

For citation purposes:

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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 A13359761 Sara Ricalde Ramos

National Archives Identifier: 5455039



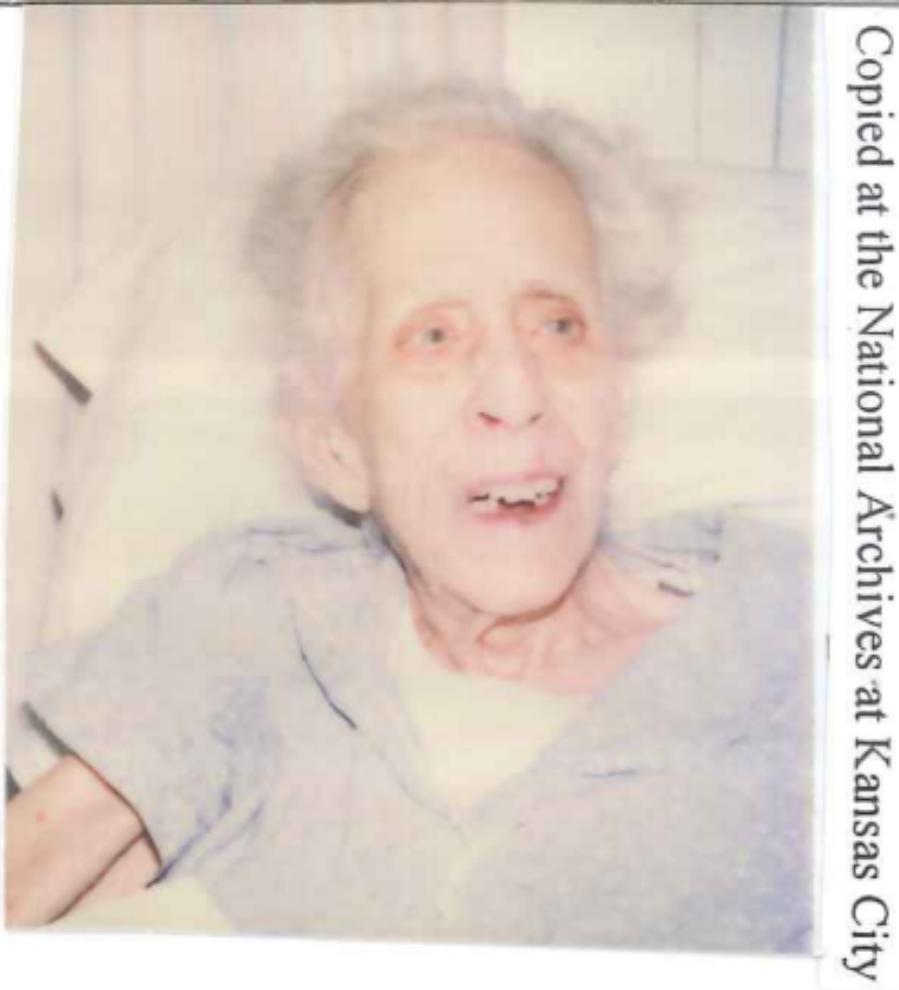
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SARA I Riley

A-13359 76

EX-REGISTRATION NUMBER
RECORDED



Copied at the National Archives at Kansas City

SARA J.
Ricardo

A 13359761

START HERE - Please Type or Print

Part 1. Information about you.

Family Name <i>Ricalde</i>	Given Name <i>Sara</i>	Middle Initial <i>J</i>
U.S. Mailing Address - Care of <i>Riverside Care Center</i>		
Street Number and Name <i>899 N.W. 4st</i>	Apt. # <i>-</i>	
City <i>Miami</i>	County <i>Dade</i>	
State <i>Florida</i>	ZIP Code <i>33128</i>	
Date of Birth (month/day/year) <i>3-10-00</i>	Country of Birth <i>Cuba</i>	
Social Security # <i>A # 13359761</i>		

Part 2. Basis for Eligibility (check one).

- a. I have been a permanent resident for at least five (5) years.
- b. I have been a permanent resident for at least three (3) years and have been married to a United States Citizen for those three years.
- c. I am a permanent resident child of United States citizen parent(s).
- d. I am applying on the basis of qualifying military service in the Armed Forces of the U.S. and have attached completed Forms N-426 and G-325B
- e. Other. (Please specify section of law)

Part 3. Additional information about you.

Date you became a permanent resident (month/day/year) <i>11-23-65</i>	Port admitted with an immigrant visa or INS Office where granted adjustment of status. <i>MIA</i>	
Citizenship <i>Cuban</i>	<i>95</i>	
Name on alien registration card (if different than in Part 1) <i>Ricalde - Ramos, Sara Juana</i>		
Other names used since you became a permanent resident (including maiden name) <i>N/A</i>		
Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Height <i>5'0</i>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Can you speak, read and write English ?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.

Absences from the U.S.:

Have you been absent from the U.S. since becoming a permanent resident? No Yes.

If you answered "Yes", complete the following. Begin with your most recent absence. If you need more room to explain the reason for an absence or to list more trips, continue on separate paper.

Date left U.S.	Date returned	Did absence last 6 months or more?	Destination	Reason for trip
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	
At interview	
<input type="checkbox"/> request naturalization ceremony at court	
Remarks	
<i>No FPC</i>	



10/28/1996

Action
<i>777</i>

To Be Completed by Attorney or Representative, if any
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant
VOLAG#
ATTY State License #

Part 4. Information about your residences and employment.

- A. List your addresses during the last five (5) years or since you became a permanent resident, whichever is less. Begin with your current address. If you need more space, continue on separate paper:

Street Number and Name, City, State, Country, and Zip Code		Dates (month/day/year)	
899 N.W. 4st Miami FL 33128		From	To

- B. List your employers during the last five (5) years. List your present or most recent employer first. If none, write "None". If you need more space, continue on separate paper.

Employer's Name	Employer's Address		Dates Employed (month/day/year)		Occupation/position
	Street Name and Number - City, State and ZIP Code		From	To	
NONE				X	Disability

Part 5. Information about your marital history.

- A. Total number of times you have been married 1. If you are now married, complete the following regarding your husband or wife.

Family name <i>Widow</i>	Given name	Middle initial
-----------------------------	------------	----------------

Address

Date of birth (month/day/year)	Country of birth	Citizenship
Social Security #	A# (if applicable)	Immigration status (If not a U.S. citizen)

Naturalization (If applicable)

Naturalization (if any)
(month/day/year)

Place (City, State)

If you have ever previously been married or if your current spouse has been previously married, please provide the following on separate paper: Name of prior spouse, date of marriage, date marriage ended, how marriage ended and immigration status of prior spouse.

Part 6. Information about your children.

- B. Total Number of Children _____. Complete the following information for each of your children. If the child lives with you, state "with me" in the address column; otherwise give city/state/country of child's current residence. If deceased, write "deceased" in the address column. If you need more space, continue on separate paper.

Continued on back

Part 7. Additional eligibility factors.

Please answer each of the following questions. If your answer is "Yes", explain on a separate paper.

1. Are you now, or have you ever been a member of, or in any way connected or associated with the Communist Party, or ever knowingly aided or supported the Communist Party directly, or indirectly through another organization, group or person, or ever advocated, taught, believed in, or knowingly supported or furthered the interests of communism? Yes No
2. During the period March 23, 1933 to May 8, 1945, did you serve in, or were you in any way affiliated with, either directly or indirectly, any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, citizen unit of the Nazi party or SS, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, detention camp or transit camp, under the control or affiliated with:
 - a. The Nazi Government of Germany? Yes No
 - b. Any government in any area occupied by, allied with, or established with the assistance or cooperation of, the Nazi Government of Germany? Yes No
3. Have you at any time, anywhere, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion? Yes No
4. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
5. Have you ever failed to comply with Selective Service laws? Yes No

If you have registered under the Selective Service laws, complete the following information:

Selective Service Number: _____ Date Registered: _____

If you registered before 1978, also provide the following:

Local Board Number: _____ Classification: _____

6. Did you ever apply for exemption from military service because of alienage, conscientious objections or other reasons? Yes No
7. Have you ever deserted from the military, air or naval forces of the United States? Yes No
8. Since becoming a permanent resident, have you ever failed to file a federal income tax return? Yes No
9. Since becoming a permanent resident, have you filed a federal income tax return as a nonresident or failed to file a federal return because you considered yourself to be a nonresident? Yes No
10. Are deportation proceedings pending against you, or have you ever been deported, or ordered deported, or have you ever applied for suspension of deportation? Yes No
11. Have you ever claimed in writing, or in any way, to be a United States citizen? Yes No
12. Have you ever:
 - a. been a habitual drunkard? Yes No
 - b. advocated or practiced polygamy? Yes No
 - c. been a prostitute or procured anyone for prostitution? Yes No
 - d. knowingly and for gain helped any alien to enter the U.S. illegally? Yes No
 - e. been an illicit trafficker in narcotic drugs or marijuana? Yes No
 - f. received income from illegal gambling? Yes No
 - g. given false testimony for the purpose of obtaining any immigration benefit? Yes No
13. Have you ever been declared legally incompetent or have you ever been confined as a patient in a mental institution? Yes No
14. Were you born with, or have you acquired in same way, any title or order of nobility in any foreign State? Yes No
15. Have you ever:
 - a. knowingly committed any crime for which you have not been arrested? Yes No
 - b. been arrested, cited, charged, indicted, convicted, fined or imprisoned for breaking or violating any law or ordinance excluding traffic regulations? Yes No

(If you answer yes to 15, in your explanation give the following information for each incident or occurrence the city, state, and country, where the offense took place, the date and nature of the offense, and the outcome or disposition of the case).

Part 8. Allegiance to the U.S.

If your answer to any of the following questions is "NO", attach a full explanation:

1. Do you believe in the Constitution and form of government of the U.S.? Yes No
2. Are you willing to take the full Oath of Allegiance to the U.S.? (see instructions) Yes No
3. If the law requires it, are you willing to bear arms on behalf of the U.S.? Yes No
4. If the law requires it, are you willing to perform noncombatant services in the Armed Forces of the U.S.? Yes No
5. If the law requires it, are you willing to perform work of national importance under civilian direction? Yes No

Part 9. Memberships and organizations.

- A. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place. Include any military service in this part. If none, write "none". Include the name of organization, location, dates of membership and the nature of the organization. If additional space is needed, use separate paper.

NONE

Part 10. Complete only if you checked block "C" in Part 2.

How many of your parents are U.S. citizens? One Both (Give the following about one U.S. citizen parent:)

Family Name *N/A* Given Name Middle Name
Address

Basis for citizenship: Birth Naturalization Cert. No. Relationship to you (check one): natural parent adoptive parent
 parent of child legitimated after birth

If adopted or legitimated after birth, give date of adoption or, legitimation: (month/day/year) _____

Does this parent have legal custody of you? Yes No

(Attach a copy of relating evidence to establish that you are the child of this U.S. citizen and evidence of this parent's citizenship.)

Part 11. Signature. (Read the information on penalties in the instructions before completing this section).

I certify or, if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature *Ange Grey* Date *10-2-96*

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for naturalization and this application may be denied.

Part 12. Signature of person preparing form if other than above. (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature *Madeline Rodgers* Print Your Name *Madeline Rodgers* Date *10-2-96*

Firm Name and Address



7370 NW 36 St., Suite 372

Miami, FL 33166

I swear that I know the contents of this application, and supplemental pages 1 through _____, that the corrections, numbered 1 through _____, were made at my request, and that this amended application, is true to the best of my knowledge and belief.

Subscribed and sworn to before me by the applicant.

(Examiner's Signature)

Date

(Complete and true signature of applicant)

REQUEST FOR WAIVER OF NATURALIZATION TESTING
 &
 DESIGNATED CIVIL SURGEONS & MEDICAL FACILITIES LIST

INSTRUCTIONS: TO ASK FOR CONSIDERATION FOR EXEMPTION FROM UNITED STATES HISTORY AND GOVERNMENT AND ENGLISH LITERACY TESTING REQUIREMENTS, THIS FORM (BOTH PAGES) MUST BE SUBMITTED WITH THE N-400 APPLICATION. THE REQUIRED MEDICAL ATTESTATION WILL ONLY BE ACCEPTED FROM A CIVIL SURGEON WHO HAS BEEN DESIGNATED BY THE IMMIGRATION AND NATURALIZATION SERVICE. THE PHYSICIANS ON THE FOLLOWING LIST HAVE BEEN SELECTED TO SERVE AS DESIGNATED CIVIL SURGEONS IN YOUR INS DISTRICT.

- PAGE 1: TO BE COMPLETED FOR THE APPLICANT BY HIS OR HER REPRESENTATIVE (NOT BY PHYSICIAN) AND PRESENTED TO PHYSICIAN AT TIME OF MEDICAL EXAMINATION.
- PAGE 2: TO BE COMPLETED BY DESIGNATED CIVIL SURGEON.

PLEASE NOTE: APPLICANTS FOR NATURALIZATION WHO ESTABLISH ELIGIBILITY FOR SUCH WAIVER ARE NOT EXEMPT FROM OTHER REQUIREMENTS INCLUDING THE CONDUCTING OF THE N-400 INTERVIEW. APPLICANTS MUST DEMONSTRATE AN UNDERSTANDING OF THE NATURE OF THE PROCEEDINGS.

SARA JUANA RICALDE-RAMOS	03-10-00	A 13 359-761
Name	Date of Birth	Alien Registration Number

Request for testing requirement waiver on the basis of:

- a permanent developmental disability a permanent physical disability mental impairment

Please identify the nature of claimed disability or condition, including age at the time of onset, present medical diagnosis and date of diagnosis, and any medical and/or other treatment received:

Anxiety depression, myocardial infarction, congestive heart failure, angina pectoris, OBS, githimoclews' disease

Sara Juana Ricalde-Ramos, friend Frances Drury

Name of person completing Page 1/Relationship to Applicant/Signature & Date

PAGE 2: TO BE COMPLETED BY DESIGNATED CIVIL SURGEON

Please type or print legibly

I certify that on 10-9-96 (insert date) I examined:

SARA JUANA RICALDE RAMOS

A13 359 761

Name

Alien Registration Number

03-10-00

899 NW 45th Miami FLA 33128

Date of birth

Address

I examined specifically for the condition listed below. My examination revealed:

- No apparent developmental disability, physical disability or mental impairment condition, or
 The conditions listed below were found:

Developmental disability

- Mental Retardation
 Autism
 Cerebral Palsy
 Other: _____

Physical disability

- Blindness
 Deafness
 Paralysis
 Multiple Sclerosis
 Polio
 Other: _____

Mental impairment condition

- Aphasia
 Alzheimer's Disease
 Other: anxiety-depression
S/P myocardial infarction
congestive Heart Failure
angina Pectoris
organic brain syndrome
chronic obstructive Pulmonary Disease
Emphysema
short release.

REMARKS:

Candidate with impaired memory very difficult to pass a test.

APPLICANT CERTIFICATION

I certify that the information in this form refers to me.

SIGNATURE & DATE

Franisco Doty by Sara Ravelle 10-9-96

CIVIL SURGEON CERTIFICATION

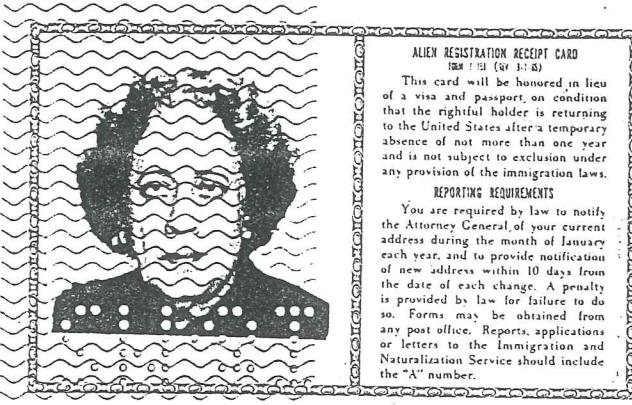
I certify that I have been designated by the Immigration & Naturalization Service to conduct medical examinations of aliens.

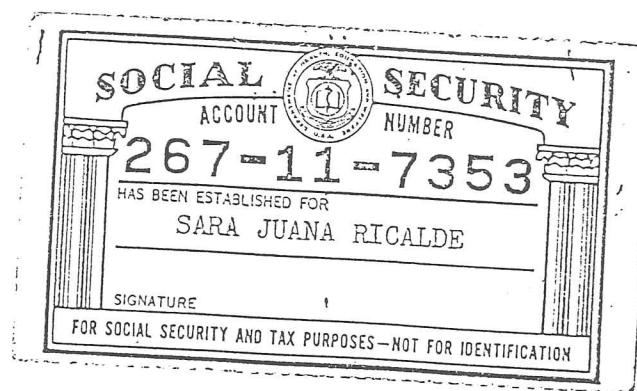
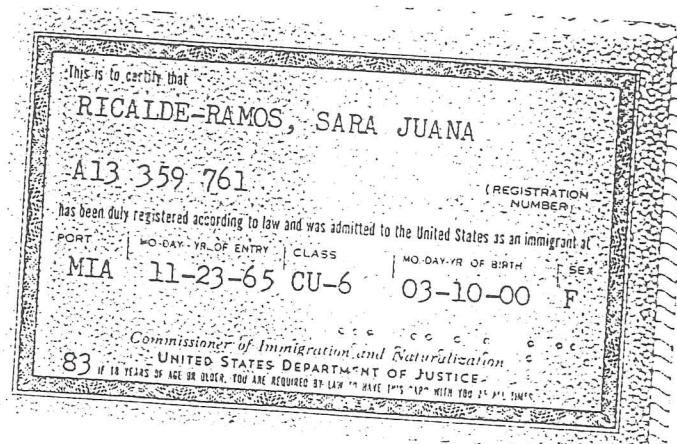
NAME, TITLE, SIGNATURE & DATE

BEATRIZ GARCIA as Pediatrician on 10-9-96

ADDRESS

867 SW 1st Miami FLA 33130





<p>NAME OF BENEFICIARY SARA RICALDE</p> <p>CLAIM NUMBER 267-11-7353-T</p> <p>IS ENTITLED TO HOSPITAL INSURANCE MEDICAL INSURANCE</p> <p>SEX FEMALE</p> <p>EFFECTIVE DATE 12-1-70 12-1-70</p> <p>SIGN HERE <i>Sara Ricalde</i></p>		<p>RESIDENTIAL STATEMENT This card will be honored in lieu of a visa and passport on condition that the rightful holder returning to the United States after a temporary absence of not more than one year and is not subject to exclusion under any provision of the immigration laws.</p> <p>REPORTING REQUIREMENTS You are required by law to notify the Attorney General of your current address during the month of January each year, and to provide notification of new address within 10 days from the date of each change. A penalty is provided by law for failure to do so. Forms may be obtained from any post office. Reports, applications or letters to the Immigration and Naturalization Service should include the "A" number.</p>																																																																																						
<p>SOCIAL SECURITY ACCOUNT NUMBER 267-11-7353 HAS BEEN ESTABLISHED FOR SARA JUANA RICALDE</p> <p>SIGNATURE FOR SOCIAL SECURITY AND TAX PURPOSES—NOT FOR IDENTIFICATION</p>																																																																																								
<p>FLORIDA MEDICAID IDENTIFICATION CARD</p> <table border="1"> <thead> <tr> <th rowspan="2">MEDICAID I.D. NO.</th> <th rowspan="2">FOR PERIOD</th> <th rowspan="2">MEDICARE NUMBER</th> <th colspan="5">BENEFITS PAID</th> <th colspan="5">INSURANCE INFORMATION</th> </tr> <tr> <th>MEMBER NO.</th> <th>MEMBERS OF FAMILY</th> <th>BIRTHDATE</th> <th>SEX</th> <th>DISABILITY</th> <th>THROUGH</th> <th>12</th> <th>19</th> <th>92</th> <th>POLICY INDICATORS</th> <th>CARRIER</th> <th>COVERAGE TYPE</th> </tr> </thead> <tbody> <tr> <td>2671173539</td> <td>01/01-31/93</td> <td>R011113000267117353T</td> <td>RICALDE SARA</td> <td>03-16-06</td> <td>AB</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5</td> <td></td> <td></td> </tr> </tbody> </table> <p>FRS</p> <p>2671173539 SARA RICALDE APT 1 249 SW 10 ST MIAMI FL 33130</p>				MEDICAID I.D. NO.	FOR PERIOD	MEDICARE NUMBER	BENEFITS PAID					INSURANCE INFORMATION					MEMBER NO.	MEMBERS OF FAMILY	BIRTHDATE	SEX	DISABILITY	THROUGH	12	19	92	POLICY INDICATORS	CARRIER	COVERAGE TYPE	2671173539	01/01-31/93	R011113000267117353T	RICALDE SARA	03-16-06	AB				1												2												3												4												5		
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SIGNATURE

I understand that by signing this card, no other card for the period shown above is to be used. If I have another card, it may be presented at hospital Anderson 400 E 59th Street, Miami, Florida.

RICALDE, SARA
ADM. 1/26/96

ADM. #1166
DISCH:

33
8

SEARCHED	INDEXED	SERIALIZED	FILED
COMMUNICATED TO THE MEDICAL DIVISION AND MEDICAL RECORDS			
ON 01-26-96 BY SARA JUANA RICALDE-RAMOS			
RECORDED			

MIA 11-23-65 QJU-6 Q3-10-00 P

A13 359 761

RICALDE-RAMOS, SARA JUANA

This is to certify that

CIMIDN

IMMIGRATION AND NATURALIZATION SERVICE
COMMAND: CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY

05/28/97

13:26:32

ID #: (A/AA/C/DA/DL): A13359761 A#: 013359761 DOB: 031000
(FB/FP/I/PP/SS/TD)
LAST: RICALDE RAMOS
FIRST: SARA
MIDDLE: JUANA
ALIASES: SAUTER ,SARA JUANA
NATZ DATE:
COURT:
LOCATION:

SEX: POE: MIA COB: CUBA DOE: 112365
FCO: MIA COA: CU6 COD: FTC: 052797 FATHER: BALDOMENO
PFCO: SSC SFCO: DFO: 091168 BIN: MOTHER: ISABEL

SSN: CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #: CARD-X
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:

OVER-KEY ID NUMBER TO DISPLAY NEW PERSON. PRESS ENTER.
CLEAR EXIT PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 VIEW HISTORY
PF10 REQUIRES A SPECIAL SECURITY CLASS. PF9 EAD PF10 NAILS

Department of Justice

Immigration and Naturalization Service

N-400 Processing Worksheet

A# 013359761

CLERICAL	Initials	Date	Remarks
Fee was paid.			
FD-258 "masthead" is complete, accurate, and legible.	Set 1 Set 2		
If necessary, A-number is zero filled on FD-258. (e.g., A40123456 to A040123456)	Set 1 Set 2		
FD-258 (fingerprints) were sent to FBI.	Set 1 Set 2		<i>SEE ATTACHED C.B 8/22/97</i>
All receipt data entry was completed. (NACS/CLAIMS-GUT)			
If Non-NACS site, G-325 was sent to FBI, and copy retained in file. (SCs - N/A)			<i>8/22/97</i>
If military, G-325B and N-426 were sent, and copies retained in file.			
FD-258 Control # _____.			<i>OVER 75 YEARS C.B 8/22/97</i>
A-file was located in your own office.	C.B	8/22/97	
If not, initial A-file transfer request was made.			
If necessary, 2nd A-file transfer request was made. (30 calendar days)			<i>SEE ATTACHED C.B 8/22/97</i>
If necessary, 3rd A-file transfer request was made. (30 calendar days)			
Final status of A-file transfer request.			
A-file relates to the applicant.	C.B	8/22/97	

A# 13 359 761

OFFICER	Initials	Date	Remarks
Appeared for interview.	1) _____ 2) _____	_____	No show JES 1/6/98
Was interviewed on an A-file.			
Met Section 312 English requirements at initial interview.			
If not, passed English Re-Exam.			
Met Section 312 Civics requirements at initial interview.			
If not, passed Civics Re-Exam.			
If applicable, met Section 312 disability exception.			
Established physical presence/residence.			
Established good moral character.			
Established attachment to Constitution.			
Required a modified oath. (put reason(s) in remarks)			
Met other eligibility requirements. (put reason(s) in remarks)			
Officer recommendation, if supervisory review required.	_____	_____	
Indicate final decision under remarks. (grant, denied, or withdrawn)			Denied JES 1/6/98
SUPERVISORY CONCURRENCE WITH OFFICER'S RECOMMENDATION	Initials	Date	Remarks
Applicant with criminal history requiring Supervisory review.			
Applicant approved on basis of T-file.			
Applicant meeting Section 312 disability exception.			
OATH CEREMONY	Initials	Date	Remarks
No Show.	1) _____ 2) _____	_____	

Reviewed and reverified _____ / _____ / _____

Supervisor/Officer's Signature

Date

N-400 PROCESSING WORKSHEET

A# 13 359 761

CLERICAL	INT.	DATE	REMARKS
Fee was paid	J-1	10-28-96	SRC-91-019 51940
FD-258 sent to FBI	J-1	6-5-91	yes
All receipt data entry completed (NACS)	J-1	6-5-91	yes
Initial A file request made (not Nacs office)			
2st A file request made (20 days)			
3rd A file request made (20 days)			
Photos attached to application	J-1	6-5-91	yes
G-325B: N-426, if any, sent out	—	—	No
OFFICER	INT.	DATE	REMARKS
Meets § 312 English requirements			
Meets § 312 civics requirements			
Qualifies for § 312 disability exception, if applicable			
Residence, physical presence established			
Good Moral Character established			
Attachment to Constitution established			
FD-258 auth. # _____ check			
Other eligibility requirements met			
SUPERVISOR (for review and concurrence if meets criteria listed below)	INT.	DATE	REMARKS
Applicants with criminal histories or other GMC determinations			
Applicant with complex statutory eligibility issues			
Applicant approved on basis of T-file			
Qualifies for § 312 disability exception, if applicable			

CIXFBIY

IMMIGRATION AND NATURALIZATION SERVICE
FBI BILLING - QUERY ENTRY

05/28/97

13:06:25

* A-NUMBER : 013359761

* LAST NAME :

* ORI :

FBI STATUS :

INS LOAD DATE: 00/00/00 MM/DD/YY

* A-NUMBER, NAME, OR ORI MUST BE SPECIFIED. OTHER FIELDS ARE OPTIONAL.
IF MULTIPLE FIELDS ARE ENTERED, FIRST FIELD WILL BE USED AS THE PRIMARY
SEARCH CRITERIA AND OTHER FIELDS WILL BE USED AS SECONDARY CRITERIA

CLEAR EXIT

NO DATA RECEIVED FROM FBI FOR REQUESTED A-NUMBER

7880 BISCAYNE BLVD, MIAMI, FL 33138
MIAMI, FL 33138

A 13 359 761

11/20/19 7

4

1/06/1998

SARA RICALDE

1:30 PM

899 NW 4 ST
MIAMI FL 33128

77 S.E. 5TH STREET
MIAMI, FL 33131
IMMIGRATION AND NATURALIZATION SVCE
ROOM NUMBER: 210 FL

ROBERT WALLIS
ACTING DISTRICT DIRECTOR

7880 BISCAYNE BLVD, MIAMI, FL 33138
MIAMI, FL 33138

A 13 359 761

8/08/19 7

EXA 1

9/04/1997

7:30 AM

77 S E 5TH STREET
MIAMI, FL 33131
IMMIGRATION AND NATURALIZATION SERV
ROOM NUMBER: 2ND FL

SARA RICALDE

899 NW 4 ST
MIAMI FL 33128

ROBERT WALLIS
ACTING DISTRICT DIRECTOR



ee1

For cases received after 01/31/96
Keep with the application throughout processing

13359761

961029SRC9701

ce address within the District Office's jurisdiction for which
essing cases? (If NO, move to reject process.)

2 Is the N-400 signed by the applicant?

 Yes No

If no, is there a signature for the preparer in Part 12?

 NA Yes No

3 Is there a fee of \$95 included?

 Yes No

If no, is there a request for a fee waiver? (If NO, move to the reject process.)

 Yes No

4 Is there a photo copy of Form I-551, Alien Registration Receipt Card?

 Yes No

5 Are there 2 photos of the applicant? (Verify All and name are printed on the back of the photo.)

 Yes No

6 Is there a completed FD-258 Fingerprint Chart?

 Yes No

If no, is the applicant 14 or older? (If NO, complete FD-258 later and continue processing.)

 Yes No

7 In Part 2, did the applicant check "d"? (If yes, continue to question 8.)

 Yes No

8 Is there a complete G-325b?

 Yes No

9 Is there a complete N-426?

 Yes No

Assembly G-28? Yes - signed Yes - not signed No

Check one: Application complete. Application incomplete

Screened and assembled _____

Records checks

A# _____ CIS Existing File No Match MR Completed _____

FCO _____ FTR Completed _____

A-File Received _____

NACS Updated _____

FD 258 Sent _____

Response received & Filed _____

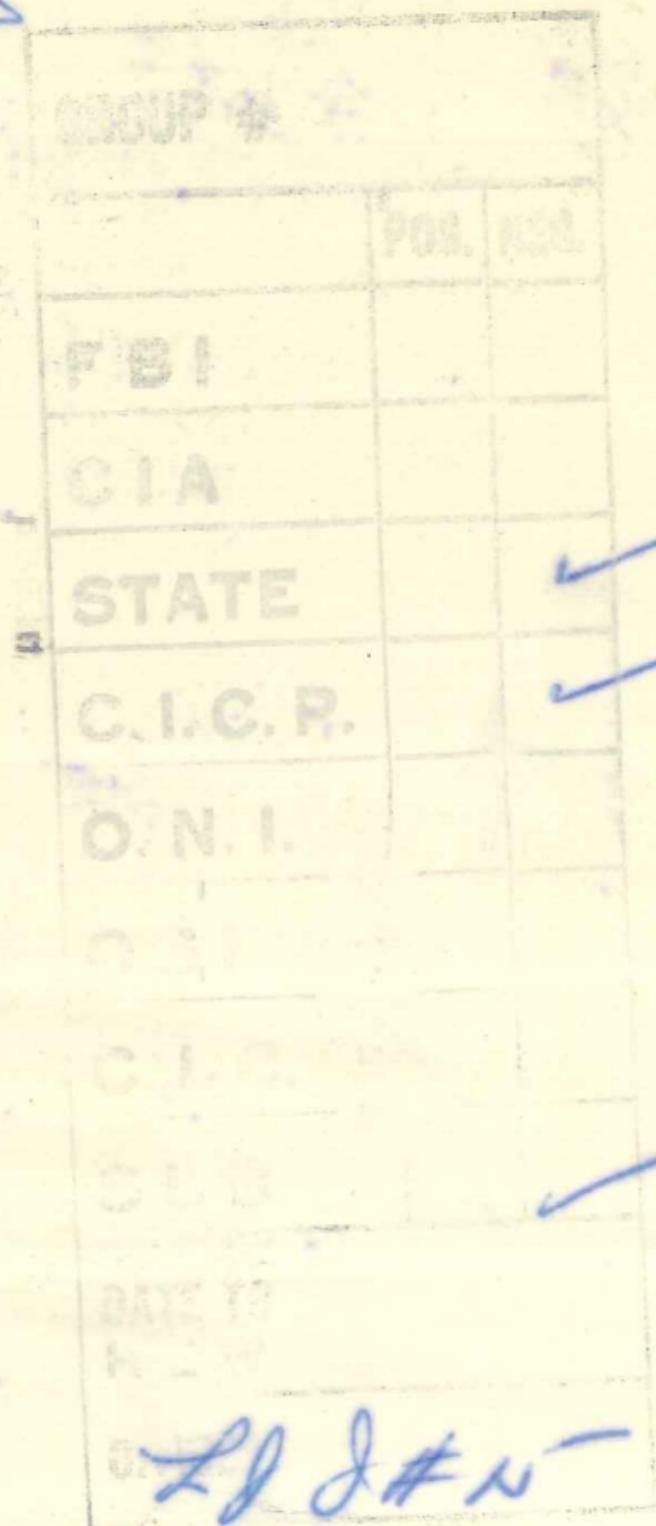
Request for complete FD258 _____

Military Records checks

G-325b Sent _____ Response received & Filed _____

N-426 Sent _____ Response received & Filed _____

Version 1 03/01/96



1393

RICALDE RAMOS Sara Juana

3-16-1900

243

Havana, Cuba

P

CAMARIOCA

NAME (LAST)

RICALDE - RAMOS

(FIRST)

SARA JUANA (MIDDLE)

A13 FILE NO.

761

Date & Place of Birth

HAU. CUBA

155 N.E. 35 AVE
Present Address
MIAMI - FLA.

VELASCOBEN 452

Foreign Address
APT 610 HAU. CUBA

Place of Entry

Date

KEY WEST, FLA

M/V PAN AMERICAN
Manner

Nationality

V/D to

Deferred Inspection

Permitted to

Occupation in Cuba

Foreign Military Service & Rank

SCHOOL TEACHER

Visa Type

Place of Issue

Date of Issue

Valid to

Limited or Unlimited

Passport No.

Date Issued

Validity Date

Birth Certificate

67309

9-12-61

57a-

Marital Status

Name & Address of Spouse

DIVORCED

Reasons ~~claimed~~ for Being Unable to Return to Country of Nationality

SE-180

Rev. 5-25-62 (10)

GPO 899-166

Family Name	First Name	Middle Name
Ricardo-Ramos San Justo		
Nationality (Citizenship)	Passport Number	
CUBA	67389	
United States Address	155 N. E. 35th St. H.A. FLA.	
*Airlines & Flight No. or Vessel of Arrival	*Passenger Boarded At	
Aeroflot	Havana Cuba	
Permanent Address	Velasquez 452 apt. 60 Havana Cuba	
Birthdate	PAROLED PURSUANT TO SEC. 212(d)(5) OF THE I.M.M. ACT TO:	
3-10-1900	India	
Birthplace	PURPOSE A 13 359 361	
Havana Cuba		
Visa Issued At	(Port)	(Date)
—	MM	1/23/65
Date Visa Issued	— 09A	

Copied at the National Archives at Kansas City



Copied at the National Archives at Kansas City



Copied at the National Archives at Kansas City

MAR 30 1968

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Miami, Florida.

Place _____ File No. A- 13 359 761

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

NAME RICALDE Ramos, Sara Juana		Sex female
ADDRESS 1002 S.W. 7th Ave. apt.1 Miami, Fla. 33130		
NATIONALITY Cuban	DATE OF BIRTH March 10, 1900	PLACE OF BIRTH Havana 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 11 23 65 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 _____ session
<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 MAY 1 3 1968 Recommended by *Floyd V. Lumm*
 Date JUN 3 0 1968 Approved *Robert L. Waytch.*
Immigration Officer
District Director

FOR USE BY VISA CONTROL OFFICE

Date _____
 Foreign State _____
 Preference Category _____
 Number _____
 Month of Issuance _____

STATISTICSSigned _____
 (Visa Office, Dept. of State)

Date Form I-357 delivered 9-11-66 G-153

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

G-122

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.

- 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 contesta, 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 complétela 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 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)

SARA JUANA RICALDE RAMOS

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)*

1002 S.W. 7th Avenue, Miami, Florida

5. Date of Birth <i>Fecha de nacimiento</i>	Place of Birth <i>Lugar de nacimiento (Pueblo o ciudad)</i>	(City or Town) <i>(Partido o provincia)</i>	(County) <i>(País)</i>	I am now a citizen of (Country) <i>Ahora soy un ciudadano de (País)</i>
--	--	--	---------------------------	--

3/10/1900

Havana, Cuba

Cuba

6. My first arrival in the United States subsequent to January 1, 1959, occurred on <i>Mi primera llegada a los Estados Unidos, con posterioridad a 1 de Enero de 1959, ocurrió el:</i> Date (Month, Day, Year) <i>Fecha (Mes, día y año)</i>	At the Port of (City, State) <i>Al puerto o aeropuerto de</i>	I arrived by (Name of vessel or other means of travel) <i>Yo llegué por (Nombre del barco u otro medio de transporte)</i>
---	--	--

11/23/1965

Miami, Fla.

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.)

7. I last arrived in the United States at the port of <i>Mi última entrada en los Estados Unidos fué por el puerto o aeropuerto de</i>	by (Name of vessel or other means of travel) por (Nombre del barco u otro medio de transporte)
---	--

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.)

(City and State) (Ciudad y Estado) (Month) (Day) (Year) en (Mes) (Día) (Año)

same as above

NOTE: IF YOU CHECKED ITEM 2 (TO APPLY UNDER SECTION 2 OF THE ACT) YOU NEED NOT ANSWER ITEMS 8 THROUGH 16. <i>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)</i>	My present occupation is: Receiving Public Assistance from Cuban Refugee Program. <i>Mi ocupación actual es: Receiving Public Assistance from Cuban Refugee Program.</i>
---	--

8. I am <input type="checkbox"/> single <input type="checkbox"/> married <input checked="" type="checkbox"/> divorced <input type="checkbox"/> widowed <i>Yo soy _____ soltero(a) _____ casado(a) _____ divorciado (a) _____ viudo(a)</i>	My present occupation is: Receiving Public Assistance from Cuban Refugee Program. <i>Mi ocupación actual es: Receiving Public Assistance from Cuban Refugee Program.</i>
--	--

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 <i>Número de veces que mi cónyuge ha estado casado</i>	c. Name of spouse <i>Nombre del cónyuge</i>	d. Date and place of birth of spouse <i>Fecha y lugar de nacimiento del cónyuge</i>	e. Date and place of marriage <i>Fecha y lugar de matrimonio</i>
---	--	--	---

f. My spouse resides <input type="checkbox"/> with me <input type="checkbox"/> apart from me at Address (Apt. No.) (Number and Street) (Town or City) (Province or State) (Country) <i>Mi cónyuge reside _____ conmigo _____ separadamente en la dirección (Núm. del apto.) (Número y calle) (Pueblo o ciudad) (Provincia o Estado) (País)</i>

FEE STAMP

APR 10 1968

FILE NO.

**APPLICANT FOR BENEFITS OF SECTION
OF THE ACT OF NOVEMBER 2, 1966.**

SECTION 2

2. I hereby apply to have my admission for permanent residence recorded as of the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later. (*Check A or B only.*)

Por la presente yo solicito que mi permiso para residencia permanente tenga como fecha, la de mi llegada original a los Estados Unidos de América cuando admitido bajo palabra o como no emigrante, o la del 2 de Mayo de 1964, de las dos la que sea posterior. (Marque solamente A ó B.)

- A. I am native or citizen of Cuba who was lawfully admitted into the United States for permanent residence.

Yo soy un nativo o ciudadano de Cuba, que fué legalmente admitido en los Estados Unidos para residencia permanente.

- 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 admitted into the United States for permanent residence.

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. Fui admitido en los Estados Unidos para residencia permanente.

My alien registration number is

Mi número del Registro de Extranjeros es

A-13-359-761

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)
none				

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:*

none

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 *de Musica en el colegio de profesionales de Música en el colegio de profesionales de Música Teacher*

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)*

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)*

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 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.)*

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.)*

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>Sara Ricalde</i>	4/9/68

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)
<i>Maria C. Maseires</i>	DEPARTMENT OF IMMIGRATION UNITED STATES CATHOLIC CONFERENCE
Date (Fecha)	Occupation (Ocupación)
4/9/68	680 BISCAYNE BOULEVARD MIAMI, FLA. 33132

*(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 13 1968
(Month) (Day) (Year)

Floyd V. Larson
(Signature and title of officer)

*(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 13 May 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 RICALDE-Ramos, Sara Juana	AGE 67																					
I examined specifically for evidence of any of the following conditions:																							
CLASS A: DANGEROUS CONTAGIOUS DISEASES:																							
<table border="0"> <tr> <td>Actinomycosis</td> <td>Granuloma Inguinale</td> <td>Ringworm of scalp</td> </tr> <tr> <td>Amebiasis</td> <td>Keratoconjunctivitis, infectious</td> <td>Schistosomiasis</td> </tr> <tr> <td>Blastomycosis</td> <td>Leishmaniasis</td> <td>Syphilis, infectious stage</td> </tr> <tr> <td>Chancroid</td> <td>Leprosy (Hansen's Disease)</td> <td>Trachoma</td> </tr> <tr> <td>Favus</td> <td>Lymphogranuloma Venereum</td> <td>Trypanosomiasis</td> </tr> <tr> <td>Filariasis</td> <td>Mycetoma</td> <td>Tuberculosis (pulmonary or extrapulmonary)</td> </tr> <tr> <td>Gonorrhea</td> <td>Paragonimiasis</td> <td>Yaws</td> </tr> </table>			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
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MENTAL CONDITIONS:																							
<table border="0"> <tr> <td>Mental retardation (mental deficiency)</td> <td>Previous occurrence of one or more attacks of insanity</td> <td>Mental defect</td> </tr> <tr> <td>Insanity</td> <td>Psychopathic personality</td> <td>Narcotic drug addiction</td> </tr> <tr> <td></td> <td>Sexual deviation</td> <td>Chronic alcoholism</td> </tr> <tr> <td></td> <td></td> <td>(See proviso, sec. 34.7, USPHS Regs.)</td> </tr> </table>			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.)									
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	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.																							
<small>(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2))</small>																							
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*):																							
<p style="text-align: center;">EXAMINED AND MEDICALLY PASSED 1-13-68</p> <p style="text-align: center;">(Date)</p> <p style="text-align: center;">(Signature) B. M. D. M. D.</p> <p style="text-align: center;">USPHS, MIAMI, FLORIDA</p>																							
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.

APPLICANT:

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

COMPLETE THIS BOX (FAMILY NAME)

RICALDE RAMOS

(FIRST NAME)

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

SARA JUANA

A-13-359-761

(OTHER AGENCY USE)

IMMIGRATION
NATURALIZATION
SERVICE

38 MA 60 E 01 JUL
ON BASIS OF DATA FURNISHED UNABLE TO LOCATE
ARREST RECORD IN FBI IDENTIFICATION DIVISION
RECD-1004-1004-1004
MIAMI, FLORIDA
REC'D-1004-1004-1004

(I) Ident.



APPLICANT

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

(ALIEN REGISTRATION NUMBER)

(MIDDLE NAME)

(NAME)

COMPLETE THIS BOX (FAMILY NAME)

A-13-358-167

SARA JUANA

RICARDO RAMOS

(OTHER AGENCY USE)

**IMMIGRATION &
NATURALIZATION
SERVICE**

JUN 10 9 69 AM

ON BASIS OF DATA FURNISHED UNQUOTE TO FOCSE
RECORD-IDENT DIV CUBAN ADJUSTMENT
CENTER MIAMI, FLORIDA

REC'D-IDENT DIV

(1)



BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(FAMILY NAME) RICALDE RAMOS	(FIRST NAME) SARA JUANA	(MIDDLE NAME)	<input type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 3/10/1900	NATIONALITY Cuban	ALIEN REGISTRATION NO. A-13-359-761	
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH Havana, Cuba			SOCIAL SECURITY NO. 267-11-7353	
FAMILY NAME FATHER RICALDER		FIRST NAME MOTHER (MAIDEN NAME) RAMOS	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) CITY AND COUNTRY OF RESIDENCE Santander, Spain		deceased		
SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME)		FAMILY NAME ISABEL	FIRST NAME SAUTER	BIRTHDATE 1895	CITY & COUNTRY OF BIRTH 2/25/21-Havana, Cuba	DATE OF MARRIAGE 11/17/28-Havana, Cuba	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	
		SAUTER ANDRES	1895	2/25/21-Havana, Cuba		11/17/28-Havana, Cuba	

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM	TO		
STREET AND NUMBER 1002 S.W. 7th Avenue, apt.1	CITY Miami	PROVINCE OR STATE Fla.	COUNTRY U.S.	MONTH 7	YEAR 1967	PRESENT TIME	
#319 N.E. 25th Street	Miami	Fla.	U.S.	10	1966	7	1967
690 S.W. 49th Avenue	Miami	Fla.	U.S.	7	1966	10	1966
155 N.E. 35th Avenue	Miami	Fla.	U.S.	11	1965	7	1966

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

Calle Velasoaen #452	Havana	Havana	Cuba	1956	11	1965
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	MONTH	YEAR	

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:
<input type="checkbox"/> OTHER (SPECIFY):	
PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.	DATE 4/9/68
	(SIGNATURE OF APPLICANT OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME) RICALDE RAMOS (GIVEN NAME) SARA JUANA (MIDDLE NAME)	(ALIEN REGISTRATION NUMBER) A-12-359-761
(OTHER AGENCY USE)	
<p style="text-align: center;">HAVANA FILES</p> <p style="text-align: center;">APR 18 1968</p> <p style="text-align: center;">✓ NR VS ✓ NA</p> <p style="text-align: center;">SIGNED.....</p>	
(4) Consul	
<p style="text-align: right;">(INS USE)</p>	

IMMIGRATION &
NATURALIZATION
SERVICE

APR 23 1 39 PM '68

CUBAN ADJUSTMENT
CENTER
MIAMI, FLORIDA

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.

11-23-65

Fecha

Sara Juana Devalde Ramalh

Firma

A 13 359 761

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Officer's Review and Action Sheet

Form No. I-485A

File No. 13359761

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)
4-12-68		FBI (Rec.Ch.)....:CICP....:STATE....:CIA....:		
AB		FBI (Iden. Ch.).....: <i>OK</i>		
		Occupation in Cuba:		
		Occupation in U.S.:		
		Rollback Date:		

DECISION: (Approved) (Denied) *BC*

REMARKS: (If denied, state reasons)

Pending Receipt of
Negative FBI Checks

For the District Director:
MAY 13 1968

Date of Decision

J. 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

 /vbw

15 Apr. 1968

A - 13 359 761

CONFIRMATION OF EXAMINATION AND IMMIGRATION APPOINTMENT

MEDICAL AND IMMIGRATION EXAMINATION APPOINTMENTS

Your medical examination will be given at:

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

Date:	Time:
-------	-------

13 May 1968	2:PM
-------------	------

Sara Juana Ricalde Ramos
1002 S.W. 7th Avenue apt.1
Miami, Fla. 33130

The Immigration examination will be held at:

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

Date:	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:

1. Two photographs, size 1½" x 1½", full view of face only, on thin paper with light background taken within the past 30 days.

2. 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 sera 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 sera 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 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.

Radiografia del torax, hecha e informada por uno de los hospitales o radiologos aprobados en las instrucciones adjuntas. (La radiografia y el informe no tendra validez despues de siete meses de hechos). Radiograma 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 concedera 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) RICALDER RAMOS	(FIRST NAME) SARA JUANA	(MIDDLE NAME)	<input type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 3/10/1900	NATIONALITY Cuban	ALIEN REGISTRATION NO. A-13-359-761
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH Havana, Cuba			SOCIAL SECURITY NO. 267-11-7353

FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN)		CITY AND COUNTRY OF RESIDENCE	
FATHER RICALDER	BALDOMERO	Santander, Spain		deceased	
MOTHER (MAIDEN NAME) RAMOS	ISABEL	Matanzas, Cuba		deceased	

SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME)	FAMILY NAME	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE

FORMER SPOUSES (IF NONE, SO STATE)				DATE AND PLACE OF TERMINATION OF MARRIAGE			
FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE			
o SAUTER	ANDRES	1895	2/25/21-Havana, Cuba	11/17/28-Havana, Cuba			

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
1002 S.W. 7th Avenue, apt.1	Miami	Fla.	U.S.	7	1967	PRESENT TIME	
#319 N.E. 25th Street	Miami	Fla.	U.S.	10	1966	7	1967
690 S.W. 49th Avenue	Miami	Fla.	U.S.	7	1966	10	1966
155 N.E. 35th Avenue	Miami	Fla.	U.S.	11	1965	7	1966

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

Calle Velascoen #452	Havana	Havana	Cuba	1956	11	1965
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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		
none						PRESENT TIME	

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

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 IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:
	<i>Sara Ricalder</i>
4/9/68	DATE
(SIGNATURE OF APPLICANT OR PETITIONER)	

BIOGRAPHIC
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

APR 17 1968

322

(FAMILY NAME) RICALDE RAMOS	(FIRST NAME) SARA JUANA	(MIDDLE NAME)	<input type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.) 3/10/1900	NATIONALITY Cuban	ALIEN REGISTRATION NO. A-13-359-761
ALL OTHER NAMES USED		<input checked="" type="checkbox"/> FEMALE		CITY AND COUNTRY OF BIRTH Havana, Cuba		SOCIAL SECURITY NO. 267-11-7353

FATHER RICALDER	MOTHER (MAIDEN NAME) RAMOS	FIRST NAME BALDOMERO ISABEL	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) Santander, Spain Matanzas, Cuba	CITY AND COUNTRY OF RESIDENCE deceased deceased		
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SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME)		FAMILY NAME	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE

FORMER SPOUSES (IF NONE, SO STATE) <i>Mrs.</i>	FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE
	SAUTER	ANDRES	1895	2/25/21-Havana, Cuba	11/17/28-Havana, Cuba

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM	TO
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR
1002 S.W. 7th Avenue, apt.1	Miami	Fla.	U.S.	7	1967
#319 N.E. 25th Street	Miami	Fla.	U.S.	10	1966
690 S.W. 49th Avenue	Miami	Fla.	U.S.	7	1966
155 N.E. 35th Avenue	Miami	Fla.	U.S.	11	1965

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

Calle Velascoen #452	Havana	Havana	Cuba	1956	11	1965
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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
none					

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

unemployed			
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.		4/9/68	(SIGNATURE OF APPLICANT OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME)	(GIVEN NAME)	(MIDDLE NAME)	(ALIEN REGISTRATION NUMBER)
RICALDE RAMOS	SARA JUANA		A-12-359-761

(OTHER AGENCY USE)

(INS USE)



(2) Rec. Br.

COMPLETE THIS BOX (FAMILY NAME)

(MIDDLE NAME)

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

RICALDE RAMOS

SARA JUANA

A-13-359-761

(OTHER AGENCY USE)

(INS USE)

NO PERTINENT
IDENTIFIABLE INFORMATION

APR 22 1968

REQUEST SEARCHED W/OUT
BENEFIT OF SPELLING VARIANTS

NOT TO BE SHOWN TO
FOREIGN NATIONALS

MIA
APR 16 1968

I-485A

(3) C.

IMMIGRATION &
NATURALIZATION
SERVICE

MR 25 10 56 AM '68

IMMIGRATION
& NATURALIZATION
SERVICE
SUBADJUSTMENT
CENTER
MIAMI, FLORIDA

RECORDED SEARCHED MINT
BENEFIT OF SPERRING AIRLINES
APR 16 1968

OTHER AGENCY USE
NAME
ADDRESS
CITY STATE ZIP
PHONE NUMBER
(ALLEN HOSPITALITY MEMBER)
(WOMPEE MEMBER)

A-19-220-547
(INS REC)



(3) C