

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place Miami, Florida.

File No. A 11-644-658

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

NAME		Sex <u>Male</u>	
<u>CALVO-Baruch, Victor</u>			
ADDRESS			
<u>7740 Dickens Avenue, Miami Beach, Florida 33141</u>			
NATIONALITY	DATE OF BIRTH	PLACE OF BIRTH	
<u>Cuban</u>	<u>03-19-03</u>	<u>TU RQUIA</u>	<u>Cuba</u>
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 Refugees

As of 22 1966 at Miami, Florida.
 (Month) (Day) (Year) (Place)

(83)

Class of admission (insert coding symbol) CL-6

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 (3), or (4), or Section
<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 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 JUN 27 1968 Recommended by McCloskey
 Immigration Officer
 Date JUN 30 1968 Approved Robert L. Haynes
 District Director

FOR USE BY VISA CONTROL OFFICE

	<u>1-151 ISSUED AND LAMINATED.</u> <u>1-94 ENDORSED AND SENT TO C.O.</u>	
	STATISTICS	
Signed _____	(Visa Office, Dept. of State)	

Date Form I-357 delivered 9-23-68 Immigration G-153 9-23-68

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

State Director, Selective Service

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 planilla 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. Escribe con letra de imprenta. Marque o Sección 1 o 2 y complétela propiamente. IMPORTANTE! EJECUTE EN INGLES.

SECTION 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.

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 husband, or 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)

Victor Calvo Baruch

4. I reside in the United States at: (Apt. No.) (No. and Street) (City) (State) (ZIP Code)
Yo vivo en los Estados Unidos en: (Núm. del Apto.) (Calle y Núm.) (Ciudad) (Estado) (Código postal-ZIP)

7740 Dickens Ave., Miami Beach, Fla. 33141

5. Date of Birth (City or Town) (County, Province, or State) (Country)
Fecha de nacimiento Lugar de nacimiento (Pueblo o ciudad) (Partido o provincia) (País)
3-19-03 Turquia I am now a citizen of (Country)
Abora soy un ciudadano de (País)
Cubano

6. My first arrival in the United States subsequent to January 1, 1959, occurred on (Month, Day, Year) At the Port of (City, State)
Mi primera llegada a los Estados Unidos, con posterioridad a 1 de Enero de 1959, ocurrió el: Fecha (Mes, día y año) Al puerto o aeropuerto de
1-22-66 N.York I arrived by (Name of vessel or other means of travel)
Yo llegué por (Nombre del barco u otro medio de transporte) AM-400
as a (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)
como un (Visitante, estudiante, ciudadano de los EE.UU. polizón, inmigrante, bajo palabra, etc.)
parolee

7. I last arrived in the United States at the port of (City and State) (Month) (Day) (Year) en (Month) (Dia) (Año)
Mi última entrada en los Estados Unidos fué por el puerto o aeropuerto de same same by (Name of vessel or other means of travel) por (Nombre del barco u otro medio de transporte)
as a (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)
como un (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 LISTE 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 My present occupation is:
Yo soy soltero(a) casado(a) divorciado(a) viudo(a) Mi ocupación actual myself

a. I have been married once, 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	c. Name of spouse Nombre del cónyuge	d. Date and place of birth of spouse Fecha y lugar de nacimiento del cónyuge	e. Date and place of marriage Fecha y lugar de matrimonio
--	---	---	--

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 (Núm. del apto.) (Número y calle) (Pueblo o ciudad) (Provincia o Estado) (País)

G-360 SENT BY 

none

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 (Abora 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 categoría de residentes permanentes:*

My sister.

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 he 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)
<i>W. J. Valdery</i>	6-8-68

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)
1001 S. W. 1 STREET OFFICE 103 MIAMI, FLORIDA 33130	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. on **JUN 27 1968**
at **ONE BAPTIST CHURCH** on **(Month)** **(Day)** **(Year)**

(Signature and title of officer)

W. J. Valdery
(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)

CALVO BARUCH

(GIVEN NAME)

VICTOR

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

A-11-644-658

(OTHER AGENCY USE)

(INS USE)

NO ARREST RECORD
JUL 8 1968
IDENTIFICATION DIVISION
FBI

(1) Ident.



FORM G-325A

FORM G-325 A REV. 4-1-67

FORM APPROVED

BUDGET BUREAU NO. 43-R436

BIOGRAPHIC INFORMATION

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(FAMILY NAME) CALVO BARUCH	(FIRST NAME) Victor	(MIDDLE NAME) -	<input checked="" type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 3-19-03	NATIONALITY Cuba	ALIEN REGISTRATION NO. A-11-644-658	
ALL OTHER NAMES USED same		<input type="checkbox"/> FEMALE		CITY AND COUNTRY OF BIRTH Turquia		SOCIAL SECURITY NO. 261-04-3504	
FATHER Calvo Baruch	MOTHER (MAIDEN NAME) Perla	FAMILY NAME Isaac		DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) Turquia	CITY AND COUNTRY OF RESIDENCE "		
SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME) none		FIRST NAME Isaac	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	

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

STREET AND NUMBER 7740 Dickens Ave. 4902 52 Ave.	CITY Miami Seattle	PROVINCE OR STATE Florida Washington	COUNTRY USA "	MONTH 8 2	YEAR 66 66	FROM 8 66	TO 8 66

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

EMPLOYER Topic 113	ADDRESS Mexico	POSITION Mexico	TERM Mexico	FROM 1 66	TO 1 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
		Ownself			

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

RESIDENCE Havana, Cuba	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): PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.	IF YOUR NATIVE ALPHABET IS OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE: Ownself
		6-8-68
		DATE
		Modesto
		(SIGNATURE OF APPLICANT OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME) CALVO BARUCH	(GIVEN NAME) VICTOR	(MIDDLE NAME) -	(ALIEN REGISTRATION NUMBER) A-11-644-658
(OTHER AGENCY USE)		(INS USE)	
<div style="text-align: center;"> HAVANA FILES JUN 22 1968 <input checked="" type="checkbox"/> NR <input type="checkbox"/> SIGNED MP <input type="checkbox"/> NA </div>		<div style="text-align: center;"> MIA JUN 19 1968 I-485A </div>	
(4) Consul			

FORM G-325A

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

PLACE

USPHS, Miami, Florida.

DATE OF EXAMINATION

June 27, 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 CALVO-Baruch, Victor	AGE 65	SEX 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))

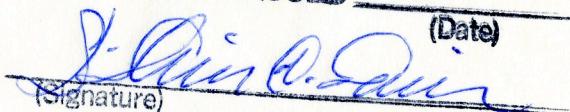
My examination, including the X-ray and other reports below, revealed:

 (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
MEDICALLY PASSED** JUN 27 1968

(Date)



(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

STATE OF FLORIDA)
COUNTY OF DADE) SS.

I, VICTOR CALVO BARUCH,-----
presently residing at 7740 Dickens Ave., Miami Beach, Florida
after first being duly sworn on oath depose and say:

That I was born in Turquia, on March 19, 1903.-----

That I am the son of ISAAC CALVO and PERLA BARUCH.---

That I am Cuban citizen, as shawn in passport No. 22829

That I am making this affidavit to serve in lieu
of a Birth Certificate that I can not obtain from Cuba
under the present regime.

Further affiant sayeth not

x Victor Calvo Baruch

SWORN AND SUBSCRIBED to before me this 8to., day of June 1968,
at Miami, Florida.-----

Pancho A. Diaz Baruch
Notary Public

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES NOV. 27, 1970
BONDED THROUGH FRED W. DIESTELHORST

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
Mexico, D.F.

File Number:
A11 644 658

Date: Jan. 11, 1966

3NYC

AUTHORIZATION FOR PAROLE OF AN ALIEN INTO THE UNITED STATES
PURSUANT TO SECTION 212(d)(5) OF THE
IMMIGRATION AND NATIONALITY ACT

Name of Alien: Victor CALVO Baruch Date of Birth: March 19, 1903
(First) (Middle) (Last)

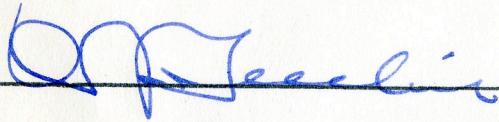
Place of Birth: Marmara Turkey
(City or Town) (State or Province) (Country)

U. S. Address: 4901 14th Ave., Brooklyn, N.Y.

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under Section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to May 10, 1966 will authorize an Immigration officer at a port of entry in the United States to parole under the provisions of Section 212(d)(5) of the Immigration and Nationality Act the named bearer whose photograph appears hereon.

Remarks: SINGLE ENTRY- CUBAN REFUGEE chargeable to oversubscribed quota. Indefinite parole authorized by COTRA. Telephone call from Mr. Hennessey Jan. 7, 1966.


Charles J. Beechie, District Director, Mexico City, Mexico
(Signature of Immigration Officer) (Authorizing Office)



ARRIVAL STAMP

PAROLED until: <u>INDEF.</u>		
Purpose: <u>CUBAN REFUGEE.</u>		
(Port)	(Date)	(Officer)
<u>JFKIA 1/22/66 99</u>		
<u>NYC</u>		

UNITED STATES GOVERNMENT

Memorandum

TO : File

DATE: January 7, 1966

FROM : CJB

SUBJECT: Victor CALVO-Baruch and wife, Fortuna CALVO-Baro

Miss Rodenbaugh, Mr. Hennessy's office, Central Office called to state that CJB has telephonic authorization to issue Sec. 212(d)(5) parole to subjects who are Cuban citizens born in Turkey. Victor CALVO-Baruch was born March 19, 1903, and Fortuna CalVO-Baro was born May 20, 1915.

Subject are due to arrive in Mexico City from Cuba today. They are supposed to have prepaid passage on Eastern Airlines flight 902 to New York on 1/12/66.

CJB is to try to contact subjects today or Monday. They will be at the Colonia Roma Hotel, ~~XX~~ Tepic 113, Mexico, D. F.

~~They~~ If they have any difficulties they are to report to the Senator who will in turn contact the CO.

~~Colonia~~
~~Hotel Roma~~

~~# Jalapa 110 14-23-44~~ ✓

Tepic 113
Juan Garcia C. 288357

at 5:30 PM 1/7/66 they were not in but person who answered said they arrived today and will return call. CJB

1/10/66 Both subjects called today and said they would come by this office as soon as they get their passports straightened out (I believe they meant their Mex. Imm status) cjb

1/11/66: Both came in and were paroled. They will remain in Mex 15 days then come by here to tell us their plans



1. Name (Last in CAPS)

First

Middle

2. No.

CALVO-Baruch, Victor

A 11 644 658

3. Name under which admitted, Record created or Aliases

Sndx. Code

C410

4. City and Country of Birth

XXX Turkey

5. Date of Birth Month Day Year

03 19 03

6. Place of Entry

7. Date of Entry Month Day Year

8. Appl. Form No. or reason for request

I-485A

9. Date Appl. Received

10. Date of Request

06 15 68 jo

11. Receiving FCO Symbol

MIA

12. Forwarding FCO Symbol

SEA C 11-11-68

13. Date of Transfer

14. REMARKS:

Deadline Case
EXPEDITE

JUL - 3 1968

6-19-68

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Officer's Review and Action Sheet

Form No. I-485A

File No. A-11644 658

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)
<u>6/17/68</u>		FBI (Rec.Ch.)....:CICP....:STATE....:CIA.....:		
<u>BG</u>		FBI (Iden. Ch.).....: <u>Noted</u>		
		Occupation in Cuba:		
		Occupation in U.S.:		
		Rollback Date:		

DECISION: Approved Denied

REMARKS: (If denied, state reasons)

Pending Receipt of
Negative Check

and review of file

For the District Director:

JUN 27 1968

Date of Decision

D. Daly
Signature of Officer

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

NGF 18

COMPLETE THIS BOX (FAMILY NAME)		(GIVEN NAME)	(MIDDLE NAME)	ALIEN REGISTRATION NUMBER
CALVO BARUCH		VICTOR	-	A-11-644-658
(OTHER AGENCY USE)			(INS USE)	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> NO PERTINENT IDENTIFIABLE INFORMATION JUN 25 1960 REQUEST SEARCHED W/OUT BENEFIT OF SPELLING VARIANTS </div>			<div style="text-align: center;"> </div>	
(3) C.				

FORM G-325A

FORM G-325 A REV. 4-1-67

FORM APPROVED
BUDGET BUREAU NO. 43-R436

BIOGRAPHIC INFORMATION NGF 7/22/68 R224 JUN 21 1968 579

UNITED STATES DEPARTMENT OF JUSTICE Immigration and Naturalization Service							
(FAMILY NAME)	(FIRST NAME)	(MIDDLE NAME)	MALE	BIRTHDATE (MO-DAY-YR.)	NATIONALITY	ALIEN REGISTRATION NO.	
CALVO BARUCH	Victor	-	<input checked="" type="checkbox"/> MALE	3-19-03	Cuba	A-11-644-658	
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (IF ANY)	
same			Turquia			261-04-3504	
FATHER	Calvo	Isaac	Turquia			deceased	
MOTHER (MAIDEN NAME)	Baruch	Perla	"			"	
SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME)			FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
none							
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		
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
7740 Dickens Ave. 1902 52 Ave.	Miami Seattle	Florida Washington	USA "	8 2	66 66	8	66
LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)							
Tropic 113	Mexico	Mexico	Mexico	1	66	1	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		
	Ownself						
LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)							
Havana, Cuba	ownself	25	1	66			

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:

6-8-68
X (SIGNATURE OF APPLICANT OR PETITIONER)

Chas.,
Upon data submitted 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.

COMPLETE THIS BOX (FAMILY NAME) of FBI investigation files based upon data submitted 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.	(GIVEN NAME)	(MIDDLE NAME)	ALIEN REGISTRATION NUMBER
CALVO BARUCH	VICTOR	-	A-11-644-658
(OTHER AGENCY USE)			(INS USE)
<div style="text-align: center;"> </div>			
(2) Rec. Br.			

FORM G-325A

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

June 18, 1968 81

A -

MEDICAL AND IMMIGRATION EXAMINATION APPOINTMENTS

Your medical examination will be given at:
Location: Room 208, Second Floor
1001 SW. First St., Miami, Fla.

Date: June 27, 1968 **Time:** 2:00 P.M.

Victor Calvo-Baruch

A-11 644-658

Fortuna Calvo Baro

A-11 644-659

7740 Dickens Avenue

Miami Beach, Florida 33141

The Immigration examination will be held at:

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

Date: SAME AS ABOVE **Time:** SAME AS ABOVE

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 (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 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.

I/1 Radiografía del torax, hecha e informada por uno de los hospitales o radiólogos aprobados en las instrucciones adjuntas. (La radiografía y el informe no tendrá validez después de siete meses de hechos).

Radiografías de 70mm serán aceptables cuando no existan anomalías. Cuando sí existan anomalías, radiografías de 14" x 17" deben ser presentadas.

I/2 Resultado del examen serológico para sífilis. (El informe no tendrá validez después de treinta días de hecho).

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

I/3 Menores de 10 años no necesitan examen serológico ni radiografía.

INSTRUCCIONES PARA LA ENTREVISTA DE INMIGRACION:

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

I/1 Dos fotografías tamaño 1½" x 1½" De La Cara, De Frente Solamente en papel fino con fondo claros tomadas en los pasados treinta días.

I/2 Certificado de nacimiento. Si no lo tiene disponible, cualquier otra prueba de su nacimiento en Cuba.

ROUTINE

January 13, 1966

TO: INS WASHDC

JINS CO

COEXA BACIN 1/7/66 212(d)(5) PAROLES ISSUED TO
VICTOR CALVO BARUCH AND FORTUNA CALVO BARO
ON 1/11/66. BUT THEY INTEND TO REMAIN IN MEXICO
APPROXIMATELY TWO WEEKS.

BEECHIE, DIDR.

C J Beechie

C J Beechie
INS 675

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
Mexico, D.F.

File Number:
AII 644 658

Date: **Jan. 11, 1966**

**AUTHORIZATION FOR PAROLE OF AN ALIEN INTO THE UNITED STATES
PURSUANT TO SECTION 212(d)(5) OF THE
IMMIGRATION AND NATIONALITY ACT**

Name of Alien: **Victor CALVO Baruch** Date of Birth: **March 19, 1903**
(First) (Middle) (Last)

Place of Birth: **Marmara-----Turkey**
(City or Town) (State or Province) (Country)

U. S. Address: **4901 14th Ave., Brooklyn, N.Y.**

Presentation of the attached duplicate of this document will authorize a transportation line to accept the named bearer on board for travel to the United States without liability under Section 273 of the Immigration and Nationality Act for bringing an alien who does not have a visa.

Presentation of the original of this document prior to **May 10, 1966** will authorize an Immigration officer at a port of entry in the United States to parole under the provisions of Section 212(d)(5) of the Immigration and Nationality Act the named bearer whose photograph appears hereon.

Remarks: **SINGLE ENTRY- CUBAN REFUGEE chargeable to oversubscribed quota. Indefinite parole authorized by COTRA. Telephone call from Mr. Hennessey Jan. 7, 1966.**

Charles J. Beechie , District Director, Mexico City, Mexico

(Signature of Immigration Officer)

(Authorizing Office)



ARRIVAL STAMP