

**MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE**

Place Miami, Florida.

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

File No. A-13 314 097

NAME <b>VALIENTE de Estenger, Isabel Esperanza</b>		Sex <b>Female</b>
ADDRESS <b>2128 Coral Way, Apt. 1, Miami, Florida 33145</b>		
NATIONALITY <b>Cuban</b>	DATE OF BIRTH <b>12-18-05</b>	PLACE OF BIRTH <b>Santiago Cuba</b>
COUNTRY TO WHICH CHARGEABLE (If any)	PREFERENCE: (If any)	PRIORITY DATE
REMARKS <b>3</b>		

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 29 1965 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 _____ Congress _____ session
<input type="checkbox"/> Sec 249 of the I & N Act	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Sec. 1 of the Act of 11/2/66	(Other law - Specify) _____

(Applicable in all cases)	
Date <u>JUN 13 1968</u>	Recommended by <u>W. C. Kelly</u> Immigration Officer
Date <u>JUN 28 1968</u>	Approved <u>Robert L. Waytuch</u> District Director

**FOR USE BY VISA CONTROL OFFICE**



1-351 ISSUED AND LAMINATED.  
1-34 ENDORSED AND SENT TO C.O.

**STATISTICS**

Month of issuance \_\_\_\_\_

Signed \_\_\_\_\_  
 (Visa Office, Dept. of State)

Date Form I-357 delivered 08-22-68 SIGNATURE 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

State Service

Immigration

CC:  U.S. Immigration and Naturalization Service, Office of Alien Control, Washington, D.C. 20230

## 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."

Section 313(a)(14) certification for Section 202(b)(1) through (4) nonpreference  
 Section 313(a)(14) certification for Section 203(a)(9) nonpreference  
 Section 313(a)(14) certification for Section 202(b)(1) through (4) and Section 203(a)(9) nonpreference

REMARKS		
NAME	ADDRESS	STATE VITALITY
NAME	ADDRESS	STATE VITALITY
NAME	ADDRESS	STATE VITALITY

Checklist of steps to be taken to submit information required on this page

STATEMENT OF CREATION OF RECORD OF FUTURE LENGTH OF RESIDENCE

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

(DO NOT WRITE ABOVE THIS LINE.) (SEE INSTRUCTIONS BEFORE FILLING IN APPLICATION. IF YOU NEED MORE SPACE TO ANSWER FULLY ANY QUESTION ON THIS FORM, USE A SEPARATE SHEET AND IDENTIFY EACH ANSWER WITH THE NUMBER OF THE CORRESPONDING QUESTION. PRINT IN BLOCK LETTERS. CHECK ITEM 1 OR 2 AND COMPLETE AS APPROPRIATE.) IMPORTANT! EXECUTE IN ENGLISH.

(No escriba mas arriba de esta linea.) (Vea las instrucciones antes de ejecutar la planilla de solicitud. Si necesita mas espacio para contestar, por completo alguna pregunta, use un pliego separado e identifique cada respuesta con el numero de la pregunta correspondiente. 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)

Valiente Valiente, Isabel

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)

Apt. 1 2128 Coral Way (22 St. Miami Fla. 33145)

5. Date of Birth Fecha de nacimiento Place of Birth (City or Town) (County, Province, or State) (Country)  
12/18/05 Lugar de nacimiento (Pueblo o ciudad) (Partido o provincia) (País)  
Santiago de Cuba, Cuba I am now a citizen of (Country)  
Cuba

6. My first arrival in the United States subsequent to January 1, 1959, occurred on Mi primera llegada a los Estados Unidos, con posterioridad a 1 de Enero de 1959, ocurrió el: Date (Month, Day, Year) At the Port of (City, State)  
Fecha (Mes, día y año) Al puerto o aeropuerto de Port Everglades  
2/14/63 -Miami, Fla.

I arrived by (Name of vessel or other means of travel)  
Yo llegué por (Nombre del barco u otro medio de transporte) SS Santo Cerro  
as a (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)  
como un (Visitante, estudiante, ciudadano de los EE.UU. polizón, inmigrante, bajo palabra, etc.)

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

I arrived by (Name of vessel or other means of travel) por (Nombre del barco u otro medio de transporte)  
as a (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)  
como un (Visitante, estudiante, ciudadano de los EE.UU. polizón, inmigrante, bajo palabra, etc.)

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

8. I am  single  married  divorced  widowed My present occupation is:  
Yo soy  soltero(a)  casado(a)  divorciado(a)  viudo(a) Mi ocupación actual es:

CREC

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

b. Number of times my spouse has been married Número de veces que mi cónyuge ha estado casado c. Name of spouse Nombre del cónyuge d. Date and place of birth of spouse Fecha y lugar de nacimiento del cónyuge e. Date and place of marriage Fecha y lugar de matrimonio

WALTER ESTENGER

Rafael Estenger

10/15/99 Ote. Cuba

6/22/29 Ote. Cuba

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

FEE STAMP

MAY 29 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 a 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-13-314-097

9. a. I have 2 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 está residiendo en)
Otto Estenger	M	Ote. Cuba	8/8/31	South Carolina, US
Myriam Estenger	F	Ote. Cuba	9/30/36	South Miami, Fla.

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:*

10. I list below all organizations, societies, clubs, and associations, past or present, in which I have held membership in the United States or a foreign country, and the periods and places of such membership. (If you have never been a member of any organization, state "None.") *A continuación hago una lista de todas las organizaciones, sociedades, clubs y asociaciones, pasadas o presentes, de las que he sido socio en los Estados Unidos o en algún país extranjero, y los períodos y lugares en que era socio. (Si usted nunca ha sido socio de ninguna organización, declare "Ninguna".)*

none

11. I  have  have not been charged with a violation of law (other than minor traffic violations). (If you have ever been charged with a violation of law, give date and place and nature of each charge and the final result.) *Yo  he  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 se ha 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 se ha 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 se ha 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)

Esperanza Estenger

Date of Signature (Fecha de la firma)

5/28/68

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) Isabel Estenger  
Date (Fecha) 5/28/68  
Address (Dirección) International Rescue Committee  
Occupation (Ocupación) 600 Biscayne Blvd. Miami, Fla.  
350 5882

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

I do swear (affirm) that I know the contents of this application subscribed by me including the attached documents, that the same are true to the best of my knowledge, and that corrections numbered ( ) to ( ) were made by me or at my request, and that this application was signed by me with my full, true name: *Yo juro (afirmo) que conozco el contenido de esta solicitud, que el mismo es verdadero, según mi mejor conocimiento, y que las correcciones numeradas ( ) a ( ) fueron hechas por mí, o a petición mía, y que esta solicitud fué firmada por mí con mi nombre completo y verdadero:*

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

MIAMI, FLA.

at \_\_\_\_\_ on JUN 13 1968 (Month) (Day) (Year)

(Signature and title of officer)

Isabel Esperanza Estenger  
(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

**6-13-68**

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

**Isabel Valiente de Estenger**

AGE

**62**

SEX

**F**

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

**CLASS A:**

DANGEROUS CONTAGIOUS DISEASES:

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

MENTAL CONDITIONS:

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

**CLASS B:**

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

**CLASS C:**

Minor Conditions.

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

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

(1) No defect, disease, or disability.

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

**EXAMINED AND  
MEDICALLY PASSED** \_\_\_\_\_  
(Date)  
M. D.  
(Signature)  
**USPHS, MIAMI, FLORIDA**

**JUN 13 1968**

Chest X-ray report \_\_\_\_\_

from Dr. \_\_\_\_\_

Blood serological report \_\_\_\_\_ from Dr. \_\_\_\_\_

Other special report(s) (when needed) \_\_\_\_\_ from Dr. \_\_\_\_\_

from Dr. \_\_\_\_\_

SIGNATURE OF MEDICAL TECHNICAL ADVISOR

TITLE

DATE OF FINAL REPORT

# APPLICANT:

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

COMPLETE THIS BOX (FAMILY NAME)

(NAME)

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

Valiente

Valiente

Isabel

A-13-314-097

(OTHER AGENCY USE)

(INS. USE)

6/12/68  
NO ADDRESS  
CELEST RECORD  
JUN 1 9 1968  
IDENTIFICATION  
FBI DIVISION  
25 Harry  
30  
6/13/68



(1) Ident.

FORM G-325A

.Jan 61 (1)

INMIGRACIÓN  
NACIONAL  
ESTADOUNIDENSE  
JUN 21 1961  
IDENTIFICATION  
CUBAN ADJUSTMENT  
CENTER  
MIAMI FLORIDA  
NO. 416 PH 0088



(SUS SNI)

TFO-418-EI-A

(SUS Y NUEVA FOTO)

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(REBUNU NOTARIZADA NIJA) BOX SHIT STEREO COMBO (NAME) (NAME) (NAME) (NAME)

.W.C. BE BORDER VVAN VA PENLTUD BOX

BE SNS DE THE NI REBUNU NOTARIZADA NIJA DIA MAN RUY TUO OT SNS DE

: TNAJqA

BIOGRAPHIC  
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

(FAMILY NAME)	(FIRST NAME)	(MIDDLE NAME)	<input type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.)	NATIONALITY	ALIEN REGISTRATION NO. (IF ANY)
Valiente Valiente Isabel			<input checked="" type="checkbox"/> FEMALE	12/18/05	Cuban	A-13-314-097
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH			
Esperanza Estenger			Oreinte, Cuba			

FATHER	FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) CITY AND COUNTRY OF RESIDENCE		
	Valiente	Donato	Ote. Cuba	(a) Miami, Fla.	
MOTHER (MAIDEN NAME)	Valiente	Isabel	Ote. Cuba		

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
Estenger	Rafael	10/15/99	Ote. Cuba	6/22/29	Ote. Cuba

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.	FROM	TO					
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
2128 Coral Way Apt 1	Miami	Fla.	USA	Julio	1964	PRESENT TIME	
Malaga 12 Apt 23	C. Gables	Fla.	USA	Sept	1963	Julio	1964

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	MONTH	YEAR	MONTH	YEAR
Unemployed, receiving public assistance from CRIC					

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

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.	5/28/68 <i>E. Estenger</i> (SIGNATURE OF APPLICANT OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME)	(GIVEN NAME)	(MIDDLE NAME)	(ALIEN REGISTRATION NUMBER)
Valiente	Valiente	Isabel	A-13-314-097
(OTHER AGENCY USE)			(INS USE)
<p style="text-align: center;">HAVANA FILES</p> <p style="text-align: center;">JUN 5 1968</p> <p style="text-align: center;">NVR SIGNED ✓ NA</p>			<p style="text-align: center;">MIA</p> <p style="text-align: center;">JUN 3 1968</p> <p style="text-align: center;">I-485A</p>
(4) Consul			

IMMIGRATION &  
NATURALIZATION  
SERVICE

JUN 7 2 06 PM '68

CUBAN ADJUSTMENT  
CENTER  
MIAMI, FLORIDA

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

Officer's Review and Action Sheet

Form No. I-485A

File No. A-13314 097

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)
OL/168		FBI (Rec.Ch.)... <input checked="" type="checkbox"/> CICP. <input checked="" type="checkbox"/> STATE... <input checked="" type="checkbox"/> CIA. <input checked="" type="checkbox"/>		
Og		FBI (Iden. Ch.)... <input checked="" type="checkbox"/>		
		Occupation in Cuba:		
		Occupation in U.S.:		
		Rollback Date:		

*no B. L.*

DECISION:  (Approved)  (Denied)

REMARKS: (If denied, state reasons)

Pending Receipt of  
Negative All Checks

For the District Director:

JUN 13 1968

Date of Decision

*OLConly*  
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

June 3, 1968

A - 13 314 097

**MEDICAL AND IMMIGRATION EXAMINATION APPOINTMENTS**

Your medical examination will be given at:

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

**Date:** June 13, 1968      **Time:** 8:30 a.m.

Isabel Valiente de Estenger

2128 Coral Way, Apt. 1

Miami, Florida 33145

The Immigration examination will be held at:

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

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

**INSTRUCTIONS FOR MEDICAL EXAMINATION**

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

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

**INSTRUCTIONS FOR IMMIGRATION EXAMINATION**

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

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

Birth certificate. If not available, any other evidence of birth in Cuba.

IMMIGRATION EXAMINATION FORM  
U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

A -

~~ESTE DOCUMENTO ES DE NACIONAL INTERES Y DEBERIA SER GUARDADO EN EL ARCHIVO.~~  
ENTREVISTA DE INMIGRACION Y EXAMEN MEDICO

Su examen medico sera en el:

Room 208, Second Floor (2 <sup>o</sup> Piso)	1001 S. W. 1st Street, Miami, Florida
--	---------------------------------------

Fecha	Hora
-------	------

(Senalada en el reverso)

La entrevista en Inmigracion sera en el:

Room 208, Second Floor (2 <sup>o</sup> Piso)	1001 S. W. 1st Street, Miami, Florida
--	---------------------------------------

Fecha	
-------	--

(Senalada en el reverso)

**INSTRUCCIONES PARA EL EXAMEN MEDICO:**

En relacion con su solicitud sera necesario que usted se someta a un examen medico. Un medico del Servicio de Salubridad Publica de los Estados Unidos lo examinara a usted en el lugar y en la fecha señalada arriba. Si usted no habla Ingles, debe acompanarle una persona de su mismo sexo quien pueda servirle de interprete. TRAIGA CONSIGO LOS SIGUIENTES DOCUMENTOS MEDICOS cuando usted acuda al examen medico en Salubridad Publica. 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).  
Radiografias de 70mm seran aceptables cuando no existan abnormalidades. Cuando si existan anormalidades, radiografias de 14" x 17" deben ser presentadas.

Resultado del examen serologico para sifilis. (El informe no tendra validez despues de treinta dias de hecho).

Menores de 14 años no necesitan el examen serologico de la sangre.  
Menores de 10 años no necesitan examen serologico 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  
INFORMATION**UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

(FAMILY NAME)	(FIRST NAME)	(MIDDLE NAME)	<input type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.)	NATIONALITY	ALIEN REGISTRATION NO. (IF ANY)	
Valiente Valiente Isabel			<input checked="" type="checkbox"/> FEMALE	12/18/05	Cuban	A-13-314-097	
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH				
Esperanza Estenger			Oreinte, Cuba				
FATHER	Valiente	Donato	Ote. Cuba	(d)		SOCIAL SECURITY NO. (IF ANY)	
MOTHER (MAIDEN NAME)	Valiente	Isabel	Ote.Cuba	Miami, Fla.		265-78-0329	
SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE	
Estenger		Rafael	10/15/99	Ote.Cuba	6/22/29	Ote.Cuba	
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.						FROM	TO
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
2128 Coral Way Apt 1	Miami	Fla.	USA	Julio	1964	PRESENT TIME	
Malaga 12 Apt 23	C. Gables	Fla.	USA	Sept	1963	Julio	1964
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	MONTH	YEAR	MONTH	YEAR	PRESENT TIME	
Unemployed, receiving public assistance from CRAC							
LAST OCCUPATION ABROAD IF NOT SHOWN ABOVE. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)							
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.			DATE	5/28/68 Esperanza Estenger (SIGNATURE OF APPLICANT OR PETITIONER)			

UNITED STATES DEPARTMENT OF JUSTICE Investigation and Classification Service											
<p style="text-align: right;">(FAMILY NAME) (FIRST NAME) (MIDDLE NAME)</p> <p style="text-align: right;">(MATERIAL NUMBER) (SEX) (BIRTHDATE) (M-D-Y-A-R) (NATIONALITY)</p> <p style="text-align: right;">CITY AND COUNTRY OF BIRTH</p> <p style="text-align: right;">CITY AND COUNTRY OF RESIDENCE</p>											
<p style="text-align: right;">ALL OTHER NAMES USED</p> <p style="text-align: right;">(FATHER'S (MATERIAL NUMBER))</p> <p style="text-align: right;">MATERIAL NUMBER</p> <p style="text-align: right;">CITY AND COUNTRY OF BIRTH</p> <p style="text-align: right;">CITY AND COUNTRY OF MARRIAGE</p> <p style="text-align: right;">CITY AND PLACE OF MARRIAGE</p> <p style="text-align: right;">CITY AND PLACE OF TERMINATION OF MARRIAGE</p>											
<p style="text-align: right;">FORMER SPOUSES (If none, so state) (FOR WIFE, GIVE MATERIAL NUMBER)</p> <p style="text-align: right;">(FOR WIFE, GIVE MATERIAL NUMBER)</p>											
<p style="text-align: right;">APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)</p> <p style="text-align: right;">LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR (If not shown above). (INCLUDE ALL INFORMATION REQUESTED ABOVE.)</p>											
<p style="text-align: right;">APPLICANT'S ADDRESS OF EMPLOYER</p> <p style="text-align: right;">FULL NAME AND ADDRESS OF EMPLOYER</p> <p style="text-align: right;">(CITY) (STATE) (ZIP CODE)</p> <p style="text-align: right;">MONTH YEAR</p> <p style="text-align: right;">MONTH YEAR</p> <p style="text-align: right;">MONTH YEAR</p> <p style="text-align: right;">MONTH YEAR</p>											
<p style="text-align: right;">APPLICANT'S PRESENT ADDRESS</p> <p style="text-align: right;">CITY</p> <p style="text-align: right;">STATE OR PROVINCE</p> <p style="text-align: right;">COUNTRY</p> <p style="text-align: right;">MONTH YEAR</p> <p style="text-align: right;">MONTH YEAR</p> <p style="text-align: right;">MONTH YEAR</p>											
<p style="text-align: right;">PREVIOUS RESIDENCE LAST FIVE YEARS. (INCLUDE ALL INFORMATION REQUESTED ABOVE.)</p> <p style="text-align: right;">LAST FOREIGN RESIDENCE OF MORE THAN ONE YEAR (If not shown above). (INCLUDE ALL INFORMATION REQUESTED ABOVE.)</p>											
<p style="text-align: right;">CUBAN ADJUSTMENT</p> <p style="text-align: right;">UNEMPLOYED, RECEIVING SUPPORT FROM CUBA</p> <p style="text-align: right;">JAN 10 2 19 PM '68</p>											
<p style="text-align: right;">NATURALIZATION</p> <p style="text-align: right;">IMMIGRATION</p> <p style="text-align: right;">SERVICE</p>											
<p style="text-align: right;">THIS FORM IS SUBJECT TO AN AUTOMATIC EXPIRATION DATE</p> <p style="text-align: right;">IF YOU MAINTAIN ALPHABETIC LIST IN THIS SPACE:</p> <p style="text-align: right;">OTHER INFORMATION</p> <p style="text-align: right;">PENALTIES: FINE OR PRISON UP TO ONE YEAR PROVIDED BY LAW</p>											
<p style="text-align: right;">OR CONCEALING A MATERIAL FACT.</p> <p style="text-align: right;">FOR KNOWLEDGEABLE AND WILLFULLY FALSIFYING</p> <p style="text-align: right;">(SIGNATURE OF APPLICANT OR PETITIONER)</p>											



BIOGRAPHIC  
INFORMATIONUNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization ServiceJUN 6 1968  
NRG/1347

(FAMILY NAME)	(FIRST NAME)	(MIDDLE NAME)	<input type="checkbox"/> MALE	BIRTHDATE (MO-DAY-YR.)	NATIONALITY	ALIEN REGISTRATION NO. (IF ANY)
Valiente Valiente Isabel			<input checked="" type="checkbox"/> FEMALE	12/18/05	Cuban	A-13-314-097
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (IF ANY)
Esperanza Estenger			Oreinte, Cuba			265-78-0329

FATHER	FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN) CITY AND COUNTRY OF RESIDENCE		
	Maliente	Donato	Ote. Cuba	(d)	
MOTHER (MAIDEN NAME)	Valiente	Isabel	Ote. Cuba	Miami, Fla.	
SPOUSE (IF NONE, SO STATE) (FOR WIFE, GIVE MAIDEN NAME)			FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MARRIAGE
Estenger			Rafael	10/15/99	Ote. Cuba 6/22/29 Ote. Cuba

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.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
2128 Coral Way Apt 1	Miami	Fla.	USA	Julio	1964	PRESENT TIME	
Malaga 12 Apt 23	C. Gables	Fla.	USA	Sept	1963	Julio	1964

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	MONTH	YEAR	MONTH	YEAR
Unemployed, receiving public assistance from CRREC					

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

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.	5/28/68 <i>Esperanza Estenger</i> (SIGNATURE OF APPLICANT OR PETITIONER)

COMPLETE THIS BOX (FAMILY NAME)	(GIVEN NAME)	(MIDDLE NAME)	(ALIEN REGISTRATION NUMBER)
Valiente	Valiente	Isabel	A-13-314-097
(OTHER AGENCY USE)			(INS USE)
<p>Check of FBI investigative files based upon data submitted located no identifiable information pertinent to your inquiry. Not to be considered a clearee. To check arrest records request must be submitted to FBI Identification Division. Fingerprints are necessary for positive check.</p> <p>NATURALIZATION ADJUSTMENT OF STATUS</p>			
(2) Rec. Br.			

*Caliente*

COMPLETE THIS BOX (FAMILY NAME)

(GIVEN NAME)

(MIDDLE NAME)

(ALIEN REGISTRATION NUMBER)

Valiente

Valiente

Isabel

A-13-314-097

(OTHER AGENCY USE)  
NO PERTINENT

IDENTIFIABLE INFORMATION

JUN 7 1968

REQUEST SEARCHED W/OUT  
BENEFIT OF SPELLING VARIANTS

ADMISSION  
CENTER  
REENTRY  
NOT TO BE SHOWN TO  
FOREIGN NATIONALS  
JUL 13 1968  
SERVICE  
MILITARY  
S. MILITARY

(INS USE)

MIA  
JUN 3 1968  
I-485A

(3) C.

FORM G-325A

(3) C

IMMIGRATION &  
NATURALIZATION  
SERVICE

JUN 13 10:09 AM '68

CUBAN ADJUSTMENT  
CENTER  
MIAMI, FLORIDA



(SUSI)

100-425-EL-A

SEARCHED & INDEXED  
TRANSLATED ON  
NOTAMERICAN ADJUSTMENT  
(SUSI Y NUEVA VIDA)

(NAME AND MAILING ADDRESS) (NAME AND MAILING ADDRESS) (NAME AND MAILING ADDRESS) (NAME AND MAILING ADDRESS)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

IMMIGRATION &  
NATURALIZATION  
SERVICE

APR 12 PM '68  
Immigration & Naturalization  
R. A. & Federal Building  
MIAMI DISTRICT OFFICE  
1st Avenue  
Miami, Florida

SOCIAL SECURITY ADMINISTRATION  
DISTRICT OFFICE

Room 606  
One Herald Plaza  
Miami, Florida 33132  
April 12, 1968  
Telephone:  
350-5115  
Date:

Re: Name: Isabel P. Valiente  
A/N: 267-11-3152 T  
"A" No.: A13 314097  
Other Identifying Information:

Dear Sir:

Isabel P. Valiente born 3/17/81 and residing at 2128 Coral Way, Miami has applied for Medicare. He has received Form I-151, showing the effective date of his permanent residency status as 2/63. In order to determine his eligibility for Medicare, we must know the date on which your office approved his change in status under Public Law 89-732.

Please complete the bottom portion of this form and return it in the enclosed envelope. Your cooperation is appreciated.

Sincerely yours,

*Marshall Wise*  
Marshall Wise *Dra*  
District Manager

Enclosure

According to the records in this service, the subject has not applied for status adjustment. Entered at PEV 2/14/63 as a political refugee.

April 24, 1968

Date Signed

Date of Approval: PL 89/732 does not apply

*Robert L. Woytich*  
Signature and Title

Robert L. Woytich  
District Director

*Robert L. Woytich*

*hit*

A 13 314 097

ALIEN REGISTRATION NO.	A 13 314 097	I AM IN THE UNITED STATES AS: (Check one)
(Copy letter and number from registration receipt or other alien certification document)		<input type="checkbox"/> VISITOR <input type="checkbox"/> PERMANENT RESIDENT
		<input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER refugee
		(Specify)
MY NATIONALITY IS	Cuban	I WAS BORN ON Dec 18 - 1905
MY NAME IS	Esterenger Esperanza	(Date)
	(Last) (First) (Middle)	
MY PRESENT ADDRESS IS:	3014 Douglas Rd Ap 12 Coral Gables Fla.	
	(Street address or rural route)	(City or post office) (State)
(IF ABOVE ADDRESS IS TEMPORARY) I EXPECT TO REMAIN THERE		
MY LAST ADDRESS WAS:	7 N W 28 St	Miami Fla.
	(Street address or rural route)	(City or post office) (State)
I WORK FOR OR ATTEND SCHOOL AT		
	(Employer's name or name of school)	
I ENTERED THE UNITED STATES AT	Port Everglades	(City or post office) (State)
	(Port of entry into United States) (Date of entry)	
(IF NOT A PERMANENT RESIDENT) I WAS ADMITTED TO THE U. S. A. UNTIL OR RECEIVED AN EXTENSION OF STAY UNTIL		
DATE April 3 1963	(Signature) Esperanza Esterenger	
	(Date) GPO 93-111	

NAME (LAST)	(FIRST)	(MIDDLE)	FILE NO.	
VALIENTE VALIENTE	ILICATBEL	E.	A 13 314 097	
Date & Place of Birth	Present Address		Foreign Address	
12-18-05 SANTAGAO, CUBA	PALMS HOTEL MIAMI FLA		44-303 MARIAMBO, HAVANA	
Place of Entry	Date	Manner		
PEV	2-14-63	SS Santa Cecilia		
Nationality	V/D to	Deferred Inspection	Paroled to	
Cuban			Indef.	
Occupation in Cuba	Foreign Military Service & Rank			
WORK	MILITARY			
Visa Type	Place of Issue	Date of Issue	Valid to	Limited or Unlimited
Passport No.	Date Issued	Validity Date	Birth Certificate	COM
04427	5-4-59	5-4-64		
Marital Status	Name & Address of Spouse USA as above			
M	RAFAEL ESTENGER			

Reasons Claimed for Being Unable to Return to Country of Nationality

POL

SE-180

Rev. 5-25-62 (10)

PLACE  
STAMP  
HERE

**ALIEN'S CHANGE OF ADDRESS CARD**

(This card is not to be used for the annual address report required under the Immigration and Nationality Act between January 1 and January 31 of each year. It is to be used by all aliens to report change of address within 10 days of such change, and by visitors and other aliens in temporary status to report their place of residence each 3 months.)

AR-11 (Rev. 11-7-56)  
B. B. Appv'd. No. 43-R058.7.

**DEPARTMENT OF JUSTICE**  
**Immigration and Naturalization Service**  
**119 D Street NE.**  
**Washington 25, D. C.**

NAME

A13 314 097 APR 24 1962

VALIENTE Y VALIENTE, Isabel Esperanza de la

DATE OF BIRTH

Dec 18, 1906

(Caridad)

PLACE OF BIRTH

Stgo. de Cuba ,Oriente, Cuba

SPONSOR

Rafael A. Estenger Neuling

RELATIVE IN U. S.

Rafael A. Estenger Neuling

RELATIONSHIP TO BENEFICIARY

Husband

FORM

12-61 DS-1464

DEPARTMENT OF STATE

REQUEST FOR WAIVER

cicp

N

date

pos or neg

initials

W

STATE TO: MEMPHIS

REVIEW FOR TROJAN

NAME VALIENTE-VALIENTE, ISABEL 13 314 097 H<sup>2</sup>  
PRESNT ADDRESS PALMS HOTEL MIAMI CICP NCG  
RELATIONSHIP TO PRISONER none VISA WAIVER W.  
NAME CHILDREN:  
ADDRESS /  
ARRESTED \_\_\_\_\_  
RELATIVES IN UNITED STATES: Husband  
NAME Rafacl ESTENGER  
ADDRESS PALMS Hotel  
NATIONALITY CUBA  
STATUS Refugee  
HOW BOARDED Permitted to depart by Cuban Authorities



F31314097

Post Audit