

For citation purposes:

Records Copied at the National Archives at Kansas City

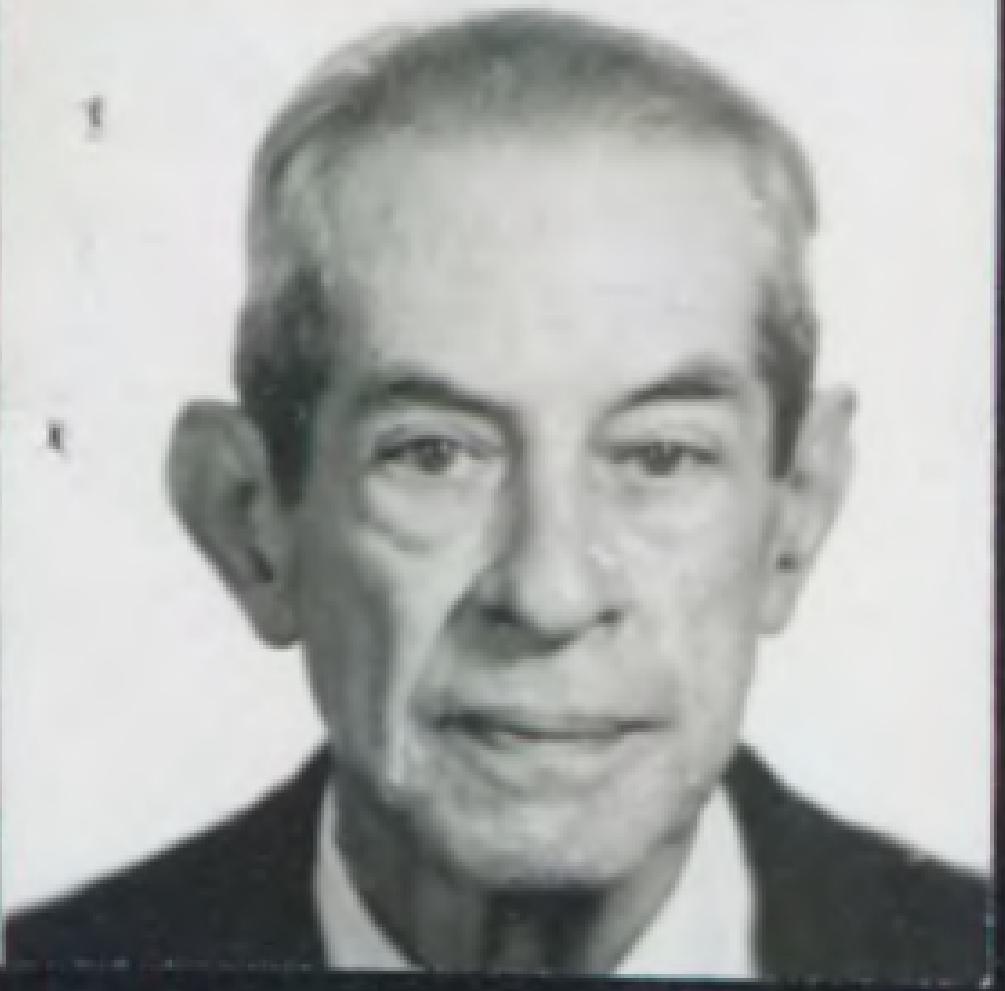
Record Group 566, Records of the U.S. Citizenship and Immigration Services

Department of Justice. Immigration and Naturalization Service.

Alien Case Files, 1944-2003

Alien Case File A17365999 Angel Gelpi Cassa

National Archives Identifier: 5466738



Zugel Gelpu

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Miami, Florida.

Place _____ File No. A- 17 365 999

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

NAME		Sex
GELPI-Cassa, & Angel Eladio		Male
ADDRESS		
12401 W. Randall Park Drive, Miami, Florida, 33167		
NATIONALITY	DATE OF BIRTH	PLACE OF BIRTH
Cuban	02-18-1891	Habana, Cuba
COUNTRY TO WHICH CHARGEABLE (If any)		PREFERENCE: (If any)
		PRIORITY DATE
REMARKS		
3		

NONPREFERENCE: Individual section 212(a)(14) certification issued; Blanket section 212(a)(14) certification issued;
 Section 212(a)(14) certification not required because Cuban Refugee

As of	06	20	66	at	Miami, Florida.
(Month)	(Day)	(Year)		(Place)	
Class of admission (insert coding symbol)	CU-6				(83)

the requirements of the following provision of law having been fulfilled.

<input type="checkbox"/> Sec 203(h) of the I & N Act	<input type="checkbox"/> Sec. 2 of the Act of 11/2/66
<input type="checkbox"/> Sec 244 () () of the I & N Act	<input type="checkbox"/> Sec 13 of the Act of 9/11/57
<input type="checkbox"/> Sec 245 of the I & N Act	<input type="checkbox"/> Private Law no. _____ of the _____
<input checked="" type="checkbox"/> Sec 249 of the I & N Act	Congress _____ session
<input checked="" type="checkbox"/> Sec. 1 of the Act of 11/2/66	<input type="checkbox"/> _____
	(Other law - Specify)

(Applicable in all cases)	
Date	6 20 68
Recommended by <i>Floyd V. Lummus</i> Immigration Officer	
Date	JUN 30 1968
Approved <i>Robert L. Tracy</i> District Director	

FOR USE BY VISA CONTROL OFFICE

Date _____	STATISTICS	
Foreign State _____	I-151 ISSUED AND LAMINATED. 1-94 ENDORSED AND SENT TO C.O.	
Preference Category _____		
Number _____		
Month of Issuance _____		
Signed _____ (Visa Office, Dept. of State)		

Date Form I-357 delivered 8/20/68

G-153 8-20-68

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

Form I-181 (Rev. 11-2-66) UNITED STATES DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE

INSTRUCTIONS

To request allocation of a visa number for the preference or nonpreference case under Section 245 complete form in triplicate and mail original and one copy to Visa Control Office. In other cases where outstanding instructions require the form to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file. When grant of permanent residence becomes final, the file copy shall be appropriately endorsed. 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 I-181 need be prepared and placed in the file.

In addition to the above copies, a copy of Form I-181, noted to show the date permanent residence status is granted, shall be 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.

PREFERENCE: Under Section 245, the priority date will be the filing date of the petition.

NON-PREFERENCE: 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 non-preference immigrant; (2) the date on which application Form I-485 is filed, if the applicant establishes that the provisions of section 212(a)(14) of the Act do not apply to him or that he is a qualified member of an occupation within Schedule A, 29 CFR 60; or (3) the date of issuance of an individual certification by the Secretary of Labor pursuant to section 212(a)(14) of the Act, if such individual certification is required.

Check and complete the block re 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."

APPLICATION BY CUBAN REFUGEE FOR PERMANENT RESIDENCE
SOLICITUD PARA RESIDENCIA PERMANENTE DE REFUGIADO CUBANO

(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. PRINT IN BLOCK LETTERS. CHECK ITEM 1 OR 2 AND COMPLETE AS APPROPRIATE.) IMPORTANT! EXECUTE IN ENGLISH.

(No escriba mas arriba de esta linea.) (Vea las instrucciones antes de ejecutar la blanilla de solicitud. Si necesita mas espacio para contestar, por completo alguna pregunta, use un pliego separado e identifique cada respuesta con el numero de la pregunta correspondiente. Escriba con letra de imprenta. Marque o Sección 1 o 2 y completila propiamente. IMPORTANTE! EJECUTE EN INGLES.

SECTION 1

1. I hereby apply to become a lawful permanent resident alien on the following basis: (Check A or B only.)

Por la presente yo solicito convertirme en residente permanente extranjero sobre la siguiente base: (Marque solamente A ó B.)

- A. I am a native or citizen of Cuba. I was inspected by a U.S. immigration officer 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 2 years thereafter, or

Yo soy nativo o ciudadano de Cuba. Fui inspeccionado por un funcionario del Servicio de Inmigración de los Estados Unidos de América y admitido o permitido entrar bajo palabra en los Estados Unidos con posterioridad a 1 de Enero 1959, y he estado físicamente presente en este país, por lo menos dos años después de eso, o

- B. I am not a native or citizen of Cuba but I am the wife minor unmarried child of a native or citizen of Cuba described in "A" above with whom I am residing. I was inspected by a U.S. immigration officer 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 2 years thereafter.

Yo no soy nativo ni ciudadano de Cuba, sino soy la esposa el esposo, o la hija el hijo menor de edad y de estado soltero, de un nativo o ciudadano de Cuba, tal como ha sido descrito anteriormente en "A", con quien estoy residiendo. Yo fui inspeccionado por un funcionario del Servicio de Inmigración de los Estados Unidos de América y admitido o permitido entrar bajo palabra en los Estados Unidos, con posterioridad a 1 de Enero 1959, he estado presente físicamente en este país por lo menos dos años después de eso.

3. My name is Mi nombre es

(First) (Nombre de pila)

(Middle) (Nombre intermedio(s))

(Last) (Apellido)

Angel

Eladio

Gelpi Cassa

4. I reside in the United States at:

Yo vivo en los Estados Unidos en:

(Apt. No.)

(Número del Apto.)

(No. and Street)

(Calle y Número)

(City)
(Ciudad)

(State)
(Estado)

(ZIP Code)
(Código postal-ZIP)

12401 W. Randall Park Drive, Miami, Fla. 33167

5. Date of Birth
Fecha de nacimiento

2-18-91

Place of Birth
Lugar de nacimiento (Pueblo o ciudad)

(City or Town)
(Pueblo o ciudad)

(County, Province, or State)

(Partido o provincia)

I am now a citizen of (Country)
Ahora soy un ciudadano de (País)

Cuba

6. My first arrival in the United States subsequent to January 1, 1959, occurred on

Mi primera llegada a los Estados Unidos, con posterioridad a 1 de Enero de 1959, ocurrió el: Date (Month, Day, Year) At the Port of (City, State)
Fecha (Mes, día y año) Al puerto o aeropuerto de

6-20-66

Miami, Fla.

Parolee

7. I last arrived in the United States at the port of Mi última entrada en los Estados Unidos fue por el puerto o aeropuerto de
(City and State) (Ciudad y Estado) (Month) (Day) (Year) en (Mes) (Día) (Año)

same

same

I arrived by (Name of vessel or other means of travel)
Yo llegué por (Nombre del barco u otro medio de transporte)

BI 55

as a como un (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)
(Visitante, estudiante, ciudadano de los EE.UU. polizón, inmigrante, bajo palabra, etc.)

same

NOTE: IF YOU CHECKED ITEM 2 (TO APPLY UNDER SECTION 2 OF THE ACT) YOU NEED NOT ANSWER ITEMS 8 THROUGH 16.
NOTA: SI USTED HA MARCADO LA SECCION 2 (PARA SOLICITAR BAJO LA SECCION 2 DE LA LEY) NO NECESITA CONTESTAR NADA DESDE EL ARTICULO 8 HASTA EL 16)

8. I am single married divorced widowed
Yo soy soltero(a) casado(a) divorciado(a) viudo(a)

My present occupation is:

none

a. I have been married ___ times, including my present marriage, if now married. Yo he estado casado ___ veces, incluyendo mi matrimonio actual (si está casado ahora)
(If you are now married give the following:) (Si está casado ahora dé los siguientes datos:)

b. Number of times my spouse has been married
Número de veces que mi cónyuge ha estado casado

1

c. Name of spouse

Nombre del cónyuge

Emilia Fernández

d. Date and place of birth of spouse
Fecha y lugar de nacimiento

7-19-91

del cónyuge

L. Villas, Cuba

e. Date and place of marriage
Fecha y lugar de matrimonio

9-20-18

Havana

f. My spouse resides with me apart from me at Address (Apt. No.) (Number and Street) (Town or City) (Province or State) (Country)
Mi cónyuge reside conmigo separadamente en la dirección (Número del apto.) (Número y calle) (Pueblo o ciudad) (Provincia o Estado) (País)

9. a. I have 5 children, as follows: (complete all columns for each child) If child lives with you, state, "with me" in last column, otherwise give city and State or country of child's residence. Yo tengo 5 hijos, como a continuación se explica (complete todas las columnas). Si su hijo vive con usted, declare "conmigo" en la última columna, de otro modo, dé la ciudad y el estado a condado de la residencia del hijo.

Name (Nombre)	Sex (Sexo)	Place of Birth Lugar de nacimiento	Date of Birth Fecha de nacimiento	Now Living at (Abora esta residiendo en)
Angel	M	Havana	7-25-19	
Antonio	M	Havana	6-13-20	
Marina	F	Havana	10-14-22	
Dolores	F	Havana	9-22-24	
Amelia	F	Havana	5-31-29	

b. The following members of my family are also applying for permanent resident status. Los siguientes miembros de mi familia tambien están solicitando la categoria de residentes permanentes:

My wife

10. 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.") A continuación hago una lista de todas las organizaciones, sociedades, clubs y asociaciones, pasadas o presentes, de las que he sido socio en los Estados Unidos o en algún país extranjero, y los períodos y lugares en que era socio. (Si usted nunca ha sido socio de ninguna organización, declare "Ninguna".) none

11. I have have not been charged with a violation of law (other than minor traffic violations). (If you have ever been charged with a violation of law, give date and place and nature of each charge and the final result.) Se han no se han presentado cargos judiciales contra mí (aparte de infracciones menores del tránsito) (Si alguna vez usted ha sido acusado de infringir la ley, especifique la fecha y el lugar y la naturaleza de cada acusación y el resultado final) None

12. I have have not requested exemption or discharge from training or service in the Armed Forces of the United States. (If you have requested exemption or discharge from training or service in the Armed Forces of the United States, give date and place of your request, the reason for such request, and specify to whom it was made.) Yo he no he pedido ser eximido ni licenciado del entrenamiento o servicio en las Fuerzas Armadas de los Estados Unidos (Si alguna vez usted ha pedido ser eximido o licenciado del entrenamiento o servicio en las Fuerzas Armadas de los Estados Unidos, indique la fecha y lugar de su petición, la razón para la misma y especifique a quién fué dirigida) None

13. Deportation proceedings have have not been instituted against me in the United States. (If deportation proceedings have been instituted against you, give the date and place of hearing, the charge, and the final result.) Un procedimiento de deportación ha sido no ha sido instruido contra mí en los Estados Unidos. (Si un procedimiento de deportación ha sido instruido contra Ud. alguna vez, dé el lugar y la naturaleza de cada acusación y el resultado final) None

14. I have have not been a participant in a designated exchange program. (If you have been a participant, show dates of arrival and departure from United States.) Yo he no he participado en un programa de intercambio designado. (Si Ud. ha participado, muestre las fechas de llegada y salida de los Estados Unidos de América.) None

15. 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.) Yo he no he llenado hasta ahora una solicitud por el estado de residente permanente. (Si alguna vez ha ejecutado tal solicitud, indique la fecha y el lugar en que la presentó y la disposición final.) None

16. Completed Form G-325A (Biographic Information) is attached as part of this application La planilla G-325A terminada (Información biográfica), o unida aquí como parte de esta solicitud.

17. IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW:
SI SU ALFABETO NATIVO NO ES DE LETRAS ROMANAS ESCRIBA SU NOMBRE EN SU ALFABETO NATIVO DEBAJO:

Signature of Applicant (Firma del solicitante)	Date of Signature (Fecha de la firma)
<u>* Angel Gelpi</u>	<u>3/23/68</u>

18. (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 of which I have any knowledge. (Firma de la persona que ha preparado la planilla, si fuera otra que el solicitante.) Yo declaro que este documento ha sido preparado por mí, a petición del solicitante y que está basado en toda la información de que tengo conocimiento.

Signature (Firma)	Address (Dirección)
Date (Fecha)	Occupation (Ocupación)

(Application not to be signed below until applicant appears before an officer of the Immigration and Naturalization Service for examination.)
(La solicitud no debe ser firmada al pie, hasta que el solicitante aparezca delante de un funcionario del Servicio de Inmigración y Naturalización para ser examinado.)

I 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: Yo juro (afirmo) que conozco el contenido de esta solicitud, que el mismo es verdadero, según mi mejor conocimiento, y que las correcciones numeradas () a () fueron hechas por mí, o a petición mía, y que esta solicitud fué firmada por mí con mi nombre completo y verdadero:

Subscribed and sworn to before me by the above-named applicant

at Miami, Florida on MAY 16 1968

(Month) (Day) (Year)

Sony V. Lamm
(Signature and title of officer)

Angel Gelpi
(Complete and true signature of applicant)
(Firma completa y verdadera del solicitante)

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA
MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE

USPHS, Miami, Florida.

DATE OF EXAMINATION

MAY 16, 1968

At the request of the American Consul at

CITY

Miami, Florida.

COUNTRY

U.S.A.

I certify that on the above date I examined

NAME

ANGEL ELADIO GELPI CASSA

AGE
77SEX
M

I examined specifically for evidence of any of the following conditions:

CLASS A:

DANGEROUS CONTAGIOUS DISEASES:

Actinomycosis	Granuloma Inguinale	Ringworm of scalp
Amebiasis	Keratoconjunctivitis, infectious	Schistosomiasis
Blastomycosis	Leishmaniasis	Syphilis, infectious stage
Chancroid	Leprosy (Hansen's Disease)	Trachoma
Favus	Lymphogranuloma Venereum	Trypanosomiasis
Filariasis	Mycetoma	Tuberculosis (pulmonary or extrapulmonary)
Gonorrhea	Paragonimiasis	Yaws

MENTAL CONDITIONS:

Mental retardation (mental deficiency)	Previous occurrence of one or more attacks of insanity	Mental defect
Insanity	Psychopathic personality	Narcotic drug addiction
	Sexual deviation	Chronic alcoholism (See proviso, sec. 34.7, USPHS Regs.)

CLASS B:

Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.

CLASS C:

Minor Conditions.

(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2))

My examination, including the X-ray and other reports below, revealed:

 (1) No defect, disease, or disability.

(2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (Give class - A, B, or C - diagnosis, and pertinent details*):

EXAMINED AND *MAY 16 1968*
MEDICALLY PASSED *MAY 16 1968*

(Date)

M.D.

(Signature)

USPHS, MIAMI, FLORIDA

Chest X-ray report _____

from Dr. _____

Blood serological report _____ from Dr. _____

Other special report(s) (when needed) _____ from Dr. _____

from Dr. _____

SIGNATURE OF MEDICAL TECHNICAL ADVISOR

TITLE

DATE OF FINAL REPORT

APPLICANT:

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

COMPLETE THIS BOX (FAMILY NAME)

(GIVEN NAME)

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

GELPI CASSA

ANGEL

ELADIO

A17 365 999

(OTHER AGENCY USE)

(INS USE)

BETTER PRINTS CANNOT BE OBTAINED DUE TO
CONDITIONS OF HANDS OR AGE. NO FURTHER
ACTION TO OBTAIN REPRINTS IS NECESSARY.

Per O.I. 105.1(g)

MIA
MAY 16 1968
I-485A

(1) Ident.
[Handwritten signature]

BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(FAMILY NAME) GELPI CASSA	(FIRST NAME) ANGEL	(MIDDLE NAME) ELADIO	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (MO-DAY-YR.) 2-18-891	NATIONALITY Cuban	ALIEN REGISTRATION NO. A17 365 999
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH Havana, Cuba			SOCIAL SECURITY NO. (IF ANY)

FAMILY NAME Gelpi Cassa	FIRST NAME Bernardo S. Clara, Cuba	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) Deceased	CITY AND COUNTRY OF RESIDENCE Deceased		
MOTHER (MAIDEN NAME) (FOR WIFE, GIVE MAIDEN NAME) Fernandez	FIRST NAME Dolores S. Clara, Cuba	BIRTHDATE Qem. Guines	CITY & COUNTRY OF BIRTH Emilia 7/19/91 Cuba	DATE OF MARRIAGE 9-20-18	PLACE OF MARRIAGE Havana
SPOUSE (IF NONE, SO STATE) FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)					

FORMER SPOUSES (IF NONE, SO STATE) None	FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM	TO
STREET AND NUMBER 12401 W. Randall Park Dr. 62 Cuba St., Apt. 51	CITY Miami Havana	PROVINCE OR STATE Florida Havana	COUNTRY USA Cuba	MONTH Jun May	YEAR 66 56
					PRESENT TIME Jun 66

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST.		FROM	TO
FULL NAME AND ADDRESS OF EMPLOYER None	OCCUPATION	MONTH	YEAR
			PRESENT TIME

LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

Self-employed

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

- NATURALIZATION ADJUSTMENT OF STATUS
 OTHER (SPECIFY):

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW
FOR KNOWINGLY AND WILLFULLY FALSIFYING
OR CONCEALING A MATERIAL FACT.IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN
YOUR NATIVE ALPHABET IN THIS SPACE:

3/23/68

(SIGNATURE OF APPLICANT OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME) GELPI CASSA	(GIVEN NAME) ANGEL	(MIDDLE NAME) ELADIO	(ALIEN REGISTRATION NUMBER) A17 365 999
(OTHER AGENCY USE)		(INS USE)	
			
<div style="text-align: center;"> HAVANA FILES APR 26 1968 NR SIGNED DO NA </div>			
(4) Consul			

BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(FAMILY NAME) GELPI CASSA	(FIRST NAME) ANGEL	(MIDDLE NAME) ELADIO	<input checked="" type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 2-18-891	NATIONALITY Cuban	ALIEN REGISTRATION NO. A17 365 999
ALL OTHER NAMES USED		CITY AND COUNTRY OF BIRTH Havana, Cuba				SOCIAL SECURITY NO. (IF ANY)

FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN)			CITY AND COUNTRY OF RESIDENCE	
FATHER Gelpi	Bernardo S. Clara, Cuba				Deceased	
MOTHER (MAIDEN NAME) Cassa	Dolores S. Clara, Cuba				Deceased	
SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME) Fernandez		FIRST NAME Emelia	BIRTHDATE 7/19/91	CITY & COUNTRY OF BIRTH Cuba	DATE OF MARRIAGE 9-20-18	PLACE OF MARRIAGE Havana

FORMER SPOUSES (IF NONE, SO STATE) None	FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE

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

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
12401 W. Randall Park Dr. 62 Cuba St., Apt. 51	Miami	Florida	USA	Jun	66		PRESENT TIME
	Havana	Havana	Cuba	May	56	Jun	66

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

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

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION	FROM	TO
None			PRESENT TIME

LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

Self-employed

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	
<input type="checkbox"/> OTHER (SPECIFY):	
PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.	3/23/68
	DATE
	(SIGNATURE OF APPLICANT OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME)	(GIVEN NAME)	(MIDDLE NAME)	(ALIEN REGISTRATION NUMBER)
GELPI CASSA	ANGEL	ELADIO	A17 365 999
(OTHER AGENCY USE)		(INS USE)	
<p style="text-align: center;">HAVANA FILES</p> <p style="text-align: center;">APR 26 1968</p> <p style="text-align: center;">NR</p> <p style="text-align: center;">SIGNED</p>		<p style="text-align: center;">(4) Consul</p> <p style="text-align: center;">MIA</p> <p style="text-align: center;">APR 22 1968</p> <p style="text-align: center;">1-485A</p>	

A F F I D A V I T

UNITED STATES OF AMERICA

STATE OF FLORIDA)
COUNTY OF DADE) SS:

-----PERSONALLY appeared before me, the undersigned Authority, ANGEL ELADIO GELPI CASSA, whose permanent home address is 2401 West Randall Park Drive, in the City of Miami, County of Dade, State of Florida, United States of America, who after being duly sworn, according to Law, deposes and says:

-----THAT he is a National of Cuba, married and of legal age; that he was admitted into this Country under Parolee Status, Alien Registration Number A17 365 999.-

-----AFFIANT further states that he was born in Havana, Cuba and that the date was February 18, 1891; that his Birth was registered at the Civil Registry of the Municipal Court of Havana, Cuba and that his parents were Bernardo and Dolores, deceased.-

-----AFFIANT further states that due to the political situation now prevailing in Cuba, it is impossible for him to obtain a Certificate of his Birth and therefore, he is submitting this Affidavit in Lieu of said Certificate.-

-----AFFIANT further states that he has read and verified the accuracy of the foregoing statement and he hereby affixes his signature and swears to this Affidavit without any mental reservation whatsoever.-

* Angel Gelpi

Sworn to and subscribed
before me, this 23rd. day
of March, A.D. 1968.-

NOTARY PUBLIC STATE OF FLORIDA at LARGO
MY COMMISSION EXPIRES MAY 20, 1968
BONDED THROUGH FRED W. DIESTELHORST

A F F I D A V I T

UNITED STATES OF AMERICA

STATE OF FLORIDA)
COUNTY OF DADE) SS:
)

-----PERSONALLY appeared before me, the undersigned Authority,
ANGEL ELADIO GELPI CASSA, whose permanent home address is 2401
West Randall Park Drive, in the City of Miami, County of Dade,
State of Florida, United States of America, who after being du-
ly sworn, according to Law, deposes and says:

-----THAT he is a National of Cuba, married and of legal age;
that he was admitted into this Country under Parolee Status, A-
lien Registration Number A17 365 999.-

-----AFFIANT further states that he married Emelia Fernandez
on September 20, 1918 in Havana, Cuba; that their marriage was
registered at the Municipal Court of Havana, Cuba, Civil Regis-
try Section.-

-----AFFIANT further states that due to the political situation
now prevailing in Cuba, it is impossible for him to obtain a Cer-
tificate of his Marriage and therefore, he is submitting this Af-
fidavit in Lieu of said Certificate.-

-----AFFIANT further states that he has read and verified the ac-
curacy of the foregoing statement and he hereby affixes his sign-
ature and swears to this Affidavit without any mental reservation
whatsoever.-

x Angel Gelpi

Sworn to and subscribed
before me, this 23rd. day
of March, A.D. 1968.-

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES MAY 20, 1968
BONDED THROUGH FRED W. DIESTELHORST

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 pidio que lo hiciera, o que obtuviera informes de caracter de inteligencia o espionaje para Cuba, las leyes de los Estados Unidos de Norteamerica 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 disposicion un agente del Federal Bureau of Investigation (FBI) quien representa el Departamento de Justicia, que esta dispuesto a recibir toda clase de informacion sobre este asunto que Ud. quiere pasar.

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

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

No he recibido ningun 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 informacion de espionaje para Cuba o cualquier otro estado extranjero.

Junio 20/966
Fecha

Angel Gelfi Passá
Firma

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Officer's Review and Action Sheet

Form No. I-485A

File No. 17365999

The following documents or actions are required before decision may be made in this case:

Officer's Initials	Date	Document or Action Required	Requested (Check)	Received (Check)
HIG-68		FBI (Rec.Ch.)....:CICP....:STATE....:CIA.....:		
RFB		FBI (Iden. Ch.).....:		
		Occupation in Cuba:		
		Occupation in U.S.:		
		Rollback Date:		

DECISION: (Approved) (Denied)

REMARKS: (If denied, state reasons)

Pending Receipt of
Nadine FBI Checks

For the District Director:

6-20-68
Date of Decision

Lloyd V. Cannon
Signature of Officer

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

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

A -

MEDICAL AND IMMIGRATION EXAMINATION APPOINTMENTS

ANGEL E. GELPI
EMELIA GELPI

A17 365 999
A17 366 000

12401 W. Randall Park Dr.
Miami, Florida, 33167

Your medical examination will be given at:	
Location:	Room 208, Second Floor 1001 SW. First St., Miami, Fla.
Date:	MAY 16, 1968
Time:	4:00 PM

The Immigration examination will be held at:	
Location:	Room 208, Second Floor 1001 SW. First St., Miami, Fla.
Date:	SAME AS ABOVE
Time:	

cdm

INSTRUCTIONS FOR MEDICAL EXAMINATION

In connection with your application, it will be necessary for you to take a medical examination. An appointment has been made for you to be examined by a doctor of the U. S. Public Health Service at the time and place given above. If you do not speak English, you must bring a person of your own sex who can act as interpreter. BRING WITH YOU to the medical examination the following checked items. (Obtain these items at once.)

1. X-Ray film of your chest, taken and interpreted by one of the approved hospitals or radiologists listed on the attached instructions. (Film and reading must not be more than 7 months old.) X-Ray film size 70 mm will be acceptable where there are no abnormalities. When abnormalities exist, 14" x 17" X-Ray must be presented.
2. Report of serologic test for syphilis. (Report not to be more than 30 days old.)
3. Children under 14 years of age do not have to have blood serology. Children under 10 years of age do not have to have blood serology or X-Rays.

INSTRUCTIONS FOR IMMIGRATION EXAMINATION

An appointment has been also made for an examination before an Immigration officer at the time and place given above. See below for items (if any are necessary) which you MUST BRING WITH YOU:

- Two photographs, size 1½" x 1½", full view of face only, on thin paper with light background taken within the past 30 days.
- Birth certificate. If not available, any other evidence of birth in Cuba.
-

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

A -

ENTREVISTA DE INMIGRACION Y EXAMEN MEDICO

Su examen médico será en el:

Room 208, Second Floor (2 ^o Piso)	
1001 S. W. 1st Street, Miami, Florida	
Fecha	Hora
(Senalada en el reverso)	

La entrevista en Inmigración será en el:

Room 208, Second Floor (2 ^o Piso)	
1001 S. W. 1st Street, Miami, Florida	
Fecha	Hora
(Senalada en el reverso)	

INSTRUCCIONES PARA EL EXAMEN MEDICO:

En relación con su solicitud será necesario que usted se someta a un examen médico. Un médico del Servicio de Salubridad Pública de los Estados Unidos lo examinará a usted en el lugar y en la fecha señalada arriba. Si usted no habla Ingles, debe acompañarle una persona de su mismo sexo quien pueda servirle de interprete. TRAIGA CONSIGO LOS SIGUIENTES DOCUMENTOS MEDICOS cuando usted acuda al examen médico en Salubridad Pública. Obtenga estos documentos enseguida.

Radiografia del torax, hecha e informada por uno de los hospitales o radiologos aprobados en las instrucciones adjuntas. (La radiografia y el informe no tendrá validez despues de siete meses de hechos). Radiografias de 70mm serán aceptables cuando no existan abnormalidades. Cuando sí existan anormalidades, radiografias de 14" x 17" deben ser presentadas.

Resultado del examen serológico para sífilis. (El informe no tendrá validez despues de treinta dias de hecho).

Menores de 14 años no necesitan el examen serológico de la sangre. Menores de 10 años no necesitan examen serológico ni radiografia.

INSTRUCCIONES PARA LA ENTREVISTA DE INMIGRACION:

Un oficial de Inmigracion le concederá una entrevista en el lugar y fecha señalada arriba. Debe traer consigo este aviso y los siguientes documentos:

Dos fotografias tamano 1½" x 1½" De La Cara, De Frente Solamente en papel fino con fondo claros tomadas en los pasados treinta dias.

Certificado de nacimiento. Si no lo tiene disponible, cualquier otra prueba de su nacimiento en Cuba.

BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(FAMILY NAME) GELPI CASSA	(FIRST NAME) ANGEL	(MIDDLE NAME) ELADIO	<input checked="" type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 2-18-891	NATIONALITY Cuban	ALIEN REGISTRATION NO. (IF ANY) A17 365 999
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH Havana, Cuba		SOCIAL SECURITY NO. (IF ANY)	

FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) CITY AND COUNTRY OF RESIDENCE

FATHER **Gelpi** **Bernardo S. Clara, Cuba****Deceased**
DeceasedMOTHER (MAIDEN NAME)
(FOR WIFE, GIVE MAIDEN NAME)

FAMILY NAME FIRST NAME BIRTHDATE CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MARRIAGE

Fernandez**Qem. Guines**
Emelia **8/19/91 Cuba****9-20-18** **Havana**FORMER SPOUSES (IF NONE, SO STATE) **None**

FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE			

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

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
12401 W.Randall Park Dr.	Miami	Florida	USA	Jun	66		PRESENT TIME
62 Cuba St., Apt. 51	Havana	Havana	Cuba	May	56	Jun	66

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

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

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION	MONTH	YEAR	MONTH	YEAR
None					PRESENT TIME

LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

Self-employed

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

- NATURALIZATION ADJUSTMENT OF STATUS
 OTHER (SPECIFY):

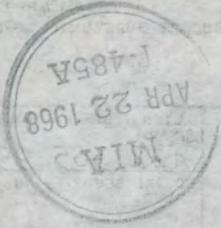
PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW
FOR KNOWINGLY AND WILLFULLY FALSIFYING
OR CONCEALING A MATERIAL FACT.IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN
YOUR NATIVE ALPHABET IN THIS SPACE:

3/23/68

DATE

**Angel Gelpi*

(SIGNATURE OF APPLICANT OR PETITIONER)



APR 22 1968
485A

MAY 6 2 38 PM '68

CUBAN ADJUSTMENT ACT
COUNSEL CENTER 2910504
MIAMI, FLORIDA

Recd May 5-5-68
This is my

西汉·昭君

13

afflet *peppermint*



N.R. 5-7-68

S.W. FORM APPROVED
BUDGET BUREAU NO. 43-R436
APR 24 1960BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(FAMILY NAME) GELPI CASSA	(FIRST NAME) ANGEL	(MIDDLE NAME) ELADIO	<input checked="" type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 2-18-891	NATIONALITY Cuban	ALIEN REGISTRATION NO. A17 365 999
ALL OTHER NAMES USED			<input type="checkbox"/> FEMALE	CITY AND COUNTRY OF BIRTH Havana, Cuba		SOCIAL SECURITY NO.

FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) CITY AND COUNTRY OF RESIDENCE

FATHER **Gelpi** **Bernardo S. Clara, Cuba** Deceased
MOTHER (MAIDEN NAME) **Cassa** **Dolores S. Clara, Cuba** DeceasedSPOUSE (IF NONE, SO STATE) FAMILY NAME FIRST NAME BIRTHDATE CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MARRIAGE
(FOR WIFE, GIVE MAIDEN NAME)**Fernandez** **Emelia** **7/19/91 Cuba** **Qem. Guines** **9-20-18** **Havana**FORMER SPOUSES (IF NONE, SO STATE) **None**
FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME) FIRST NAME BIRTHDATE DATE & PLACE OF MARRIAGE DATE AND PLACE OF TERMINATION OF MARRIAGE

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

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
12401 W. Randall Park Dr.	Miami	Florida	USA	Jun	66	PRESENT TIME	
62 Cuba St., Apt. 51	Havana	Havana	Cuba	May	56	Jun	66

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

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

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION	MONTH	YEAR	MONTH	YEAR
None					PRESENT TIME

LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)

Self-employed

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

 NATURALIZATION ADJUSTMENT OF STATUS
 OTHER (SPECIFY):

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:

3/23/68

DATE

x Angel Gelpi

(SIGNATURE OF APPLICANT OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME) GELPI CASSA (GIVEN NAME) ANGEL (MIDDLE NAME) ELADIO (ALIEN REGISTRATION NUMBER) A17 365 999	(INS USE)
<p><i>Information submitted to FBI in connection with your data base files based on identifiable files located no identifiable information submitted to your inquiry. Not to be considered as evidence. To check arrest records reprints must be submitted to FBI Identification Division. Fingerprints are necessary for positive check.</i></p> <p>(OTHER AGENCY USE)</p>	
<p style="text-align: center;">(2) Rec. Br.</p> <p style="text-align: right;"><i>MIA APR 22 1968 I-400-A</i></p>	

COMPLETE THIS BOX (FAMILY NAME)

(GIVEN NAME)

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

GELPI CASSA

ANGEL

ELADIO

A17 365 999

(OTHER AGENCY USE)

NO PERTINENT
IDENTIFIABLE INFORMATION

APR 26 1968

REQUEST SEARCHED W/OUT
BENEFIT OF SPELLING VARIANTS

(3) C.

(INS USE)

NOT TO BE SHOWN TO
FOREIGN NATIONALS



IMMIGRATION &
NATURALIZATION
SERVICE

MAY 29 38 AM '68

CUBAN ADJUSTMENT
CENTER
MIAMI, FLORIDA

DEPT. OF JUSTICE
25 MAY 1968

NAME (LAST)	(FIRST)	(MIDDLE)	FILE NO.
<u>GELPI-CASSA ANGEL A 17365 999</u>			
Date & Place of Birth		Present Address	Foreign Address
2-18-1891 HAV.		12401 W. RANDALL PARK DRIVE. MIA.	CUBA 62 APT 51 HAV.
Place of Entry	Date	Manner	
MIA	6-20-66	BI-55	
Nationality	V/D to	Deferred Inspection	Paroled to
CUBA			INDEF.
Occupation in Cuba	Foreign Military Service & Rank		
RETIRED Auto SALESMAN	None.		
Visa Type	Place of Issue	Date of Issue	Valid to
			Limited or Unlimited
Passport No.	Date Issued	Validity Date	Birth Certificate
18336	11-8-1965	VOID	
Marital Status	Name & Address of Spouse		
	ACCOMOD		
	EMELIA FERNANDEZ-ARGUELLES		
Reasons Claimed for Being Unable to Return to Country of Nationality			
7 GRADE.			

303304 03

- G E L P

CASSAS

ANGEL

02 1

SPECIAL SUPP M L A PART 3

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

www.ijerph.org

For more information about the study, please contact Dr. Michael J. Hwang at (310) 794-3030 or via email at mhwang@ucla.edu.

GROUP #

F.S. NEG.

F B I

STATE

C. I. C. P.

O. N. I.

O S I

C. I. C.

S L B

DATE TO JUN 6 1966

H E W

OFFICER

W. Shumardy

C 050273 03 GELP

CASSA

ANGEL

CUBAN MASTER LIST NO 01

CUBAN MASTER LIST NO 01 BIRTH MO 02 YR 91

.....

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 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

GROUP #

POS. NEG.

FBI

CIA

STATE

C.I.C.P.

O.N.I.

OSI

C.I.C.

SLB

DATE: MAY 16 1966

RECORDED BY

W. J. Moriarty

1960-1964 (FBI-CIA)

First Name

Middle Initial

GELFI-CASEA

Angel

Kladie

Cuba

Passport or Alien Registration Number

18336

12401 W. Kendall Park Dr., Miami, Fla.

RI 55

*Passenger Boarded At

Cuba

Cuba #62 apt 52 La "Almazia, Cuba

Z-13-92

PARSED FEBRUARY 10 1966 BY
OF THE LAW AND ORDER

INDEX

La "Almazia, Cuba

PURPOSE:

A17 365 999

(P) (D) (L)

MIA 6/20/66 AG

1960-1964 (FBI-CIA)

CELM - CASA Angel A 17315999
2-19-1971 12401 W. RANCHO PARK DR.
MAY. PARK DRIVE.
MIA. MIA.

1-20-66 BI-55
TAX.

SACRAMENTO NOV.

'65 Vols ACCORD
NUMBER - ARGUELLES
76 PAGE.