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Released under the John F. Kennedy  
Assassination Records Collection Act of  
1992 (44 USC 2107 Note). Case#:NW  
88286 Date: 2025  
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1992 (44 USC 2107 Note). Case#:NW  
88326 Date: 2025

OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER JFK 467-8294034

PRINTED ON 071978

FORM 1 APPL/CYCLE 08 64 ENTRY 0

REF# 65163940518

NAME LINE MARINA NICHOLAEVNA OSWALD 243

SIGNATURE  
BIRTH DATE 0717941 CODE S  
SEX 2 RACE 1

MOTHER CLAUDIA V PROOSAKOVA FATHER NICHOLAI UNKNOWN  
BIRTHPLACE ARCHANGEL UR#

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 1 OF 3

OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER JFK 467-8294034 PRINTED ON 071978

DO IRS FORM 2 APPL/CYCLE 121175 ENTRY 2 REF# 75165960637

NAME LINE MARINA NIKOLAEVNA PORTER 636  
2ND NAME MARINA NIKOLAEVNA OSWALD 243

SIGNATURE  
BIRTH DATE 0717941 CODE S  
SEX 2 RACE 0

MOTHER KLAVDIA PROOSAKOVA FATHER ALEXANDR MEDVEDEV  
BIRTHPLACE ARCHANGEL UR#

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 2 OF 3

OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER JFK 467-8294034 PRINTED ON 071978

DO C00 FORM 8 APPL/CYCLE 011976 ENTRY 2 REF# 76010006538

NAME LINE M N PORTER 636  
2ND NAME MARINA NIC OSWALD 243

SIGNATURE  
BIRTH DATE 0717941 CODE D  
SEX 2 RACE 0

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 3 OF 3

**1. YOU AN EMPLOYEE**  
 In 1965?  
 YES ☐ NO ☒ If "yes" complete a & b

**2. WERE YOU SELF-EMPLOYED**  
 IN 1965?  
 YES ☒ NO ☐ If "yes" complete a, b, c & d

**3. DO YOU EXPECT TO EARN OVER \$1,500 IN 1966?**  
 YES ☐ NO ☐ If "yes" complete a & b

**a. Show amount of wages earned from January 1, 1965 through December 31, 1965**  
 gross wages before payroll deductions  
 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
 1 2 3 4 5 6 7 8 9 10 11 12  
 \$ 5130.24

**b. Place "X" in box for each month, if any, in which you did not earn more than \$100**  
 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
 1 2 3 4 5 6 7 8 9 10 11 12  
 \$ 5130.24

**c. State kind of trade or business**  
 W.P. Ter

**d. Place "X" in box for each month, if any, in which you believe you did NOT render substantial services in your business and complete items on the other side.**  
 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC  
 1 2 3 4 5 6 7 8 9 10 11 12  
 \$ 0

**a. Show your expected total earnings for 1966.**  
 \$ 0

**b. Are you now EITHER working for wages of over \$125 a month OR rendering substantial services in self-employment?**  
 YES ☐ NO ☒

**SIGNATURE**  
 Mrs. Marina N. Porter

**DATE**  
 4-5-66

**SOCIAL SECURITY CLAIM NUMBER**  
 407 82 4934

**FAO**  
 HIR 0569 BACK



DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

OFFICE

3716 Rawlins Street  
P.O. Box 6556  
Dallas, Texas 75219

WAGE EARNER: *Lee Oswald*

When writing about your claim  
always give Claim No.

428 71 820-410 1314

*24*  
*Ms. Porter*  
*733 Scottsdale*  
*Richardson, Tex 75080*

This will acknowledge your inquiry regarding the check(s) for the month(s) of *June 1969*

The Treasury Department desires that each person promptly receive the amount due him but wishes to avoid unnecessary expense in record searching which results in many instances in finding the check was correctly paid. On a notice, such as you have furnished us, the Treasury Department must necessarily search its payment records from the date of issuance of the check until the date that a substitute check will be issued. Because of the large volume of payments, the searching operation entails a heavy expense for each item. Accordingly, it is requested that you fill out the questionnaire on the reverse of this notice and RETURN IT IN THE ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER ACTION WILL BE TAKEN.

If you receive the check before hearing from the Treasury Department you should notify the social security district office shown above. ~~You may use the enclosed post card to notify us.~~ After sending in this notification, you may cash the check.

Upon receipt of this questionnaire, action if necessary, will be taken by the Treasury Department to place a stop payment on the check and to refer the case to the United States Secret Service for investigation and clearance so a duplicate check can be sent to you. The Treasury Department will get in touch with you if it needs further information.

Sincerely yours,

*Clarence M Vaden*  
District Manager

Enclosures:

Envelope

~~Post Card OA-CL247~~

DO NOT WRITE BELOW THIS LINE

Check Number

Date

Amount

*75080**7/3/69*

FORM SSA-L755 (10-66)  
(FORMERLY OA-CL755)