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Department of Justice. Immigration and Naturalization Service.

Alien Case Files, 1944-2003

Alien Case File A17425848 Eulogia Gonzalez De Moldes

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A17 421-848

## MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place	MIAMI, FLORIDA
File No.	A 17 425 848

Status as a lawful permanent resident of the United States is accorded:

Name Street Address City, State, Zip	Eulogia GONZALEZ vda. de Moldes 951 East 12th Place Hialeah, Florida 33010		SEX <b>F</b> (Male)	DATE OF BIRTH <b>03-01-01</b>
COUNTRY TO WHICH CHARGEABLE (If any)	SPAIN		PLACE OF BIRTH <b>SPAIN</b>	
PREFERENCE (If any)	SEVENTH		NATIONALITY <b>SPANISH</b>	
			PRIORITY DATE	

REMARKS	3
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NONPREFERENCE:  Section 212(a)(14) certification not required because: Individual section 212(a)(14) certification issued     Blanket section 212(a)(14) certification issued

under the following provision of law:

<input type="checkbox"/> Sec 203(h) of the I & N Act	<input type="checkbox"/> Sec 249 of the I & N Act	<input type="checkbox"/> Sec 214(d) I & N Act
<input type="checkbox"/> Sec 244( ) of the I & N Act	<input checked="" type="checkbox"/> Sec 1 of the Act of 11/2/66	<input type="checkbox"/> Private Law no. _____ of the _____ Congress _____ session

<input checked="" type="checkbox"/> Sec 245 of the I & N Act	<input type="checkbox"/> Sec 13 of the Act of 9/11/57	<input type="checkbox"/> (Other law Specify) _____
As of <b>APR 11 1973</b> (Month) <b>11</b> (Day) <b>1973</b> (Year)	at <b>MIAMI, FLORIDA</b>	PORT OF ENTRY FOR PERMANENT RESIDENCE

Class of admission (Insert symbol) <b>Z-2 (P7) P76</b>	(34)
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(Applicable in all cases)		DATE OF ACTION	U. S. APPROVED INS.
RECOMMENDED BY: (Immigration Officer)	(Date)	11 APR 1973	
<i>Vern B. Neel</i> APR 11 1973		DD	<i>Robert L. Wozny</i> <i>RR</i>
		DISTRICT	MIAMI, FLORIDA

FOR USE BY VISA CONTROL OFFICE			
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Date _____	Foreign State _____	Preference Category _____	Number _____
Month of Issuance _____	STATISTICS		
Signed _____ (Visa Office, Dept. of State)			

Form I-357 delivered     Form I-151 delivered     Form I-151 mailed     Form G-153 delivered

CC:  Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of Immigrant visa number.

State Director, Selective Service \_\_\_\_\_

## INSTRUCTIONS

**GENERAL:** To request allocation of a visa number for a preference or nonpreference case under Section 245 or for a Western Hemisphere number under Section 1 of the Act of November 2, 1966, mail original and one copy to Visa Control Office. When grant of permanent residence becomes final, the copy returned by the Visa Control Office which allocates the visa number shall be appropriately endorsed, and placed in the file. In such cases the triplicate copy, which was retained in the file, shall be noted to show the date permanent residence status is granted and forwarded to the State Director of Selective Service in the case of every male alien born on or after September 15, 1925, and who has reached 18 years of age. If not required for this purpose, it shall be destroyed. In cases where permanent residence is granted without referral to the Visa Control Office, except where Selective Service is to be notified, only an original 1-181 need be prepared and placed in the file. In other cases where outstanding instructions require the form 1-181 to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file, except when an additional copy is required to notify Selective Service.

**PREFERENCE:** Under Section 245, the priority date will be the filing date of one of the first six preference petitions.

**NONPREFERENCE:** Under Section 245, the priority date shall be fixed by the following factors, whichever is the earliest; (1) the priority date accorded the applicant by the consular officer as a nonpreference immigrant; (2) the date on which application Form 1-485 is properly filed, if the applicant establishes that he is a member of a profession or a person with exceptional ability in the sciences or the arts not included in the Department of Labor's Schedule A (29 CFR 60) provided a certification is issued on that basis, or that he is within Schedule A, or that the provisions of Section 212(a)(14) of the Act do not apply to him; (3) the date on which an approved valid third or sixth preference visa petition in his behalf was filed; or (4) the date an application for certification based on a job offer was accepted for processing by any office within the employment service system of the Department of Labor, provided the certification applied for was issued. A nonpreference priority date, once established, is retained by the alien even though at the time a visa number becomes available and he is allotted a nonpreference visa number he meets the provisions of Section 212(a)(14) of the Act by some means other than that by which he originally established entitlement to the nonpreference priority date.

**LABOR CERTIFICATION:** Check and complete the block regarding certifications on the form as appropriate in a nonpreference case.

**REMARKS:** If the visa number requested is based on Section 202(b)(1), (2), (3) or (4) or Section 203(a)(9) of the Act explain as appropriate in "Remarks" block.

**DELAY NOTICE:** When the Service must obtain a visa number from the Department of State before granting permanent residence, the letter portion of this form notifying of the delay is mailed to the applicant with a copy to the attorney of record. In represented cases the attorney is notified of the approval of an application by furnishing him with a copy of the notice which is part of this form.

Accordance is sufficient to indicate that no further action is required.

848 652 TL A

ON 9/19

ADMISSION

copy



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# APPLICATION FOR STATUS AS PERMANENT RESIDENT

*Fee Remitted for  
Service Application*



File No. A 17 425 848

## APPLICATION FOR THE BENEFITS OF SECTION:

- 203(a)(7) and Sec. 245, I&N Act     245  
 Sec. 214(d), I&N Act     249 I&N Act  
 Sec. 13, Act of 9/11/57

(DO NOT WRITE ABOVE THIS LINE.) (SEE INSTRUCTIONS BEFORE FILLING IN APPLICATION. IF YOU NEED MORE SPACE TO ANSWER FULLY ANY QUESTION ON THIS FORM, USE A SEPARATE SHEET AND IDENTIFY EACH ANSWER WITH THE NUMBER OF THE CORRESPONDING QUESTION. FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

1. I hereby apply for the status of a lawful permanent resident alien on the following basis: (Check box A, B, C, D, E or F)

An immigrant visa is immediately available to me:

- A.  As a refugee (Section 203(a)(7) and Section 245, I&N Act).
- B.  As a former fiancee or fiance of a U.S. citizen whom I married within 90 days after my arrival in the United States, or as a child of such fiancee or fiance (Section 214(d), I&N Act).
- C.  As a former government official, or as a member of the immediate family of such official (Section 13, Act of September 11, 1957).
- D.  As a person to whom an immigrant visa is immediately available, other than one described above, (Section 245, I&N Act).
- E.  As a person who has resided in the United States continuously since prior to July 1, 1924 (Section 249, I&N Act).
- F.  As a person who has resided in the United States continuously since a date on or after July 1, 1924, but before June 30, 1948 (Section 249, I&N Act).

2. My name is (Last in capital letters) (First Name) (Middle Name) My alien registration number is Sex

GONZALEZ VDA. MOLDES, Eulogia - A 17 425 848 Male

Female

3. I reside in the United States at: (Apt. No.) (No. and Street) (City) (State) (ZIP Code)

- 951 East 12th Place, Hialeah, Fla 33010

4. Date of Birth Place of Birth (City or Town) (County, Province, or State) (Country) I am now a citizen of (Country)

3-1-01 Castilla Leon Spain Spain

5. I last arrived in the United States at the port of (City and State) on (Month) (Day) (Year)

Miami, Fla.

9-22-67

by (Name of vessel or other means of travel) as a (visitor, student, exchange visitor, temporary worker, fiancee, fiance, crewman, parolee, etc.)

NAL 504

Parolee

I was inspected. My nonimmigrant visa was issued by the United States Consul at (City) (State) on (Month) (Day) (Year)  
 I was not inspected. - - - - -

6. I am  single  married  divorced  widowed

a. I have been married 1 times, including my present marriage, if now married. (If you are now married give the following:)

b. Number of times my spouse has been married - - - c. Name of spouse - - -

d. My spouse resides  with me  apart from me at Address (Apt. No.) (No. & Street) (Town or City) (Province or State) (Country)

7. a. I have nine children, as follows: (complete all columns as to each child. If child lives with you, state "with me" in last column; otherwise give city and state or country of child's residence.)

Name	Sex	Place of Birth	Date of Birth	Now Living at
Elpidia	F	Leon, Spain	1922	Havana, Cuba
Josefina	"	Hav- Cuba	1924	" "
Adela	"	" "	1926	Miami, Fla.
Manuel	M	" "	1928	Elizabeth, N.J.
Carmen	F	" "	1930	With me

b. The following members of my family are also applying for permanent resident status:

My daughter Carmen

8. I  have  have not heretofore filed an application for the status of a permanent resident. (If you have ever filed such application, give the date and place of filing and final disposition.)

9. I list below all organizations, societies, clubs, and associations, past or present, in which I have held membership in the United States or a foreign country, and the periods and places of such membership. (If you have never been a member of any organization, state "None.")

NONE

10. APPLICANTS FOR STATUS AS PERMANENT RESIDENTS MUST ESTABLISH THAT THEY ARE ADMISSIBLE TO THE UNITED STATES. EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES AND ARE THEREFORE INELIGIBLE FOR STATUS AS PERMANENT RESIDENTS:

Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations); aliens who have been engaged in or who intend to engage in any commercialized sexual activity; aliens who are or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (i) opposition to organized government, (ii) the overthrow of government by force and violence, (iii) the assaulting or killing of government officials because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature; aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marihuana, or who have been illicit traffickers in narcotic drugs or marihuana; aliens who have been involved in assisting any other aliens to enter the United States in violation of law; aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service.

Do any of the foregoing classes apply to you?  Yes  No (If answer is Yes, explain)

11. (COMPLETE THIS BLOCK ONLY IF YOU CHECKED BOX "A", "B", "C" OR "D" OF BLOCK 1)

APPLICANTS WHO CHECKED BOX "A" "B" "C" OR "D" OF BLOCK 1 (INCLUDING REFUGEES) IN ADDITION TO ESTABLISHING THAT THEY ARE NOT MEMBERS OF ANY OF THE INADMISSIBLE CLASSES DESCRIBED IN BLOCK 10 ABOVE MUST, EXCEPT AS OTHERWISE PROVIDED BY LAW, ALSO ESTABLISH THAT THEY ARE NOT WITHIN ANY OF THE FOLLOWING INADMISSIBLE CLASSES:

Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to earn a living; aliens who are paupers, professional beggars or vagrants; aliens who are polygamists or advocate polygamy; aliens who intend to perform skilled or unskilled labor and who have not been certified by the Secretary of Labor (see Instruction 10); aliens likely to become a public charge; aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense; aliens who have procured or have attempted to procure a visa by fraud or misrepresentation; aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency; aliens who are former exchange visitors who are subject to but have not complied with the two year foreign residence requirement.

Do any of the foregoing classes apply to you?  Yes  No (If answer is Yes, explain)

12.

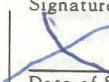
I  do  do not intend to seek gainful employment in the United States. If you intend to seek gainful employment in the United States, state the occupation you intend to follow. \_\_\_\_\_

13. (Complete this block only if you checked box A or D of block 1)

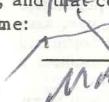
- a. I have a priority on the consular waiting list at the American Consulate at \_\_\_\_\_ as of \_\_\_\_\_ (City) (Date)
- b. A visa petition according me  immediate relative  preference status was approved by the district director at \_\_\_\_\_ on \_\_\_\_\_ (City and State) (Date)
- c. A visa petition has not been approved in my behalf but I claim eligibility for preference status because  my spouse  my parent is the beneficiary of a visa petition approved by the district director at \_\_\_\_\_ on \_\_\_\_\_ (City and State) (Date)
- d. I am claiming preference status as a refugee under the proviso to Section 203(a)(7) of the Act who has been continuously physically present in the United States for at least the past two years. (If you check this item, you must execute and attach Form I-590A to this application.)
- e. Other (explain) \_\_\_\_\_

## Form i-485 Page 1- Continuation

Olga	F	Havana , Cuba	1932	Havana , Cuba
Jose	M	" " "	1934	Hialeah , Fla .
Marta	F	" " "	1936	Kendall Lakes , Fla .
Maria	E.F	" " "	1938	Hialeah , Fla .

14. (Complete this block only if you checked Box E or F of Block 1)		
A. I first arrived in the United States at (Port) _____ on (Date) _____		by means of (Name of vessel or other means of travel) _____
I <input type="checkbox"/> was <input type="checkbox"/> was not inspected by an immigration officer.		
B. I entered the United States under the name (Name at time of entry) _____		and I was destined to (City and State) _____
I was coming to join (Name and relationship) _____		
C. Since my first entry I <input type="checkbox"/> have <input type="checkbox"/> have not been absent from the United States. (If you have been absent, attach a separate statement listing the port, date and means of each departure from and return to the United States.)		
15. <input checked="" type="checkbox"/> Completed Form G-325A (Biographic Information) is attached as part of this application.		<input type="checkbox"/> Completed Form G-325A (Biographic Information) is not attached as applicant is under 14 years of age.
16. IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW:		
		Signature of Applicant: 
Date: _____		Date of Signature: 2-27-73
17. (Signature of person preparing form, if other than applicant.) I declare that this document was prepared by me at the request of the applicant and is based on all information on which I have any knowledge.		Address of person preparing form, if other than applicant _____
Date: _____		Occupation: _____

(Application not to be signed below until applicant appears before an officer of the Immigration and Naturalization Service for examination)

I, FUJOGIA MONALIE, do swear (affirm) that I know the contents of this application subscribed by me including the attached documents, that the same are true to the best of my knowledge, and that corrections numbered ( ) to ( ) were made by me or at my request, and that this application was signed by me with my full, true name: 

Subscribed and sworn to before me by the above-named applicant at Mt. Hope on 2-27-73 (Month) 27 (Day) 1973 (Year)

Det. B. O'Neill P/B (Signature and title of officer)

## INSTRUCTIONS

Read instructions carefully. Fee will not be refunded.

1. APPLICATION.—A separate application must be executed by each applicant. An application in behalf of a child under 14 years of age shall be executed by the parent or guardian. Form G-325A (Biographic Information) must be completed and submitted with each application if the applicant is 14 years of age or older. Failure to do so delays action and may result in return of the application.

2. FEE.—A fee of \$25 must accompany each application. Read instructions carefully. Fee will not be refunded. All remittances should be made payable to "Immigration and Naturalization Service, Department of Justice," except in Guam where they should be made payable to "Treasurer of Guam" and in the Virgin Islands to "Commissioner of Finance, Virgin Islands." If you mail this application, attach money order or check. DO NOT SEND CASH.

3. PHOTOGRAPHS.—You must submit with this application two photographs of yourself taken within 30 days of the date of this application. These photographs must be 1½ by 1½ inches in size, and the distance from the top of head to point of chin should be approximately 1¼ inches. They must not be pasted on cards or mounted in any way, must be on thin paper, have a light background, and clearly show a front view of your face without hat. Snapshots, group, full-length portraits or vending machine photographs will not be accepted. Using crayon or soft pencil to avoid possible mutilation of the photographs, write your name lightly on the reverse of the photographs.

4. FINGERPRINTS.—A completed fingerprint chart must be submitted by each applicant who is 14 years of age or older. Fingerprint charts with instructions for recording your fingerprints are available at any office of the Immigration and Naturalization Service. It is important to furnish all information called for on the card.

5. DOCUMENTS

a. General.—All documents must be submitted in the original. If you desire to have the original of any of the other documents returned, and if copies are by law permitted to be made, you may submit photographic or typewritten copies. If you submit copies, the original documents must be presented at the time of your examination. Each foreign document must be accompanied by a translation certified by the translator as to the accuracy of the translation and as to his competency to translate. If you are unable to secure documentary evidence from abroad, you must submit proof of the efforts you have made to secure such documents.

b. Submit the following documents only if you checked box "A" or "D" in block 1 of the application.

(1) Record of your birth.

(2) A letter from your present employer showing employment of a permanent nature, if you are employed, or an affidavit of support Form I-134 from a responsible person in the United States, or other evidence to establish that you are not likely to become a public charge.

(3) If you are the spouse or unmarried minor child of a person who has been granted preference classification by the Immigration and Naturalization Service or has applied for preference classification, and you are claiming the same preference classification, or if you are claiming special immigrant classification as the spouse or unmarried child of a minister of religion who has been accorded or is seeking classification as a special immigrant, submit the following: For the spouse: Marriage certificate and proof of termination of all prior marriages of each spouse. For the child: Marriage certificates of parents, together with proof of termination of their prior marriages, if such documents have not been submitted by a parent.

(4) If you are a nonimmigrant foreign government official, a member of the family or servant of such person, or a treaty trader, the spouse or child of such person or a foreign government representative to an international organization, a member of a family or servant of such person, you must submit Form I-508, waiving all rights, privileges, exemptions, and immunities which would otherwise accrue to you by virtue of such status.

(5) If you checked box "A" in block 1 of the application, you must execute and attach a single copy of Form I-590A.

c. If you checked box "B" in block 1 of the application, submit your marriage certificate if you are the spouse; if you are the child, submit your birth certificate and the marriage certificate for your parent's present marriage.

d. If you checked box "E" in block 1 of the application, submit documentary evidence to prove you have resided in the United States continuously since prior to July 1, 1924. If you have checked box "F", submit documentary evidence to prove you have resided in the United States continuously since prior to June 30, 1948.

(1) Examples of documents which may be submitted to prove residence are: bankbooks, leases, deeds, licenses, birth records or baptismal records of children born in the United States, census records, affidavits, police records; contracts, postmarked mail addressed to you, rent or tax receipts, premium installment receipt books or any other type of receipt; school records on the school's stationery showing dates when you entered and left the school and if available, showing the name of parent or guardian and where you resided; employment records on letterhead paper or notarized, showing the signer's title and indicating exact dates of employment and stating if the employment was continuous; insurance records or letters on insurance company stationery showing the name and address of the insured and the date showing the lifetime of the policy; church, union or lodge records on official stationery and bearing the organizational seal, if any, and giving specific dates in their records showing your membership in the organization; letter from business firms on letterhead paper showing specific dates of business dealings with you and indicating your address during the period in question; letters from landlords indicating the

landlord's present address and the beginning and termination dates of your residence at the particular premises; marriage certificate of present and any previous marriages, and documents showing how many previous marriages were terminated; bills, letters or receipts from your gas, electric, water or telephone company showing the dates during which you received service from it.

**NOTE:** Women unemployed since marriage and unable to furnish evidence in their own names may furnish evidence in the names of their parents or other persons with whom they have been living if affidavits of the parents or other persons are submitted attesting to residence with them. If any of the documents are lengthy or bulky, only the pertinent parts should be attached.

(2) Affidavits of creditable witnesses, preferably citizens of the United States, who have personal knowledge of and can vouch for the continuity of your residence in the United States. Where practicable, such affidavits shall be executed on Form I-488 (Affidavit of Witness).

**NOTE:** If entry occurred prior to July 1, 1924, a record of lawful admission may be created as of the date of such entry. Therefore, if you have resided continuously in the United States since a date prior to July 1, 1924, it is very important to furnish evidence establishing that fact.

**6. INTERVIEW.**—When you are requested to appear for interview you will be required to bring with you your temporary entry permit (Form I-94, ARRIVAL DEPARTURE RECORD), and your PASSPORT.

**7. INELIGIBILITY.** You are ineligible for status as a permanent resident if you checked box "A" or "D" of block 1 and:

(a) You were born in any country of the Western Hemisphere or the islands of Saint Pierre, Miquelon, Cuba, the Dominican Republic, Haiti, Bermuda, the Bahamas, Barbados, Jamaica, the Windward and Leeward Islands, Trinidad, Martinique and other British, French, and Netherlands territory or possessions in or bordering on the Caribbean Sea.

However, if you are a native or citizen of Cuba who was inspected and admitted or paroled into the United States subsequent to January 1, 1959 and have been physically present in the United States for at least two years; or if you are the spouse or minor unmarried child of such native or citizen of Cuba with whom you are residing in the United States and were yourself inspected and admitted or paroled into the United States subsequent to January 1, 1959 and have been physically present in the United States for at least two years, you are eligible to apply for adjustment of status under the Act of November 2, 1966, and you may apply for adjustment on Form I-485A.

(b) You entered the United States as a member of the crew of a vessel or aircraft, or were destined to join a vessel or aircraft in the United States as a member of the crew when you arrived in this country.

(c) You were not admitted or paroled into the United States following inspection by a United States immigration officer.

(d) You are or have been an exchange alien, subject to, but have not complied with the foreign residence requirement of section 212(e) of the Immigration & Nationality Act and have not been granted a waiver of this requirement. (This ground of ineligibility applies to persons who checked box "A", "B", "C" or "D" of block 1.)

**NOTE:** If you are ineligible under any of the foregoing but have resided in the United States continuously since prior to June 30, 1948, you may still apply on this form to have a record of lawful admission for permanent residence created under section 249, Immigration and Nationality Act. In such case check box "E" or "F" of block 1.

**8. IMMEDIATE RELATIVE AND PREFERENCE ALIENS.**—If you are the spouse or minor unmarried child of a United States citizen, or if you are the parent of a United States citizen who is at least 21 years of age, you are classifiable as an immediate relative; a visa petition must be filed in your behalf unless your United States citizen spouse, parent or son or daughter is unable or unwilling to file the petition for a reason other than the cost or inconvenience of doing so.

**NOTE:** If you checked box "B", "E", or "F" of block 1 of this application, instruction 8 does not apply to you.

If a visa petition is required to establish immediate relative or preference status, it must have been approved prior to filing this application.

**9. IMMEDIATE AVAILABILITY OF IMMIGRANT VISA.**—Information as to immediate availability of an immigrant visa may be obtained at the nearest office of this Service.

**10. CERTIFICATION OF THE DEPARTMENT OF LABOR.**—This instruction applies to you only if: you checked box "D" of block 1 of the application, and you are performing or seek to perform skilled or unskilled labor, and you are seeking adjustment as a nonpreference alien. You are considered to be a nonpreference alien if you are not the beneficiary of a currently valid visa petition approved by the Immigration and Naturalization Service to accord you a preference or immediate

relative classification, and you are not a member of one of the classes of "special immigrants" listed in section 101(a)(27) of the Immigration and Nationality Act, as amended. (The classes of "special immigrants" include certain former citizens of the United States; certain ministers of religious denominations, and certain employees or honorably retired former employees of the United States Government abroad.)

If you are a nonpreference alien who has checked box "D" in item 1 of this application, and you are performing or seek to perform skilled or unskilled labor, you are subject to the requirement contained in section 212(a)(14) of the Immigration and Nationality Act, as amended, of obtaining a certification from the Secretary of Labor that there are not sufficient workers in the United States who are able, willing, qualified, and available to perform such skilled or unskilled labor, and your employment will not adversely affect the wages and working conditions of workers in the United States similarly employed.

If you are a nonpreference alien performing or seeking to perform work in a category of employment for which the Secretary of Labor has determined that he cannot now issue a certification (as listed in Schedule B, Part 60, Title 29, Code of Federal Regulations), you are considered ineligible for adjustment of your status under section 245 of the Immigration and Nationality Act, as amended.

To apply for the Secretary of Labor's certification, you must follow this procedure:

(a) Submit Form MA 7-50A with this application if you are a member of a profession for which the Secretary of Labor does not require a job offer or a person with exceptional ability in the sciences or arts; or if you are qualified and will be employed in an occupation currently listed by the Secretary of Labor on Schedule "A" (29 CFR 60) or Schedule "C" - Precertification list (when that list has not been suspended by the Secretary of Labor).

(b) If you are not within the classes of aliens described in paragraph 10(a) above, you must fill out Form MA 7-50A in accordance with the instructions for the completion of that form and send it with documentary evidence of your qualifications specified in paragraph (c) below to your employer or prospective employer. He must complete Form MA 7-50B and must send it, with Form MA 7-50A and documentary evidence of your applications, to the local office of the State Employment Service. When and if a certification is issued to your employer, it should be submitted with your application, together with the Forms MA 7-50A and MA 7-50B and the documentary evidence of your qualifications.

(Information concerning the categories of employment currently listed in Schedules A, B, and C, Part 60, Title 29, Code of Federal Regulations, may be obtained at principal offices of the Immigration and Naturalization Service).

(c) The following documentary evidence of your qualifications must be submitted with your application for a labor certification:

(1) School Records—If your eligibility is based in whole or in part on higher education or attendance at a technical or vocational school, attach certified copy of school record. The record must show period of attendance, major field of study, and degrees or diplomas awarded.

(2) License or Other Official Permission to Practice a Profession—If you are a member of a profession, attach a copy of the license or other official permission granted you to practice the profession in the country where you have been found qualified to practice that profession, if a license or other permission is required in that country.

(3) Evidence of Exceptional Ability in the Sciences or the Arts—If your eligibility is based upon exceptional ability in the sciences or the arts, documentary evidence supporting the claim should be submitted. Such evidence may testify to the universal acclaim and either national or international recognition accorded you; show that you have received a nationally or internationally recognized prize or award or won a nationally or internationally recognized competition for excellence for a specific product or performance or for outstanding achievement; or testify that you are a member in a national or international association of persons which maintain standards of membership requiring outstanding achievement as judged by recognized national or international experts in the specific discipline or field of endeavor.

(4) Affidavits and Published Material—If your eligibility is based on technical training or specialized experience, documentary evidence supporting the claim should be submitted. The recommended forms of evidence are affidavits or published material.

Affidavits—These must be made by independent sources, such as your former employers or recognized experts familiar with your work, and must:

- (a) Identify the affiant, showing the capacity in which he is testifying;
- (b) Give the place and the dates during which you gained your experience;
- (c) Describe in detail the duties performed, tools used, supervision exercised over you and exercised by you. A mere statement for example that you were employed as a baker is not adequate; and
- (d) Show the date on which the affidavit was signed.

Published Material—

- (a) Copies of material published by or about you may be submitted.
- (b) The material must be identified as to date, place and name of publication.

**WARNING:** If you contemplate departing from the United States to any country, including Canada or Mexico, before a decision is made on your application, consult with the office of the Immigration and Naturalization Service processing your case before departure, since a departure from the United States may result in a denial of your application. If you have not attached the documents called for by the instructions this application will be returned to you.

Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact or using any false document in the submission of this application.

## UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

FILE NO.: A 17 425 848(TC)jvl

DATE: 3/14/73

## MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Eulogia GONZALEZ vda. de Moldes  
 951 East 12th Place  
 Hialeah, Florida 33010

## INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" x 17" chest X-ray film with a reading by a ~~licensed~~ <sup>certified radiologist</sup> physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked  below with regard to your medical examination.

Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U.S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS: 1001 S. W. 1st. St. Room 208  
 Miami, Florida

DATE: April 11, 1973  
 TIME: 1.30 p.m.

Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before \_\_\_\_\_.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER:

Please show this letter to any laboratory performing tests. Also present the copies of the letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

## INSTRUCTIONS FOR IMMIGRATION INTERVIEW

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT:

ADDRESS: ~~Federal Building Room 208 1402 H~~  
~~51 S. W. 1st. Ave.~~  
~~Miami, Florida~~

DATE: April 11, 1973  
 TIME: Immediately after the medical exam.

Bring with you at the time of interview the following:

1. The sealed envelope furnished to you by the physician who performed the medical examination.
2. Your passport and Form I-94. **AND BIRTH CERTIFICATE.**

## NOTE:

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW.

 FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE. 

BRING PASSPORT AND I-94

District Director

(SPANISH LANGUAGE TRANSLATION OF ABOVE APPEARS ON REVERSE OF THIS PAGE)

## INSTRUCCIONES PARA EL RECONOCIMIENTO MEDICO

Como parte de su solicitud para modificar su status a uno de residente permanente, se exige un examen físico. Si ha cumplido usted 15 años de edad deberá obtener INMEDIATAMENTE, y traer consigo en el momento de presentarse al examen físico, un informe sobre los resultados de un análisis de sangre y una radiografía del tórax de 14" por 17" (35,50 cm. por 43 cm.) con el informe interpretativo de dicha radiografía preparado por un médico autorizado. El análisis de sangre deberá hacerse en un laboratorio autorizado por el Departamento de Sanidad de un gobierno local o del Estado. La radiografía y el análisis de sangre para sífilis no deberán haber sido hechos más de 90 días antes de la fecha de presentación. SU EXAMEN MEDICO NO SE PODRA COMPLETAR SIN (1) UN INFORME SEROLÓGICO, (2) UNA RADIOGRAFIA Y (3) LA INTERPRETACIÓN DE LA RADIOGRAFIA.

TENGA LA BONDAD DE FIJARSE TAMBIÉN EN LAS CASILLAS MARCADAS  A CONTINUACIÓN EN RELACIÓN CON SU RECONOCIMIENTO MÉDICO.

- Sírvase obtener prontamente su informe serológico, radiografía y la interpretación de la radiografía. Usted puede llamar por teléfono a la oficina local o estatal del Departamento de Salud y solicitar el nombre de un laboratorio autorizado donde podrá obtener estos servicios. Sírvase traer estos documentos juntamente con copias de esta carta al presentarse a exámen ante un médico del Servicio de Salud Pública de los Estados Unidos, examen para el cual se ha concertado una cita en el lugar y fecha abajo indicados:

DIRECCIÓN:

FECHA:

HORA:

- Sírvase comunicarse inmediatamente con el médico abajo indicado o con uno de los médicos cuyos nombres aparecen en la lista adjunta, si se adjunta una lista, para 1) determinar qué medidas deberá usted tomar para obtener un informe serológico, una radiografía y la interpretación de la radiografía antes de su examen médico, y 2) concertar una cita con el médico para hacerse el examen, el cual deberá completarse antes del \_\_\_\_\_.

NOMBRE, DIRECCIÓN Y TELÉFONO DEL MÉDICO:

Sírvase mostrar esta carta a cualquier laboratorio que haga estos exámenes. Además, entregue las copias de la carta al médico que le examine, y firme su nombre en presencia del médico para que él incluya su firma en el informe.

## INSTRUCCIONES ACERCA DE LA ENTREVISTA DE INMIGRACION

TAMBIEN SE HA CONCERTADO UNA ENTREVISTA ANTE UN FUNCIONARIO DE INMIGRACION EN:

DIRECCION:

FECHA:

HORA:

AL COMPARCER PARA ESTA ENTREVISTA, TENGA LA BONDAD DE TRAER CONSIGO LOS DOCUMENTOS SIGUIENTES:

1. EL SOBRE SELLADO QUE LE ENTREGÓ EL MÉDICO QUE LLEVÓ A CABO EL RECONOCIMIENTO.
2. SU PASAPORTE Y EL FORMULARIO I-94.

SI USTED NO HABLA INGLÉS, DEBE ACOMPAÑARLO(A) UNA PERSONA DE SU SEXO QUE SIRVA COMO INTERPRETE DURANTE EL RECONOCIMIENTO MEDICO Y LA ENTREVISTA DE INMIGRACION.

### AVISO:

EL NO PRESENTARSE A LA HORA Y FECHA INDICADAS PARA ESTAS ENTREVISTAS U OLVIDARSE LLEVAR LOS DOCUMENTOS REQUERIDOS SERÁ MOTIVO DE QUE SU CASO SE ATRASE.

TRAIGA SU PASAPORTE Y EL FORMULARIO I-94

## UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

FILE NO.: A 17 425 848(TC)jvl

DATE: 3/14/73

## MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Eulogia GONZALEZ vda. de Moldes  
 951 East 12th Place  
 Hialeah, Florida 33010

## INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" x 17" chest X-ray film with a reading by a ~~licensed~~ certified radiologist interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked  below with regard to your medical examination.

Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U.S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS: 1001 S. W. 1st. St. Room 208  
 Miami, Florida

DATE: April 11, 1973  
 TIME: 1.30 p.m.

Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before \_\_\_\_\_.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER:

Please show this letter to any laboratory performing tests. Also present the copies of the letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

## TO PHYSICIAN PERFORMING THE EXAMINATION

PLEASE OBTAIN THE APPLICANT'S SIGNATURE IN THE SPACE PROVIDED AND MEDICALLY EXAMINE HIM FOR ELIGIBILITY FOR ADJUSTMENT OF STATUS. IF THE APPLICANT IS FREE OF MEDICAL DEFECTS LISTED IN SECTION 212 (A) OF THE IMMIGRATION AND NATIONALITY ACT, ENDORSE THIS COPY OF FORM 1-486A IN THE SPACE PROVIDED AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. IF THE APPLICANT IS NOT FREE OF SUCH MEDICAL DEFECTS, DO NOT SIGN THIS FORM; INSTEAD WRITE "SEE FS-398" IN THE PHYSICIAN'S SIGNATURE BLOCK AND PREPARE MEDICAL CERTIFICATE ON FORM FS-398 AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE TOGETHER WITH THIS COPY OF FORM 1-486A FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. (IF EXAMINATION IS CONDUCTED BY A CIVIL SURGEON, INSERT IN ENVELOPE BOTH COPIES OF FORM 1-486A; X-RAYS AND LABORATORY REPORTS; AND TWO COPIES OF FORM FS-398 IF APPLICANT IS NOT FREE OF MEDICAL DEFECTS.)

*Eulogia Gonzalez*

DISTRICT DIRECTOR

I CERTIFY THAT THE ATTACHED X-RAY AND SEROLOGY REPORT (BLOOD TEST) RELATE TO ME.  
 SIGNATURE OF APPLICANT:

*x Eulogia Gonzalez*

PENALTY: THE LAW PROVIDES SEVERE PENALTIES FOR KNOWINGLY AND WILFULLY FALSIFYING OR CONCEALING A MATERIAL FACT OR USING ANY FALSE DOCUMENTS IN CONNECTION WITH THIS APPLICATION.

MY EXAMINATION INCLUDING X-RAY, BLOOD SEROLOGICAL AND OTHER REPORTS, WHEN NEEDED, SHOW THE APPLICANT TO BE FREE OF ANY DEFECTS, DISEASES OR DISABILITIES LISTED IN SECTION 212(A) OF THE IMMIGRATION AND NATIONALITY ACT AS AMENDED.

SIGNATURE OF PHYSICIAN

DATE

TITLE

APR 11 1973

*W. W. Wieland, M.D.*

MEDICAL DIRECTOR

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

## Processing Sheet

Application or  
Petition Form No.I-485

File No.

A17-425-848

Checks mailed 3/9/73

Z-2

3  
(34)I-94 ✓  
B/P NO HAG  
B/C NO HAG

This form may be overprinted or stamped to show instructions, items requested, items received, or other pertinent data which may facilitate processing.

Keep this sheet on top of all material in file until initial decision is made

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

FILE NO.: A 17 425 848(TC)jvi

DATE: 3/14/73

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Eulogia GONZALEZ vda. de Maldes  
951 East 12th Place  
Hialeah, Florida 33010

INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" x 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked  below with regard to your medical examination.

Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U.S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS: **1001 S. W. 1st. St. Room 208  
Miami, Florida**

DATE: **April 11, 1973**  
TIME: **1.30 p.m.**

Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before \_\_\_\_\_.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER:

Please show this letter to any laboratory performing tests. Also present the copies of the letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

INSTRUCTIONS FOR IMMIGRATION INTERVIEW

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT:

ADDRESS: **Federal Building Room 299 1402 N  
51 S. W. 1st. Ave.  
Miami, Florida**

DATE: **April 11, 1973**  
TIME: **Immediately after the  
medical exam.**

Bring with you at the time of interview the following:

1. The sealed envelope furnished to you by the physician who performed the medical examination.
2. Your passport and Form I-94. **AND BIRTH CERTIFICATE.**

**NOTE:**

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW.

 FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE. 

**BRING PASSPORT AND I-94**

District Director

FILE COPY

## BIOGRAPHIC INFORMATION

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

I-485

Form Approved  
Budget Bureau No. 43-R436

TC/MIA

3/9/73

(Family name) <b>GONZALEZ VDA MOLDES, Eulogia</b>	(First name) <b>Eulogia</b>	(Middle name) <b>MOLDES</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>3-1-01</b>	NATIONALITY <b>Spaniard</b>	ALIEN REGISTRATION NO. <b>A 17 425 848</b>
ALL OTHER NAMES USED <b>EULOGIA MOLDES</b>		CITY AND COUNTRY OF BIRTH <b>Castilla, Spain</b>		CITY AND COUNTRY OF RESIDENCE <b>Deceased</b>		SOCIAL SECURITY NO. <b>266 29 8970</b>
FATHER <b>GONZALEZ</b>	FAMILY NAME <b>Maximino</b>	FIRST NAME <b>Castilla, Spain</b>	DATE, CITY AND COUNTRY OF BIRTH (If known)			
MOTHER (Maiden name) <b>GONZALEZ</b>	Emilia	"	"			
SPOUSE (If none, so state) <b>NONE</b>	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER SPOUSES (If none, so state) FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
<b>MOLDES</b>		<b>Jose</b>	<b>1896</b>	<b>1921-Castilla</b>	<b>12-24-72-Miami, Death</b>	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
<b>951 East 12th Place</b>	<b>Hialeah</b>	<b>Fla</b>	<b>USA</b>	<b>10</b>	<b>72</b>	PRESENT TIME	
<b>895 E- 9th Lane</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>7</b>	<b>69</b>	<b>10</b>	<b>72</b>
<b>30010 SW 24th Terr</b>	<b>Miami</b>	<b>"</b>	<b>"</b>	<b>9</b>	<b>67</b>	<b>7</b>	<b>69</b>
-							

Show below last foreign residence of more than one year if not shown above. (Include all information requested above.)

**4312, 148 Ave** **Marianao** **Havana** **Cuba** **62** **67**

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM	TO
<b>NONE</b>		MONTH	YEAR
			PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

<b>NONE</b>	SIGNATURE OF APPLICANT OR PETITIONER	DATE <b>2-27-73</b>
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS <input type="checkbox"/> OTHER (SPECIFY):		
ARE ALL COPIES LEGIBLE? <input type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name) <b>GONZALEZ VDA MOLDES, Eulogia</b>	(Given name) <b>-</b>	(Middle name) <b>-</b>	(Alien registration number) <b>A 17 425 848</b>
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(OTHER AGENCY USE)

*72 years old*

INS USE (Office of Origin)

(1) Ident.

## BIOGRAPHIC INFORMATION

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

I-485

Form Approved  
Budget Bureau No. 43-R436

(Family name) <b>GONZALEZ VDA MOLDES, Eulogia</b>	(First name) <b>Eulogia</b>	(Middle name) <b>x</b>	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) <b>3-1-01</b>	NATIONALITY <b>Spaniard</b>	ALIEN REGISTRATION NO. <b>A 17 425 848</b>
ALL OTHER NAMES USED <b>EULOGIA MOLDES</b>		CITY AND COUNTRY OF BIRTH <b>Castilla, Spain</b>		SOCIAL SECURITY NO. <b>266 29 8970</b>		
FATHER <b>GONZALEZ Maximino</b>	FAMILY NAME <b>GONZALEZ Maximino</b>	FIRST NAME <b>Castilla, Spain</b>	DATE, CITY AND COUNTRY OF BIRTH (If known) <b>" "</b>	CITY AND COUNTRY OF RESIDENCE <b>Deceased</b>		
MOTHER (Maiden name) <b>GONZALEZ Emilia</b>						
SPOUSE (If none, so state) <b>NONE</b>	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER SPOUSES (If none, so state)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
<b>MOLDES</b>		<b>Jose</b>	<b>1896</b>	<b>1921-Castilla</b>	<b>12-24-72-Miami, Death</b>	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
<b>951 East 12th Place</b>	<b>Hialeah</b>	<b>Fla</b>	<b>USA</b>	<b>10</b>	<b>72</b>		PRESENT TIME
<b>895 E- 9th Lane</b>	<b>"</b>	<b>"</b>	<b>"</b>	<b>7</b>	<b>69</b>	<b>10</b>	<b>72</b>
<b>30010 SW 24th Terr</b>	<b>Miami</b>	<b>"</b>	<b>"</b>	<b>9</b>	<b>67</b>	<b>7</b>	<b>69</b>
-							

Show below last foreign residence of more than one year if not shown above. (Include all information requested above.)

<b>4312, 148 Ave</b>	<b>Marianao</b>	<b>Havana</b>	<b>Cuba</b>	<b>62</b>	<b>67</b>
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APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
<b>NONE</b>					PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

<b>NONE</b>	<b>SIGNATURE OF APPLICANT OR PETITIONER</b>	<b>DATE</b>
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS		<b>2-27-73</b>
<input type="checkbox"/> OTHER (SPECIFY):	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	
ARE ALL COPIES LEGIBLE? <input type="checkbox"/> Yes		

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name) <b>GONZALEZ VDA MOLDES, Eulogia</b>	(Given name) <b>-</b>	(Middle name) <b>-</b>	(Alien registration number) <b>A 17 425 848</b>
--	--------------------------	---------------------------	--

(OTHER AGENCY USE)

INS USE (Office of Origin)

(4) Consul

D-1-1967

**APPLICANT**

LEAVE THIS SPACE BLANK

SIGNATURE OF PERSON FINGERPRINTED

Follement by J.W. Mates D/S

RESIDENCE OF PERSON FINGERPRINTED

30 N.W. 24 Ave.  
MIAMI, FLA.

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

DETENTION GUARD

Michael E. L. [Signature]

TYPE OR PRINT ALL REQUESTED DATA

See reverse side for further instructions

LAST NAME GONZALEZ-GONZALEZ, EULOGIA FIRST NAME E MIDDLE NAME A

SEX	F	RACE	W
H.T. (Inches)	66	WT.	150
HAIR	GRY	EYES	BR
DATE OF BIRTH		3/1/01	

CONTRIBUTOR AND ADDRESS USINS  
CITY & STATE MIAMI, FLA.NUMBER A17425848 LEAVE THIS SPACE BLANKDATE FINGERPRINTED SEP 22 1967PLACE OF BIRTH CUBACITIZENSHIP SPAINREF. 11025W000522VOIM7REF. W1. RIGHT THUMB 6 2. RIGHT INDEX 0 3. RIGHT MIDDLE 11 4. RIGHT RING 0 5. RIGHT LITTLE 06. LEFT THUMB 5 7. LEFT INDEX 12 8. LEFT MIDDLE 5 9. LEFT RING 1 10. LEFT LITTLE 7LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY 11 LEFT THUMB RIGHT THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY21-0899-N-0  
21-9261-11-0**NO ARREST RECORD FBI**

IMMIGRATION &  
NATURALIZATION  
SERVICE

DEC 18 10 27 AM '67  
RA & I SECTION  
MIAMI DISTRICT OFFICE

NAME (LAST)	(FIRST)	DE MOLDES	(MIDDLE)	FILE NO.
GONZALEZ-GONZALEZ; EULOGIA			A17 425 848	
Date & Place of Birth	Present Address		Foreign Address	
3-1-01 Castellas Spain	30 W. 24 Ave Miami, Fla.		148 #4312 Marianao, Lhr,	
Place of Entry	Date	Manner		
mea	9-22-67	na 504		
Nationality	V/D to	Deferred Inspection	Paroled to	
SPAIN <del>Cuba</del>			<del>Inez</del>	
Occupation in Cuba	Foreign Military Service & Rank			
none				
Visa Type	Place of Issue	Date of Issue	Valid to	Limited or Unlimited
no				
Passport No.	Date Issued	Validity Date	Birth Certificate	
no				
Marital Status	Name & Address of Spouse			
m.	JOSE MOLDES-BALBOA (acc.)			
Reasons Claimed for Being Unable to Return to Country of Nationality				
SE-180	Pal.			
Rev. 5-25-62 (10)				

90607 07 GONZALEZ

GONZALEZ

## EULOGIA

03 01

CUBAN MASTER LIST NO 00 B GROUP 1

For more information about the study, please contact Dr. John D. Cawley at (609) 258-4626 or via email at [jdcawley@princeton.edu](mailto:jdcawley@princeton.edu).

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

G-3 JP #	POS.	NEG.
R 3.1		
C I C		
STATE		
C. I. C. P.	B	
J. N. I.		
554		
C.I.C.		
S L B	39	

DATE TO  
H E W JUL 18 1967

OFFICER

*H. M. Knott*

First Name

Middle Initial

**GONZALEZ GONZALEZ de MOLDENAS, EULOGIA**

Pursuant to Alien Registration Act

**CUBA****SPAIN****MEXICO**

(Alien Number, Street, City and State)

30 No 21 Ave Miami Fla

NIA

344

**CUBA**

Number, Street, City, Post office (State) and Country of Permanent Residence

148 # 4312 Mariana Hav

Date, Day and Year of Birth

3/2/1901

PAROLED PURSUANT TO SEC. 212(b) (4)  
OF THE I & N ACT TO:**INDEX**

Castilla Spain

A17 425 848

NIA

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A V I S O

Si Ud. ha recibido entrenamiento para actuar como espia o en acciones de sabotaje, o si alguien en Cuba u otro estado extranjero le pidió que lo hiciera, o que obtuviera informes de carácter de inteligencia o espionaje para Cuba, las leyes de los Estados Unidos de Norteamérica requieren que eso sea referido al Departamento de Justicia. Si Ud. no lo refiere, Ud. puede ser arrestado o deportado de los Estados Unidos.

Hay a su disposición un agente del Federal Bureau of Investigation (FBI) quien representa el Departamento de Justicia, que está dispuesto a recibir toda clase de información sobre este asunto que Ud. quiere pasar.

Si Ud. desea dar esa información, no firme la presente, sino demande que se le ponga en contacto con un agente del FBI.

Si Ud. no tiene ninguna información de esta clase, sirvase leer y firmar la siguiente declaración, usando su nombre completo y correcto:

No he recibido ningún entrenamiento para actuar como espia o en actos de sabotaje, ni se me ha pedido que lo hiciera, ni siquiera se me ha encargado obtener información de espionaje para Cuba o cualquier otro estado extranjero.

SEP 22 1967

Fecha

José Píñeres  
Firma