

ABRAHAMSSON, Harold Andres

A-18 823 284

Alias

P.O.E.	DATE OF ENTRY	TYPE ADM.	MO.-DAY-YR. OF BIRTH	COUNTRY OF BIRTH
MIA	04-07-25	Z-0	04-07-87	SWEDEN

Type of Action:

Name of Sponsor:

SEC. 249

Action on VP: (Decision) (Mo.) (Day) (Year) (Section) (Forwarded to Consul at)

Street Address (City, State, and Zip Code)

FCO	Date	FCO	Date	FCO	Date
MIA 02-04-71 bz					

Accession No.

Box No.

CORRECTED INDEX CARD

Form G-361 (Rev. 10-1-70) N

INDEX CARD

TriPLICATE

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place Miami, Florida

File No. A18 825 284

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

NAME <u>Harold Andres ABRAHAMSSON</u>		Sex <u>Male</u>
ADDRESS <u>573 N.W. 96th Street Miami, Fla. 33150</u>		
NATIONALITY <u>Sweden</u>	DATE OF BIRTH <u>April 7, 1887</u>	PLACE OF BIRTH <u>Goteborg, Sweden</u>
COUNTRY TO WHICH CHARGEABLE (If any)	PREFERENCE: (If any)	PRIORITY DATE
REMARKS		

NONPREFERENCE: Individual section 212(a)(14) certification issued; Blanket section 212(a)(14) certification issued;
 Section 212(a)(14) certification not required because Section 249 adjustment

As of April 7, 1925 at Miami, Florida
 (Month) (Day) (Year)

(Place)

Class of admission (insert coding symbol) Z-O

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

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

(Applicable in all cases)

Date 1/19/71

Recommended by Paul B. Hall

Immigration Officer

Date 1/19/71

Approved Robert S. Lee

District Director

FOR USE BY VISA CONTROL OFFICE

Date 1/19/71 (Date record created) (Do not use original date of visa application)

Foreign State United States of America (Do not use original date of visa application)

Preference Category Statistics

Number 1 (Serial number)

Month of Issuance January

Signed Paul B. Hall (Signature)
 (Visa Office, Dept. of State)

Date Form I-357 delivered 1/19/71

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

State Director, Selective Service

INSTRUCTIONS

To request allocation of a visa number for the preference or nonpreference case under Section 245 complete form in triplicate and mail original and one copy to Visa Control Office. In other cases where outstanding instructions require the form to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file. When grant of permanent residence becomes final, the file copy shall be appropriately endorsed. In cases where permanent residence is granted without referral to the Visa Control Office, except where Selective Service is to be notified, only an original I-181 need be prepared and placed in the file.

In addition to the above copies, a copy of Form I-181, noted to show the date permanent residence status is granted, shall be forwarded to the State Director of Selective Service in the case of every male alien born on or after September 15, 1925, and who has reached 18 years of age.

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

NON-PREFERENCE: Under Section 245, the priority date shall be fixed by the following factors, whichever is the earliest; (1) the priority date accorded the applicant by the consular officer as a non-preference immigrant; (2) the date on which application Form I-485 is filed, if the applicant establishes that the provisions of section 212(a)(14) of the Act do not apply to him or that he is a qualified member of an occupation within Schedule A, 29 CFR 60; or (3) the date of issuance of an individual certification by the Secretary of Labor pursuant to section 212(a)(14) of the Act, if such individual certification is required.

Check and complete the block re certifications on the form as appropriate in a nonpreference case.

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

APPLICATION FOR STATUS AS PERMANENT RESIDENT

FEE STAMP

100 30 10 50 AM '70
INFORMATION &
SERIALIZATION
UNIT
MIAMI DISTRICT OFFICE

FILE NO.

A 18-825-284

APPLICATION FOR THE BENEFITS OF SECTION:

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

40
25
T.S.C.W.

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

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

An immigrant visa is immediately available to me:

- A. other than as a refugee B. as a refugee under the proviso to Section 203(a)(7) of the I&N Act, as amended.

I have resided in the United States continuously since

- C. prior to July 1, 1924. D. a date on or after July 1, 1924, but before June 30, 1948.

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

ABRAHAMSSON

Harold Andres

18825284

10 26 26

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

573 N.W. 96th Street

Florida

33150

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

April 7th 1887

Göteborg

Dal

Sweden

Miami (Dade)

Florida

33150

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

on (Month) (Day) (Year)

S.S. Dania
by (Name of vessel or other means of travel)

Miami, Florida

April or May 1925

Crewman

as a (visitor, student, exchange visitor, temporary worker, crewman, parolee, etc.)

I was inspected.
 was not

My nonimmigrant visa was issued by the United States Consul at (City) (State) on (Month) (Day) (Year)

6. I am single married divorced widowed

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

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

one

Willa Marie Ab Abrahamsson (aka) Willa Marie Andrew

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

573 N.W. 96th Street Miami Dade Florida

7. a. I have **no** children, as follows: (complete all columns as to each child. If child lives with you, state "with me" in last column; otherwise give city and state or country of child's residence.)

Name	Sex	Place of Birth	Date of Birth	Now Living at

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

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

None

9. 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.)

10.

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

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

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

11.

(COMPLETE THIS BLOCK ONLY IF YOU CHECKED BOX A OR B OF BLOCK 1)

APPLICANTS FOR STATUS AS PERMANENT RESIDENTS UNDER SECTION 245 OF THE IMMIGRATION AND NATIONALITY ACT (INCLUDING REFUGEES) IN ADDITION TO ESTABLISHING THAT THEY ARE NOT MEMBERS OF ANY OF THE INADMISSIBLE CLASSES DESCRIBED IN BLOCK 9 ABOVE MUST, EXCEPT AS OTHERWISE PROVIDED BY LAW, ALSO ESTABLISH THAT THEY ARE NOT WITHIN ANY OF THE FOLLOWING INADMISSIBLE CLASSES:

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

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

12. (Complete this block only if you checked box A or B of block 1)

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

13. (Complete this block only if you checked box A or B of block 1) An immigrant visa is now available to me because:

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

14. (Complete this block only if you checked Box C or D of Block 1)

A. I first arrived in the United States at (Port) on (Date)

by means of (Name of vessel or other means of travel)

Miami, Florida

April or May 1925

S.S.Dania

I was was not inspected by an immigration officer.

B. I entered the United States under the name (Name at time of entry)

and I was destined to (City and State)

ABRAHAMSSON, Harold Andres

I was coming to join (Name and relationship)

C. Since my first entry I have have not been absent from the United States. (If you have been absent, attach a separate statement listing the port, date and means of each departure from and return to the United States.)

15. Completed Form G-325A (Biographic Information) is attached as part of this application.

Completed Form G-325A (Biographic Information) is not attached as applicant is under 14 years of age.

16. IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW:

Signature of Applicant:

Lindgren Harold Abrahamsson

Date of Signature:

17. (Signature of person preparing form, if other than applicant.) I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

John P. Suggs

Date 29 July 1970

Address of person preparing form, if other than applicant

620 East 18th Street

Hialeah, Florida

Occupation: Retired

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

I, Harold Andres Abrahamsson, 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:

(Complete and true signature of applicant)

Marti Ha on JAN 19 1971
(Month) (Day) (Year)

+Harold Andre Abrahamsson
(Signature and title of officer) I/C

INSTRUCTIONS

Read instructions carefully. Fee will not be refunded.

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

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

3. PHOTOGRAPHS.—You must submit with this application two photographs of yourself taken within 30 days of the date of this application. These photographs must be $1\frac{1}{2}$ by $1\frac{1}{4}$ inches in size, and the distance from the top of head to point of chin should be approximately $1\frac{1}{4}$ inches. They must not be pasted on cards or mounted in any way, must be on thin paper, have a light background, and clearly show a front view of your face without hat. Snapshots, group, full-length portraits or vending machine photographs will not be accepted. Using crayon or soft pencil to avoid possible mutilation of the photographs, write your name lightly on the reverse of the photographs.

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

5. DOCUMENTS

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

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

(1) Record of your birth.

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

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

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

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

c. If you checked box "D" in item 1 of the application, submit documentary evidence to prove you have resided in the United States continuously since prior to June 30, 1948. If you have checked box "C", submit documentary evidence to prove you have resided in the United States continuously since prior to July 1, 1924.

(1) Examples of documents which may be submitted to prove residence are: bankbooks, leases, deeds, licenses, birth records or baptismal records of children born in the United States, census records, affidavits, police records; contracts, postmarked mail addressed to you, rent or tax receipts, premium installment receipt books or any other type of receipt; school records on the school's stationery showing dates when you entered and left the school and if available, showing the name of parent or guardian and where you resided; employment records on letterhead paper or notarized, showing the signer's title and indicating exact dates of employment and stating if the employment was continuous. (If you have been in business for yourself, letters from firms with whom you have done business are

acceptable); insurance records or letters on insurance company stationery showing the name and address of the insured and the date showing the lifetime of the policy; church, union or lodge records on official stationery and bearing the organizational seal, if any, and giving specific dates in their records showing your membership in the organization; letter from business firms on letterhead paper showing specific dates of business dealings with you and indicating your address of the period in question; notarized letters from landlords indicating the landlord's present address and the beginning and termination dates of your residence at the particular premises; marriage certificate of present and any previous marriages, and documents showing how many previous marriages were terminated; bills, letters or receipts from your gas, electric, water or telephone company showing the dates during which you received service from it.

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

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

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

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

7. **ALIENS INELIGIBLE FOR ADJUSTMENT UNDER SECTION 245**.—You are *ineligible* for adjustment of status under section 245, Immigration and Nationality Act, as amended, if:

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

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

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

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

(d) You are or have been an exchange alien, and have not either complied with the two-year foreign residence requirement of section 212(e), Immigration and Nationality Act, or been granted a waiver of that requirement.

If you are ineligible under (a), (b) or (c) above, but have resided in the United States continuously since prior to June 30, 1948, you may still apply on this form to have a record of lawful admission for permanent residence created under section 249, Immigration and Nationality Act.

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

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

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

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

a member of one of the classes of "special immigrants" listed in section 101(a)(27) of the Immigration and Nationality Act, as amended. (The classes of "special immigrants" include certain former citizens of the United States; certain ministers of religious denominations, and certain employees or honorably retired former employees of the United States Government abroad.)

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

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

(a) Submit Form ES-575A with this application if you are a member of a profession or a person with exceptional ability in the sciences or arts; or if you are qualified and will be employed in an occupation currently listed by the Secretary of Labor on Schedule "A" or Schedule "C"—Precertification List (29 CFR 60). The Form ES-575A must be filled out in accordance with the instructions for completion of that form and must be accompanied by the documentary evidence of your qualifications specified in paragraph c. below.

(b) If you are not within the classes of aliens described in paragraph 10(a) above, you must fill out Form ES-575A in accordance with the instructions for the completion of that form and send it with documentary evidence of your qualifications specified in paragraph (c) below to your employer or prospective employer. He must complete Form ES-575B and must send it, with Form ES-575A and documentary evidence of your qualifications, to the local office of the State Employment Service. When and if a certification is issued to your employer, it should be submitted with your application, together with the Forms ES-575A and ES-575B and the documentary evidence of your qualifications.

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

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

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

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

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

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

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

Published Material—

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

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

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

WARNING: If you contemplate departing from the United States to any country, including Canada or Mexico, before a decision is made on your application, consult with the office of the Immigration and Naturalization Service processing your case before departure, since a departure from the United States may result in a denial of your application.

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



No.

AFFIDAVIT OF WITNESS

IN THE MATTER OF THE APPLICATION OF

ABRAMSSON HAROLD ANDERS
@ HAROLD ANDREW

} File No. A 18825284

AFFIDAVIT

John P. SUGGS, occupation Retired Police
residing at 620 E 18 ST Hialeah Florida 33013
(Number and street) (City or town) (State) (ZIP Code)

being duly sworn, deposes and says that (s) he { is } a citizen of the United States of America; that
(s) he has personally known and has been acquainted in the United States with HAROLD

ANDERS ABRAMSSON @ HAROLD ANDREW, the applicant above mentioned;
that to { his } personal knowledge the applicant has resided in the United States as follows:

MIAMI FLORIDA	from	1928	to	1930
(City, town, and State)	(Month)	(Year)	(Month)	(Year)
INDIANAPOLIS INDIANA	from	1930	to	1947
(City, town, and State)	(Month)	(Year)	(Month)	(Year)
DETROIT MICHIGAN	from	1947	to	1963
(City, town, and State)	(Month)	(Year)	(Month)	(Year)
MIAMI FLORIDA	from	1963	to	DATE
(City, town, and State)	(Month)	(Year)	(Month)	(Year)

that (s) he is able to determine the date of the beginning of { his } acquaintance with the applicant in the
United States from the following fact(s): Married to my sister

Maxie Suggs;
that (s) he has personal knowledge that the applicant is a person of good moral character, and that the
longest period during the residence described in which (s) he has not seen the applicant is 5
(Years)

(Months)

John P. Suggs
(Signature of witness)

Subscribed and sworn to before me by the above-named witness at Miami, Florida
this 19th day of Jan Anno Domini 1971

No. _____

AFFIDAVIT OF WITNESS

IN THE MATTER OF THE APPLICATION OF

Abromsson, Harold Anders
@ Harold Andrew

} File No. A 18825-284

AFFIDAVIT

Clara Mae Tombley, occupation Housewife,
residing at 578 N.W. 96 St Miami Fla. 33150
(Number and street) (City or town) (State) (ZIP Code)

being duly sworn, deposes and says that (s) he { is } a citizen of the United States of America; that
(s) he has personally known and has been acquainted in the United States with Harold

Anders Abromsson @ Harold, Andrew, the applicant above mentioned;

that to { his } personal knowledge the applicant has resided in the United States as follows:

<u>Miami Florida</u> (City, town, and State)	from	<u>1928</u>	to	<u>1930</u>
	(Month)	(Year)	(Month)	(Year)
<u>Indianapolis Indiana</u> (City, town, and State)	from	<u>1930</u>	to	<u>1947</u>
	(Month)	(Year)	(Month)	(Year)
<u>Detroit Michigan</u> (City, town, and State)	from	<u>1947</u>	to	<u>1963</u>
	(Month)	(Year)	(Month)	(Year)
<u>Miami Florida</u> (City, town, and State)	from	<u>1963</u>	to	<u>Date</u>
	(Month)	(Year)	(Month)	(Year)

that (s) he is able to determine the date of the beginning of { his } acquaintance with the applicant in the
United States from the following fact(s): Married to my Sister

Mari Suggs; that (s) he has personal knowledge that the applicant is a person of good moral character, and that the
longest period during the residence described in which (s) he has not seen the applicant is 33
during others yrs made visits on vacations
(Months)

Clara Mae Tombley
(Signature of witness)

Subscribed and sworn to before me by the above-named witness at 578 N.W. 96 St
this 16th day of January Anno Domini 1971 miami Florida

No. _____

AFFIDAVIT OF WITNESS

IN THE MATTER OF THE APPLICATION OF

Abramsson Harold Anders
@ Harold Andrew

} File No. A 18825284

AFFIDAVIT

Ethel S. Poole, occupation House wife,
residing at 12941 Gleander Rd North Miami Fla 33161
(Number and street) (City or town) (State) (ZIP Code)

being duly sworn, deposes and says that (s) he {is
is not} a citizen of the United States of America; that
(s) he has personally known and has been acquainted in the United States with Harold
Anders Abramsson @ Harold Andrew, the applicant above mentioned;
that to {his
her} personal knowledge the applicant has resided in the United States as follows:

<u>Miami Florida</u> (City, town, and State)	from	<u>1928</u>	to	<u>1930</u>
	(Month)	(Year)	(Month)	(Year)
<u>Indianapolis Indiana</u> (City, town, and State)	from	<u>1930</u>	to	<u>1947</u>
	(Month)	(Year)	(Month)	(Year)
<u>Detroit Michigan</u> (City, town, and State)	from	<u>1947</u>	to	<u>1963</u>
	(Month)	(Year)	(Month)	(Year)
<u>Miami Florida</u> (City, town, and State)	from	<u>1963</u>	to	<u>Date</u>
	(Month)	(Year)	(Month)	(Year)

that (s) he is able to determine the date of the beginning of {his
her} acquaintance with the applicant in the
United States from the following fact(s): Married to my sister

Maria Suggs

that (s) he has personal knowledge that the applicant is a person of good moral character, and that the
longest period during the residence described in which (s) he has not seen the applicant is _____

Seen almost annually during the time we
were not living in the same state. (Years)
(Months)

Ethel S. Poole

(Signature of witness)

Subscribed and sworn to before me by the above-named witness at 12941 Gleander road
this 16th day of January Anno Domini 1971 month miami Florida

State of Georgia
Department of Public Health



T. F. SELLERS, M. D., DIRECTOR

ATLANTA

CERTIFIED COPY

245451

CERTIFIED CERTIFICATE OF BIRTH

1. Full Name Name at Birth	MILLIAN MARIE SUGGS		
2. Color	White	3. Sex	Female
4. Place of Birth	Americus, Sumter County, Georgia	5. Date of Birth	October 15, 1898
6. Father's Name	Richard Edward Suggs	7. Present Address	9812 Stark Rd., University, Ark.
7. Mother's Name	Ruby Snipes	8. Father's Birthplace	Princeton, Ark.
8. Mother's Birthplace	Ellaville, Georgia	9. Mother's Maiden Name	None
AFFIDAVIT			
I, Lula Marie Suggs, do solemnly declare upon oath that the above statements are true to the best of my knowledge and belief, and that the same were made before me this day of January, 1958.			
Signature: <i>Lula Marie Suggs</i>			
Title: <i>Deputy Public Library Librarian</i>			
Date Commission Expires: July 19, 1959			
Please Do Not Write Below This Line			

ABSTRACT OF SUPPORTING EVIDENCE	
Name and Kind of Document and by Whom Issued and Signed	Date Original Document Was Made
Affidavit signed by Ruby Snipes, Aunt, before Beverly Ann Burk, M. P., State of Georgia.	Aug. 18, 1958
Statement taken from family Bible record, examined by Harry Middleton, N. P., Wayne County, Michigan.	Years 1920
School Record from Thomasville City School, Thomasville, Ga., signed by R. D. Blakney, Superintendent.	September, 1904

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENTS LISTED ABOVE

Date of Birth or Age	Birthplace	Name of Father	Maiden Name of Mother
Oct. 15, 1898	Americus, Ga.	Richard Evans Suggs	Ruby Snipes
Oct. 15, 1898	Americus, Ga.	Not stated	Not stated
6	Not stated	Not stated	Not stated
4			

Additional Information:

STATEMENT OF REVIEWING OFFICIAL

I hereby certify that I have reviewed the information contained herein and find it to be accurate and correct.	
Date	Sept. 12, 1958
Signed	<i>L. M. Lacy</i>
Division of Vital Records	

252314

This is to certify that the above is a true and correct copy of the original certificate, which has become a perpetual record in the archives of the Georgia Department of Public Health. Not valid unless countersigned in the Division of Vital Records.

R. D. Blakney
Director
Georgia Department of Public Health

DATE SEPT. 15, 1958

L. M. Lacy
Records Custodian, Director
Division of Vital Records

J. R. Scott
By:
Division of Vital Records

Car No.	Model	Trade Name	Body Type Model	License Plate Number (L) Serial Number (S) Motor Number (M)
Car 1	1956 MERCURY	MDL ST	2DR	87737
Car 2				

1A I-4
R-01 601

RENEWAL OF POLICY
NO. CFA 3 88 44

THE CENTRAL NATIONAL
INSURANCE COMPANY OF OMAHA
OMAHA 2, NEBRASKA

(INSURED) HAROLD ANDREW
1033 N.W. 31ST STREET¹
(ADDRESS) MIAMI, DADE, FLORIDA

POLICY RENEWED FROM APRIL 8, 1966

(12:01 A.M. STANDARD TIME)

TO APRIL 8, 1967

(12:01 A.M. STANDARD TIME)



COVERAGES		LIMITS OF LIABILITY		PREMIUMS	
				Car 1	Car 2
A	Bodily Injury Liability	\$ 10	,000 each person	\$ 71.00	\$
		\$ 20	,000 each occurrence		
B	Property Damage Liability	\$ 10	,000 each occurrence	\$ 19.00	\$
C	Medical Payments — Special Form	\$ 500	each person	\$ 8.00	\$
D	(1) Comprehensive (excluding Collision)	\$ ACV	(INSERT AMOUNT OR "ACTUAL CASH VALUE")		
	(2) Personal Effects		\$100	\$ 10.00	\$
E	Collision	Actual Cash Value Less \$ 50.	deductible	\$ 25.00	\$
F	Fire, Lightning and Transportation	\$		\$	\$
G	Theft	\$		\$	\$
H	Combined Additional Coverage	\$		\$	\$
I	Collision Coverage — Merit Credit	Car No. 1 \$ 30.	Car No. 2 \$	\$	\$
J	Family Protection	\$	10,000 each person		
		\$	20,000 each accident	\$ 5.00	\$
	Endorsements			\$	\$
			Sub Total	\$	\$
				TOTAL POLICY PREMIUM	\$ 138.00

Loss Payee: Any loss hereunder is payable as interest may appear to the insured and _____

NAME AND ADDRESS _____

The policy is renewed in accordance herewith, but only with respect to such and so many of the coverages as are indicated by specific premium charge or charges. The limit of the Company's liability against each such coverage shall be as stated herein, subject to all the terms of the policy having reference thereto. Nothing herein contained shall be held to alter, vary or waive any of the agreements, conditions, or statements of this policy or any endorsement attached thereto, except as herein stated.

Attached to and forming a part of Policy, the number of which is shown above, of the Central National Insurance Company of Omaha

Countersigned this 21ST day of MARCH 1966

By R.J. Fenley
AUTHORIZED REPRESENTATIVE

STATEMENT OF ACCOUNT NATIONAL BANK OF DETROIT DETROIT 32, MICHIGAN

HAROLD OR MARIE ANDREW
230 N. W. 30TH ST.
MIAMI, FLORIDA

41

FOR EXPLANATION OF SYMBOLS SEE REVERSE SIDE

PLEASE EXAMINE AT ONCE. REPORT ANY ERROR DIRECT TO OUR AUDITOR WITHIN FIFTEEN (15) DAYS.

CUSTOMER'S COPY

HORACE W. THATCHER FURNITURE CO., INC.

32098 PLYMOUTH ROAD • ROSEDALE GARDENS
P.O. BOX 275
PLYMOUTH, MICHIGAN

Nº 7794

TELEPHONE LIVONIA 3861

TERMS

Date 11/18/05 2

Salesman
John.

Credit OK for Del. by

Credit OK for Chg. by

Account No.

Copy to Purchaser

Delivered OK by

Sold To Harold Gordon
Residence 9812 Stark Rd
City or P. O. Ligonier

Between

New Acct.	Old Acct.
--------------	--------------

complete on back

Deliver Opteky

Carrying Charge to be Deducted if Paid in Full within

Days

The Above Merchandise has been Delivered in Satisfactory Condition

TAX

Signed by

TOTAL

990

NORTHWESTERN NATIONAL LIFE INSURANCE COMPANY
MINNEAPOLIS, MINNESOTA

NOTICE OF DIVIDEND

A dividend has been declared on the policy described below as indicated.

Dividend Option Selected	Policy Number	Date Available
<i>O</i>	466844	A8 14 of AUG. 1939
Amount of Dividend		
\$ 292		

HAROLD ANDREWS,
R.F.D.4,
GREENFIELD, IND. 330

The above dividend has been applied in accordance with the option selected and is therefore not available to be deducted from the current premium without formal application for change of option.
The Company will be glad to furnish upon request any further information regarding dividends.

By _____
Actuarial Department

(Over)

O. Arnold
President

NORTHWESTERN NATIONAL LIFE INSURANCE COMPANY
MINNEAPOLIS, MINNESOTA

Hereby gives notice that a payment will be due and payable as specified below provided the policy is then in full force. Please return this notice with your remittance.

O. J. ARNOLD, President			
PREMIUM \$	Policy Number	Mode	Date Due
34.45	466844	A8	14 of AUG. 1938
	HAROLD ANDREWS,		
	R.F.D.4,		
	GREENFIELD, IND.		330

No check, draft, or other instrument tendered in payment of the above shall be considered as payment unless the Company receives the cash proceeds thereof in due course of business. Receipt of said proceeds by a bank holding the instrument for collection shall not be deemed receipt by this Company. Payment of above acceptable only if previous premium has been paid.

Unless the above payment shall be made on or before the above due date (or within a grace period of
(Over)

The amount due is payable to the cashier of Northwestern National Life Insurance Company at its office in Minneapolis, Minnesota.

NORTHWESTERN NATIONAL LIFE INSURANCE COMPANY
MINNEAPOLIS, MINNESOTA

OFFICIAL RECEIPT

Received payment as specified below

PREMIUM \$	Policy Number	Mode	Date Due
34.45	466844	A8	14 of AUG. 1939
	HAROLD ANDREWS,		
	R.F.D.4,		
	GREENFIELD, IND.		330

No check, draft, or other instrument on account of which this receipt is given shall be considered payment of the premium unless the Company receives the cash proceeds thereof in due course of business. Receipt of said proceeds by a bank holding the instrument for collection shall not be deemed receipt by this Company.

THIS RECEIPT MUST BE COUNTERSIGNED BY AN AUTHORIZED COLLECTOR BEFORE DELIVERY.

BY *W.H.Brown* Asst Secy
An Authorized Collector *ll* (Over)

O. Arnold
President

NORTHWESTERN NATIONAL LIFE INSURANCE COMPANY
MINNEAPOLIS, MINNESOTA

OFFICIAL RECEIPT

Received payment as specified below

PREMIUM \$	Policy Number	Mode	Date Due
34.45	466844	A8	14 of AUG. 1940
	HAROLD ANDREWS,		
	R.F.D.4,		
	GREENFIELD, IND.		330

No check, draft, or other instrument on account of which this receipt is given shall be considered payment of the premium unless the Company receives the cash proceeds thereof in due course of business. Receipt of said proceeds by a bank holding the instrument for collection shall not be deemed receipt by this Company.

THIS RECEIPT MUST BE COUNTERSIGNED BY AN AUTHORIZED COLLECTOR BEFORE DELIVERY.

BY *W.H.Brown* Asst Secy
An Authorized Collector *ll* (Over)

O. Arnold
President

NORTHWESTERN NATIONAL LIFE INSURANCE COMPANY

Minneapolis, Minn.

Number 466844 Age 43 Amount \$1000 Premium \$ 34.45

HEREBY AGREES TO PAY

at its Home Office in the City of Minneapolis, Minnesota, immediately upon receipt of due proof of the death of

Insured

Harold Andrews

, Insured,

prior to the maturity of this policy as an endowment,

Face
Amount

ONE THOUSAND

Dollars

Beneficiary

to Marie Andrews

Wife,

Beneficiary, or to such other beneficiary as may be designated by the Insured as hereinafter provided.

Annual
Dividends

This policy shall participate annually in the surplus in accordance with the provisions more fully set forth elsewhere herein, and dividends as apportioned shall, at the option of the Insured, be used to

- a. Reduce the cost, by withdrawal in cash, or by application toward payment of premiums; or
- b. Increase the amount of insurance; or
- c. Purchase pure endowment additions to the policy; or
- d. Create an interest-bearing savings fund by being left to accumulate; or
- e. Purchase non-participating one year term insurance.

Privileges
and
Provisions

The Guaranteed Loan and Surrender Values and other Privileges and Provisions stated on the subsequent pages hereof form a part of this contract as fully as if recited over the signatures hereto affixed.

Premium
Payments

This agreement is made in consideration of the application therefor, which is made a part of this contract, and of the payment in advance of the premium

of Thirty-four and 45/100 Dollars,
receipt whereof is hereby acknowledged, and of a like payment thereafter on or

before the Fourteenth day of August
in each and every year until date of maturity as an endowment, or until the prior death of the Insured, unless this policy shall become paid up at an earlier date by the application of dividends as hereinafter provided.

Minneapolis, Minnesota, the 14th day of August, 1936.

Examined by

JR

Assistant Secretary

Harold S. Andrews

President

Marriage License

State of Florida, Broward County

To any Minister of the Gospel, or any Officer Legally Authorized to Solemnize the Rites of Matrimony:

WHEREAS, Application having been made to the County Judge of Broward County, of the State of Florida, for a license for marriage, and it appearing to the satisfaction of said County Judge that no legal impediments exist to the marriage now sought to be solemnized.

THESE ARE THEREFORE, to authorize you to unite in the

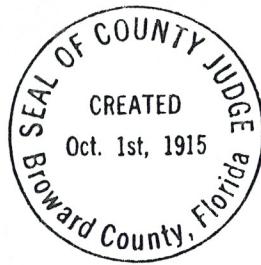
Holy Estate of Matrimony

H. A. Abrahamssen

Willa Marie Suggs

and

and that you make return of same, duly certified under your hand to the County Judge aforesaid.



WITNESS, FRED B. SHIPPEY, County Judge
and seal of said Court, at the Court House, Fort Lauderdale, Florida,
this 8 day of December A. D. 19 28

FRED B. SHIPPEY, County Judge.
By Forrest R. Shippey, Clerk.

I CERTIFY, That the within named H. A. Abrahamssen and
Willa Marie Suggs

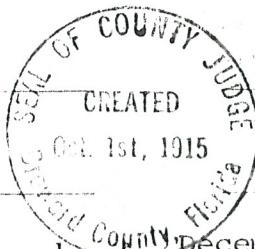
were by me, the undersigned, duly united in the Holy Estate of Matrimony, by the authority of
the within license.

Done this 8th day of December A. D. 19 28
at Fort Lauderdale, Florida

WITNESSES to Ceremony:

Ernest E. McGiboney

Rev. Thomas Hansen



(Name of person Officiating)

Mrs. Thomas Hansen

Fort Lauderdale, Fla.

Recorded this 10th day of December A. D. 19 28

FRED B. SHIPPEY, County Judge.
Forrest R. Shippey, Clerk.

STATE OF FLORIDA, }
COUNTY OF BROWARD }
Jennibel R. Bird

I, Clerk of the County Judge's Court, in and for
Broward County, Florida, do hereby certify that the above and foregoing is a true and correct
transcript of the Marriage License and the Certificate of Marriage between
H. A. Abrahamssen and Willa Marie Suggs
as the same remains on file and is of record in this Court being recorded in Marriage Book
7 on page 448, records of Broward County, Florida.

IN WITNESS WHEREOF, I have hereunto set my hand and the official seal of said
Court this the 23rd day of July A. D. 19 70.

(SEAL)

Jennibel R. Bird
Clerk County Judge's Court, Broward County, Florida

This is a true, correct and compared copy
of the original which was returned to the
applicant.

La Dipi
Immigration & Naturalization Service

Miami, Florida

Date 7/27/70

UDRAG UR

Chargas
KTC D 485 6360 TR I-485-8/3/50
VIA 8/3/50 V.O. 11/3/50 V.E. 11/21/50 A18825284

<input checked="" type="checkbox"/> FÖDELSE- OCH DOPBOK	<input type="checkbox"/> KONFIRMATIONSBOK	<input type="checkbox"/> DOD- OCH BEGRAVNINGSBOK
<input type="checkbox"/> FORSAMLINGSBOK	<input type="checkbox"/> OBEOFINTLIGREGISTER	<input type="checkbox"/> EMIGRANTREGISTER

Ändamål för application for Social Security
benefits.

Datum

4 aug. 1970

Reg

4

Efternamn och alla förnamnen

Personnummer

Föd.år, -mån, -dag | Föd.nr

Abrahamsson, Anders Harald

87 04 07

f. 48 06 30
son till Abraham Larsson o. h.h. Albertina Johansdotter f. 51 04 11

döpt den 8/4 - 87

faddrar: Prostinnan P. Heuman, Dahle

Anders E. Svensson, Dahle

Olof L. Andersson, "

J.G. Niklasdotter "

Pastorsämbetets stämpel



Pastorsämbetet i Morlanda
Göteborgs och Bohus län
440 80 ELLÖS
Tel. 0304/500 12

Församling

Morlanda

Namnfeckning

Lars-Erik Persson

Namnförtydligande

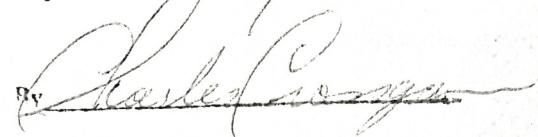
Lars-Erik Persson

¹ Sista siffran=kontrollsiffra

State of Florida

County of Dade

We hereby certify that this ~~Xerox~~
print was made by us and that it is a
true and correct copy of the original
as presented to us 10/19/70


RW

WHEELER-WALKER, INC.
BLUE PRINTS - PHOTOSTATS
3811 N. W. 2nd AVE.
MIAMI, FLA.

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Officer's Review and Action Sheet

Form No. I-485 Sec 249

File No. 18 825 284

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

Officer's Initials	Date	Document or Action Required	Requested (Check)	Received (Check)
		8/5/70 Checks sent #2, #3	8/5/70	
		Loyce D. 8/1		

RECOMMENDATION: _____
 (Approve) _____ (Deny) _____

REMARKS: (If recommended for denial, state reasons)

1/13/71 - Subject interviewed - will fly in Photo, affidavits and warrants for copy. BAS - social

CONTROL CLEARED
 2-5-71
 JWD

Date of Recommendation

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

51 S.W. 1st Avenue

Miami, Florida 33130

July 27, 1970

PLEASE REFER TO THIS FILE NUMBER

A18 825 284

Harold Andres Abrahamsson
573 NW 96 St.
Miami, Fla. 33150

Please note the below checked action which has been taken in your case.

You have violated the terms of your admission as a nonimmigrant. Consequently, permission previously granted you to remain in the United States is rescinded. You are required to depart from the United States at your own expense on or before _____.

In accordance with a decision made in your case you are required to depart from the United States at your own expense on or before August 27, 1970

Your application for an extension of time in which to depart from the United States has been _____ . You are required to depart on or before _____.

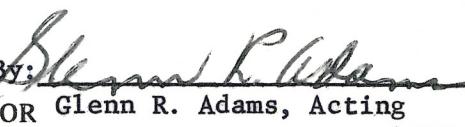
You must notify this office, Room No. 320, on or before August 22, 1970 _____ of the arrangements you have made to effect your departure, including the date, place, and manner.

Failure to depart on or before the specified date may result in the withdrawal of voluntary departure and action being taken to effect your deportation.

If there is a bond outstanding in your case, you are warned that to expedite cancellation of the bond and return of the collateral posted, you must make advance arrangements with this office to have your departure witnessed by an officer of this Service.

AT THE TIME OF YOUR DEPARTURE, DO NOT FAIL TO SURRENDER FORM I-94, IN ACCORDANCE WITH INSTRUCTIONS ON THE REVERSE OF THAT FORM.

Very truly yours,

By: 
DISTRICT DIRECTOR Glenn R. Adams, Acting

ADDI

FOR IMMIGRATION AND NATURALIZATION USE ONLY

Departed:

Port _____ Date _____ I-94 stamped I-530 submitted
To _____ Via _____ I-161 prepared I-156 prepared

**BIOGRAPHIC
INFORMATION**UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(Family name)	(First name)	(Middle name)	<input checked="" type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	ALIEN REGISTRATION NO. (If any)
ABRAHAMSSON Harold Andree			<input type="checkbox"/> FEMALE	April 7 1887	Sweden	384-28-3309
ALL OTHER NAMES USED H.A. Abrahamsson Harold A. Andree			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)	
			Gotenborg, Dal Sweden		384-28-3309	
FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)	CITY AND COUNTRY OF RESIDENCE			
FATHER Abraham Lawson						
MOTHER (Maiden name) Albertina Gotenborg Dal Sweden deceased						
SPOUSE (If none, so state)	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
			15th 1898	Americus Georgia	1928	Ft Lauderdale Florida
Willa Marie nee Suggs Abrahamsson			October	8 December		
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
573 N.W. 96th Street	Miami	Dade	Florida	USA	June	1970
1033 N.W. 31th Street	Miami	Dade	Florida	USA	August	1963
Show below last foreign residence of more than one year if not shown above. (Include all information requested above.)						

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

FROM	TO				
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR
John P. Suggs 620 East 18th Street	Apartment Manager				
Mileah Florida					
Show below last occupation abroad if not shown above. (Include all information requested above.)					
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE			
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> ADJUSTMENT OF STATUS				
<input type="checkbox"/> OTHER (SPECIFY):					
ARE ALL COPIES LEGIBLE? <input checked="" type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:				
PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.					

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

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
ABRAMSSON		Harold Andree	A 18-826782
(OTHER AGENCY USE)			INS USE (Office of Origin)
(4) Consul			
FORM G-325A			

**BIOGRAPHIC
INFORMATION**UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

(Family name)	(First name)	(Middle name)	<input checked="" type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	ALIEN REGISTRATION NO. (If any)
ABRAHAMSSON Harold Andes			<input type="checkbox"/> FEMALE	April 7, 1887	Sweden	384 28 3309
ALL OTHER NAMES USED H.A. Abrahamsson			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)	
Harold A. Andrew			Gotenborg, Dal Sweden		384 28 3309	
FAMILY NAME FIRST NAME			DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE	
FATHER Abramham Lawson						
MOTHER (Maiden name) ALBERTINA. Gotenborg Dal Sweden deceased						
SPOUSE (If none, so state)	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	Willa Marie nee Suggs Abrahamsson		15th 1898	Americus Georgia	1928	Ft Lauderdale Florida
			October		8 December	
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	FROM		TO	
				- MONTH	YEAR	MONTH	YEAR
573 N.W. 96th Street	Miami	Dade	Florida	USA	June	1970	PRESENT TIME
1033 N.W. 31th Street	Miami	Dade	Florida	USA	August	1963	

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

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

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
John P. Suggs 620 East 18th Street	Apartment Manager				PRESENT TIME
Hialeah Florida					

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	<i>Anders Harold Abramsson</i>	
<input type="checkbox"/> OTHER (SPECIFY):		
ARE ALL COPIES LEGIBLE? <input checked="" type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

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

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

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
ABRAMSSON			Harold Andes
(OTHER AGENCY USE)			INS USE (Office of Origin)
(1) Ident.			



A18 825 - 284

A18 825 - 284

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

51 S.W. 1st Avenue

Miami, Florida 33130

July 27, 1970

PLEASE REFER TO THIS FILE NUMBER

A18 825 284

Harold Andres Abrahamsson
573 NW 96 St.
Miami, Fla. 33150

Please note the below checked action which has been taken in your case.

You have violated the terms of your admission as a nonimmigrant. Consequently, permission previously granted you to remain in the United States is rescinded. You are required to depart from the United States at your own expense on or before _____.

In accordance with a decision made in your case you are required to depart from the United States at your own expense on or before August 27, 1970.

Your application for an extension of time in which to depart from the United States has been _____ . You are required to depart on or before _____.

You must notify this office, Room No 1320, on or before August 22, 1970 of the arrangements you have made to effect your departure, including the date, place, and manner.

Failure to depart on or before the specified date may result in the withdrawal of voluntary departure and action being taken to effect your deportation.

If there is a bond outstanding in your case, you are warned that to expedite cancellation of the bond and return of the collateral posted, you must make advance arrangements with this office to have your departure witnessed by an officer of this Service.

AT THE TIME OF YOUR DEPARTURE, DO NOT FAIL TO SURRENDER FORM I-94, IN ACCORDANCE WITH INSTRUCTIONS ON THE REVERSE OF THAT FORM.

Very truly yours,

By: 
DISTRICT DIRECTOR Glenn R. Adams, Acting

ADDI

FOR IMMIGRATION AND NATURALIZATION USE ONLY

Departed:

Port _____ Date _____ I-94 stamped I-530 submitted
To _____ Via _____ I-161 prepared I-156 prepared

FILE NO.

A 18825 284

ABRAHAMSSON, Harold A
NAME (Last, (IN CAPS), First, Middle)

AREA

G-23 Line No.

505

ASSIGNED TO

Date Assigned

7-17-70

Call-Up

Investigation Warranted
Classification approved

by

WMS

Received

7-27-70

(Date)

Investigations Control Card
Form G-600A (Rev. 9-1-69)

Work Copy

GPO 883- 339

RECORD OF DEPORTABLE ALIEN

(See A.M. - 2790.31-34 1c. Instructions)

Family Name (Capital Letters) <i>ABRAHAMSSON</i>		Given Name <i>HAROLD, ANDRES</i>		Middle Name	Sex <input checked="" type="checkbox"/> M	Hair <i>GRAY</i>	Eyes <i>BROWN</i>	Complexion <i>MEDIUM</i>
Country of Citizenship <i>SWEDEN</i>	Passport Number and Country of Issue .	File Number <i>A- 18 825 284</i>	Height <i>5'4 1/2</i>	Weight <i>155</i>	Occupation <i>RETIREE</i>			
United States Address (Residence) <i>573 N.W. 96TH ST.</i>		(Number) <i>MIAMI, FLA.</i>	(Street) <i>33150</i>	(City) <i>(State)</i>	Scars or Marks <i>SCAR ON RIGHT FOREHEAD</i>			
Date, Place, Time, Manner of Last Entry <i>APRIL OR MAY 1925 MIAMI, FLA. S.S. DANIA</i>			Passenger Boarded At <i>SWEDEN NEXXXX</i>					
Number, Street, City, Province (State) and Country of Permanent Residence <i>GOTENBORG, SWEDEN</i>								
Birthdate <i>APRIL 7, 1887</i>		Date of Action <i>7/27/70</i>	Location Code <i>MIA</i>		Method of Location/Apprehension <i>AREA CONTROL (WALK IN)</i>			
City, Province (State) and Country of Birth <i>DAL, SWEDEN</i>		AR Form: (Type & No.) <input type="checkbox"/> NONE	<input type="checkbox"/> Lifted <input checked="" type="checkbox"/> Not Lifted					
Visa Issued At <i>NIL</i>		Social Security Account Name <i>HAROLD A. ANDREW</i>			(At/Near) <i>MIA</i>		Date & Hour <i>7/27/70</i>	
Data Visa Issued		Social Security No. <i>384 28 3309</i>	Send C.O. Rec. Check To: .		By <i>SAM J. CARPI</i>		Status at Entry <i>CREWMAN</i>	
Immigration Record		Criminal Record <i>CLAIMS NONE</i>						
Name, Address, and Nationality of Spouse (Maiden Name, if appropriate) <i>WILLIA MARIE SUGGS, 573 N.W. 96TH ST. MIAMI, FLA. 33150</i>							Number & Nationality of Minor Children <i>NONE</i>	
Father's Name, and Nationality and Address, if Known <i>ABRAHAM ABRAHAMSSON</i>			Mother's Present and Maiden Names, Nationality, and Address, if Known <i>ALBERTINE</i>					
Monies Due/Property in U.S. Not in Immediate Possession <input checked="" type="checkbox"/> None Claimed <input type="checkbox"/> See Form 1-43		Fingerprinted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> XXXXX	Lookout Book Checked <input type="checkbox"/> Not Listed <input type="checkbox"/> Listed, Code _____		Deportation Charge(s) (Code Words) <i>RAZEZ</i>			
Name and Address of (Last) (Current) U.S. Employer <i>JOHN P. SUGGS 1031 N.W. 1ST MIAMI, FLA.</i>							From: <i>1963</i>	To: <i>1970</i>
Narrative (Outline particulars under which alien located/apprehended and furnish details re time, place and manner of last entry)								
<p>SUBJECT STATES THAT HE IS A NATIVE AND CITIZEN OF SWEDEN, THAT HE WAS BORN IN DAL, SWEDEN, ON APRIL 7, 1887. THAT HE LAST ENTERED THE UNITED STATES AT MIAMI, FLORIDA ON APRIL OR MAY OF 1925 AS A CREWMAN ON THE S.S. DANIA. SUBJECT STATES THAT HE IS MARRIED TO A UNITED STATES CITIZEN A MRS. WILLIA MARIE SUGGS, THAT HE WAS MARRIED ON DEC. 8, 1928 AT FORT LAUDERDALE, FLA. . FURTHER THAT HE HAS RESIDED IN MIAMI, FLA. FROM 1925 TO 1929, IN INDIANAPOLIS, IND. FROM 1929 TO 1946, IN DETROIT, MICH. 1946 TO 1963 AND IN MIAMI, FLA. FROM 1963 TO PRESENT TIME. SUBJECT STATES THAT HIS WIFE IS A UNITED STATES CITIZEN BORN IN AMERICUS, GEORGIA 10/15/98 AND FROM THE ABOVE INFORMATION SUBJECT APPEARS TO BE ELIGIBLE FOR THE BENEFITS OF SECTION 201(B) AS THE SPOUSE OF A U.S.C. . SUBJECT IS ALSO ELIGIBLE FOR ADJUSTMENT UNDER SECTION 245 OF I.G.N ACT.</p>								
<p>IT IS SUGGESTED THAT THE SUBJECT BE GIVEN R/D OF 30 DAYS AND BE PLACED UNDER DOCKET CONTROL SO THAT THE SUBJECT MAY TAKE STEPS TO ADJUST HIS STATUS.</p>								
<p><i>[Handwritten Signature]</i> SAM J. CARPI, INVESTIGATOR</p>								
DISTRIBUTION <i>1 FILE</i>		Received (subject and documents) (report of interview) from Officer: <i>SAM J. CARPI</i> Disposition (Receiving Officer) <i>R.D. Aug 19 1970 MIAMI, FLA. M.</i>						

**UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service**

File No. _____

WARNING AS TO RIGHTS

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court, or in any immigration or administrative proceeding.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Anders Harold Grahams

Signature

Date and hour: _____ Place: _____

CERTIFICATION

I HEREBY CERTIFY that the foregoing Warning and Waiver were read by me to the above signatory, that he also read it and has affixed his signature hereto in my presence.

Immigration Officer Signature

Witness' Signature

Interpreter's Signature

Language

Interpreter's Address

INTERVIEW LOG

1. Person interviewed _____

2. Officer(s) _____

3. Place (exact address and identity of room) _____

4. Date HEKERA CERTIFIED 5. Exact Time/place of encounter or arrest _____

6. If transported from place of encounter to interrogation point, show exact time involved.

D Note whether interrogation continued during transporting _____

7. Officers making arrest and/or transporting subject _____

8. Time interview began _____ 9. Time subject or suspect advised of right to remain silent and fact any statement could be used against him in court and name of officer furnishing advice _____

10. Time subject advised of right to presence of counsel, retained or appointed and name of officer furnishing advice _____

11. Time questioning concluded _____ 12. Time written statement commenced _____

13. Person preparing statement _____

14. Time statement completed _____ 15. Time statement reviewed by person interviewed _____

16. Time statement signed _____ 17. Record of requests and complaints of subject and actions taken thereon _____

(If additional space required, continue on an attachment.)