</b>				13. CITIZENSHIP <b>US</b>	
14. FATHER <b>MANUEL MARTI</b>		15. MOTHER (Full Maiden Name) <b>REYES BADILO</b>		16. SPOUSE (Full Maiden Name) <b>N/A</b>	
17. RESIDENCES (List all from 18th birthday or during past 15 years, whichever is shorter. If under 18, list present and most recent addresses.)		18. EMPLOYMENT (List all from 18th birthday or during past 15 years, whichever is shorter. If under 18, list present and most recent employment)		19. REMARKS (If any)	
a. FROM <b>May 1964</b> <b>Sept 1965</b> <b>May 1968</b> <b>July 1968</b>		b. TO <b>Sept 1965</b> <b>May 1968</b> <b>July 1968</b> <b>Present</b>		c. NUMBER AND STREET <b>905 East 167 St.</b> <b>1201 University Ave.</b> <b>D-9-2 (OPR)</b> <b>D-15-4 (OPR)</b>	
d. CITY <b>New York</b> <b>New York</b> <b>Fort Jackson</b> <b>Fort Jackson</b>		e. STATE <b>New York</b> <b>New York</b> <b>S. C.</b> <b>S. C.</b>		f. PLACE <b>New York, NY.</b> <b>New York, NY.</b>	
g. FROM <b>Nov. 1964</b> <b>April 1965</b> <b>July 1968</b>		h. TO <b>April 1965</b> <b>May 1968</b> <b>Present</b>		i. EMPLOYER <b>Polly Perry</b> <b>Mutual Ins. Adv. Association</b> <b>UNITED STATES ARMY</b>	
j. FROM <b>July 1966</b>		k. TO <b>SEP 23 1968</b>		l. PLACE <b>NEW YORK, N.Y.</b>	
YES NO <input checked="" type="checkbox"/> a. Is the <input checked="" type="checkbox"/> b. Has it <input checked="" type="checkbox"/> c. Has it <input checked="" type="checkbox"/> d. Has it <input checked="" type="checkbox"/> e. Is the <input checked="" type="checkbox"/> f. Has it <input checked="" type="checkbox"/> g. Has it		DOD NAC Center Agency Checked Per Your Request <b>701-1D</b> <b>SEP 23 1968</b> <b>FOR THE DIRECTORY</b> <b>G. Libben</b>			
20. REMARKS (If any) <b>REF: Item 10 May 1968 - Present US Army</b> <b>SINGLE AGENCY CHECK AT FBI - IDENT</b> <b>70</b> <b>281</b> <b>0903 82</b> <b>OPS III</b> <b>ICOP III</b>					
DD FORM 1584 DD FORM 1584 DD FORM 1584					