



MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place Miami, Florida
File No. A- 17 360 860

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

NAME <u>UGALDE de Canaves, Felipa Petra</u>	Sex <u>FEMALE</u>	
ADDRESS <u>5244 N. W. 5th Street, Miami, Florida 33126</u>		
NATIONALITY <u>Cuban</u>	DATE OF BIRTH <u>10-18-1891</u>	PLACE OF BIRTH <u>Burgos, SPAIN</u> <u>XXV</u> <u>Cuba</u>
COUNTRY TO WHICH CHARGEABLE (If any)	PREFERENCE: (If any)	PRIORITY DATE
REMARKS		<u>3</u>

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 5 6 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.

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

(Applicable in all cases)
 Date JUN 30 1968 Recommended by WCB east
 Immigration Officer

Date JUN 30 1968 Approved ROBERT L. WOYTUCH
 District Director

FOR USE BY VISA CONTROL OFFICE

Date _____ *per*

Foreign State _____

Preference Category _____

Number _____

Month of Issuance _____

Signed _____

(Visa Office, Dept. of State)

Date Form I-357 delivered JAN 10 1969 G-153CC: 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

1-151 ISSUED AND LAMINATED.
1-94 ENDORSED AND SENT TO C.O.

STATISTICS

9. a. I have _____ 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 _____ 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 (Ahora esta residiendo en)

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 husband, Jaime Canaves

My son, Jose Canaves

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.) *Yo 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)*

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 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)*

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)*

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 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.)*

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 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.)*

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)

June 28, 1968

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

MIAMI, FLA.

JUN 30 1968

at _____ on _____

(Month) (Day) (Year)

W.C. Best

(Signature and title of officer)

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

APPLICANT:

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

COMPLETE THIS BOX (Family name)

Ugalde

(Given name)

Felipa

(Middle name)

Petra

(Alien registration number)

A17-360-860

(OTHER AGENCY USE)

ON BASIS OF DATA FURNISHED ON LINE TO
LOCATE ARREST RECORD IN FBI IDENTIFICATION
DIVISION. SUGGEST YOU FORWARD FINGERPRINTS
OR OTHER IDENTIFYING DATA.

(INS USE)



(1) Ident.

DEPARTMENT OF STATE FOREIGN SERVICE OF THE UNITED STATES OF AMERICA MEDICAL EXAMINATION OF VISA APPLICANTS		PLACE USPHS. Miami, Florida.
		DATE OF EXAMINATION AUGUST 5, 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 Felipa Petra UGALDE de Canaves	AGE 76 SEX F
I examined specifically for evidence of any of the following conditions:		
CLASS A:		
DANGEROUS CONTAGIOUS DISEASES:		
Actinomycosis Amebiasis Blastomycosis Chancroid Favus Filariasis Gonorrhea	Granuloma Inguinale Keratoconjunctivitis, infectious Leishmaniasis Leprosy (Hansen's Disease) Lymphogranuloma Venereum Mycetoma Paragonimiasis	Ringworm of scalp Schistosomiasis Syphilis, infectious stage Trachoma Trypanosomiasis Tuberculosis (pulmonary or extrapulmonary) Yaws
MENTAL CONDITIONS:		
Mental retardation (mental deficiency) Insanity	Previous occurrence of one or more attacks of insanity Psychopathic personality Sexual deviation	Mental defect Narcotic drug addiction 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:		
<input type="checkbox"/> (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 MEDICALLY PASSED AUG 5 1968 <i>John Richard M.D.</i> (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. _____		
SIGNATURE OF MEDICAL TECHNICAL ADVISOR	TITLE	DATE OF FINAL REPORT

*Continue on reverse side if necessary.

FAMILY NAME

GIVEN NAME

MIDDLE NAME

UGALDE y Sanz, Felipa Petra

V-~~66~~ 910536

HOME ADDRESS

Calle 416 No. 96, Alturas del Vedado

PLACE AND DATE OF BIRTH

Burgos, Spain

Oct. 18, 1891

~~NOV. 1941
DO NOT DESTROY~~

DAY MO. YEAR.

HAIR	EYES	HEIGHT	WEIGHT	NATIONALITY	MARKS	SEX
gry	gr	5 2 FT. IN.	150	Cuban	none	<input type="checkbox"/> M
				COMPLEXION		<input checked="" type="checkbox"/> F
				fair		

MARITAL STATUS

 MAR. SGL. WID. DIV.

RACE

Spanish

LENGTH AND PURPOSE OF STAY IN U. S.

In transit to Spain

ETHNIC CLASS

Spanish

Possession of a visa does not entitle bearer to enter the U. S. if upon arrival at a port of entry in the U. S. he is found inadmissible.

SIGNATURE OF APPLICANT

X Felipa Ugualde
Hugh D. Ressler
AMERICAN VICE CONSUL
16-73202-1

Subscribed and sworn to before me on:

at: Hav. May 13/58

Form FS-257 (12-19-56)

(Over)

NONIMMIGRANT CLASSIFICATION

C-1910

ISSUED ON MAY 13 1958 FOR

Mult. or () Appl.

VALID THROUGH

12 MAY 1962

DATE FINGERPRINTED

TRAVEL DOC.

02487

Havana

8, 1955

Cuban Ptt.

VISA REFUSED ON

iss.

Feb.

UNDER (Sec.)

SERVICE NO.

TARIFF ITEM NO.

FEE PAID: U. S. \$

GRATIS

LOCAL CY. EQUIVALENT

**APPLICATION FOR
NONIMMIGRANT
VISA
AND ALIEN
REGISTRATION**



REMARKS MAY 13 1958

HBN mc

Spain GRATIS

W-243

BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(Family name) Ugalde	(First name) Felipa	(Middle name) Petra	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 10/18/91	NATIONALITY Cuban	ALIEN REGISTRATION NO. A17-360-860
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH Burgos, Spain		SOCIAL SECURITY NO. (If any)	

FATHER Ugalde	FAMILY NAME Andres	FIRST NAME Juana	DATE, CITY AND COUNTRY OF BIRTH (If known)	CITY AND COUNTRY OF RESIDENCE		
MOTHER (Maiden name) SAnz						
SPOUSE (If none, so state) (For wife, give maiden name) Canaves	FAMILY NAME Jaime	FIRST NAME Jaime	BIRTHDATE 7/24/91	CITY & COUNTRY OF BIRTH Islas Balea- res, Spain	DATE OF MARRIAGE 4/23/21	PLACE OF MARRIAGE Hav.Cuba

FORMER SPOUSES (If none, so state)						
FAMILY NAME (For wife, give maiden name) None	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	FROM TO
5244 NW 5th. Street	Miami	Florida	USA	Jan	68	PRESENT TIME
2948 SW 38 COurt	Miami	Florida	USA	April	67	Jan 68
San Jorge 363	Santurce	Puerto Rico	P.Rico	July	66	April 67
2948 SW 38 COurt	Miami	Florida	USA	May	66	July 66

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)						
36 No.96, Alt.del Vedado	Havana	Cuba		55	May	66

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	FROM TO
None						PRESENT TIME

LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)						
None						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER			DATE		
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS				June 28, 1968		
<input type="checkbox"/> 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:				

COMPLETE THIS BOX (Family name) Ugalde	(Given name) Felipa	(Middle name) Petra	(Alien registration number) A17-360-860
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(OTHER AGENCY USE)

(INS USE)



(4) Consul



UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Officer's Review and Action Sheet

Form No. I-485A

File No. _____

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)
<i>Winkles</i>		FBI (Rec.Ch) ... / CICP MR STATE ... CIA ...		
<i>Winkles</i>		FBI (Iden.Ch.): JUL 11 1968		
		Occupation in Cuba:		
		Occupation in U.S.:		
		Rollback Date:		

No BC

DECISION: (Approved) (Denied)

REMARKS: (If denied, state reasons)

Pending Receipt of
Negative *Winkles* Checks

PP returned

For the District Director:

8-5-68

Date of Decision

WC Best
Signature of Officer

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

COMPLETE THIS BOX (Family name)

(Given name)

(Middle name)

(Alien registration number)

Ugalde

Felipa

Petra

A17-360-860

(OTHER AGENCY USE)

(INS USE)

NO PERTINENT
IDENTIFIABLE INFORMATION

JUL 22 1968

REQUEST SEARCHED W/DOUT
BENEFIT OF SPELLING VARIANTS

NOT TO BE SHOWN TO
FOREIGN NATIONALS

(3) C.



BIOGRAPHIC INFORMATION

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(Family name) <i>UGALDE CANAVES</i>	(First name) <i>Felipa</i>	(Middle name) <i>Petra</i>	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.) <i>10/18/91</i>	NATIONALITY <i>Cuban</i>	ALIEN REGISTRATION NO. <i>A17-360-860</i>
ALL OTHER NAMES USED			<input checked="" type="checkbox"/> FEMALE	CITY AND COUNTRY OF BIRTH <i>Burgos, Spain</i>		SOCIAL SECURITY NO. <i>(If any)</i>

FATHER	FAMILY NAME <i>Ugalde</i>	FIRST NAME <i>Andres</i>	DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE	
MOTHER (Maiden name)	<i>Sanz</i>	<i>Juana</i>				
SPOUSE (If none, so state)	FAMILY NAME <i>Canaves</i>	FIRST NAME <i>Jaime</i>	BIRTHDATE <i>7/24/94</i>	CITY & COUNTRY OF BIRTH <i>Islas Baleares, Spain</i>	DATE OF MARRIAGE <i>4/23/21</i>	PLACE OF MARRIAGE <i>Hav. Cuba</i>
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	
<i>None</i>						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM	TO		
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
5244 NW 5th. Street	Miami	Florida	USA	Jan	68	PRESENT TIME	
2948 SW 38 Court	Miami	Florida	USA	April	67	Jan	68
San Jorge 363	Santurce	Puerto Rico	P.Rico	July	66	April	67
2948 SW 38 COurt	Miami	Florida	USA	May	66	July	66

LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)			
36 No. 96, Alt. del Vedado	Havana	Cuba	55 May 66

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

LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)			
<i>None</i>			
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE	
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS		June 28, 1968	
<input type="checkbox"/> 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:		

COMPLETE THIS BOX (Family name) <i>Ugalde</i>	(Given name) <i>Felipa</i>	(Middle name) <i>Petra</i>	(Alien registration number) <i>A17-360-860</i>
<p>Check off FBI investigative files based upon (OTHER AGENCY USE) located no identifiable information pertinent to your inquiry. Not to be considered as a clearance. To check arrest records request must be submitted to FBI Identification Division. Fingerprints are necessary for positive check.</p>			(INS USE)
			
(2) Rec. Br.			

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

/bef

JULY 24, 1968

A -

MEDICAL AND IMMIGRATION EXAMINATION APPOINTMENTS

Jose CANAVES y Ugale A17 360 858

Jaime CANAVES y Alull A17 360 859

Felipa Petra UGALDE de Canaves A17 360 860

Elvira PONTELA y Garcia A17 360 861

5244 N. W. 5th Street
Miami, Florida 33126

Your medical examination will be given at:

Location: Room 208, Second Floor
1001 SW. First St., Miami, Fla.

Date: AUGUST 5, 1968 Time: 9:30 A.M.

The Immigration examination will be held at:

Location: Room 208, Second Floor
1001 SW. First St., Miami, Fla.

Date: SAME AS ABOVE Time:

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.

ENMIENDAS DE INMIGRACION A EXAMEN MEDICO

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

A -

ENTREVISTA DE INMIGRACION Y EXAMEN MEDICO

EL CIEGO COLECTOR DE LOS DERECHOS QUE SE PAGAN EN ESTE FORMULARIO

Su examen médico será en el:

Room 208, Second Floor (2º 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 (2º Piso)
1001 S. W. 1st Street, Miami, Florida

Fecha Hora
(Senalada en el reverso)

INSTRUCCIONES PARA EL EXAMEN MEDICO:

En relación con su solicitud sera 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.

REQUERIMIENTOS PARA EL EXAMEN MEDICO

- 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 hecho).
Radiografias de 70mm serán aceptables cuando no existan abnormalidades.
Cuando si existan abnormalidades, radiografias de 14" x 17" deben ser presentadas.
- Resultado del examen serológico para sifilis. (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 concedera una entrevista en el lugar y fecha señalada arriba. Debe traer consigo este aviso y los siguientes documentos:

- Dos fotografias tamaño 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.

NAME (LAST)	(FIRST)	(MIDDLE)	FILE NO.
UGALDE-SANZ, Felipe Pedro		A17360860	
Date & Place of Birth	Present Address		Foreign Address
Oct 18, 1891 Burgos Spain	2948 SW 36th St		36 #96 Esg 41 Mizani Fla ALTURAS de LVEDDO HAVANA
Place of Entry	Date	Manner	
Mia	5-6-61	A1-39	
Nationality	V/D to	Deferred Inspection	Paroled to
Cuba			mif
Occupation in Cuba	Foreign Military Service & Rank		
Houswife	Ms		
Visa Type	Place of Issue	Date of Issue	Valid to
			Limited or Unlimited
Passport No.	Date Issued	Validity Date	Birth Certificate
10818			
Marital Status	Name & Address of Spouse		
S. Jaime Panaves	Plaza		
Reasons Claimed for Being Unable to Return to Country of Nationality			
SE-180	pre		
Rev. 5-25-62 (10)			

AVISO

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.

MAY 6 1966

Fecha

Firma

(Hijo)

Felipa Petra Ugalde Sanz

GROUP #

POS.

FBI

✓

CIA

✓

STATE

✓

C.I.C.P.

✓

O.N.I.

OSI

C.I.C.

SLB

✓ B

DATE TO FEB 16 1966
H E W

OFFICER

January

109140 03 UGALDE

SANZ

FELIPE

10 91

CUBAN MASTER LIST NO 8

Immigration

Passport

Alien Registration

OCALDE SAM

FELIPE PETRA

Country of Citizenship

CUBA

Passport or Alien Registration Number

10818

United States Address (Number, Street, City and State)

2948 SW 36th Street, Miami, Florida

Name and Flag No. or Vessel of Arrival

A.I. 39

*Passenger Boarded at

CUBA

Under, Sign, City, Province (State) and Country of Permanent Residence

Calle 36 #96, esq. li, Alturas del Vedado, Havana, Cuba

Month, Day and Year of Birth

Oct. 18, 1891

PASSED PURSUANT TO SEC. 2101 (5)
OF THE I & N ACT TO:

Sign, Position (Song) and Country of Birth

Burgos, Spain

INDEX

Visa Issued at

PURPOSE:

A17 360 860

Immigration Month, Day and Year Visa Issued

(Date)

(Date)

(Date)

Ma 5/6/66

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