

FILE CLOSED

SEP 30 1904

MIA

Reason:

- DEATH
- ABANDONMENT OF
DOMICILE
- DEPORTATION
- DEPARTURE
- FORM 1-151
DESTROYED

NE 358

3-62(10)

OPTIONAL FORM NO. 10
5010-104

UNITED STATES GOVERNMENT

Memorandum

A# 12 482 894

TO : District Director, Miami, Florida

DATE: Sept. 26, 1964

FROM : OIC, Peace Bridge, Buffalo, NY

SUBJECT: ABANDONMENT OF DOMICILE

NAME: (now)

(at entry:

Peter WYKRYKACH

BIRTHDATE: July 27 1898

PORT OF ORIGINAL ENTRY:

DATE OF ORIGINAL ENTRY:

Rouses Point, NY

March 27, 1962

PORT OF DEPARTURE:

DATE OF DEPARTURE:

Buffalo, New York

25 Sept 1964

LAST ADDRESS IN UNITED STATES:

320 A Florida Ave.,
South Avon Park, Florida

INTENDED FOREIGN ADDRESS:

134 Haig St., St. Catherines, Ont.

BASIS OF THIS REPORT:

Can Imm Memo advising subject admitted to Canada as a returning

Canadian citizen and was abandoning domicile in US.

Surrendered form I-151 destroyed in accordance with AM 2792.07.

Paul V. Hale

Immigration Officer

IMMIGRATION &
NATURALIZATION
SERVICE

SEP 29 9 13 AM '64

RA & I SECTION
MIAMI DISTRICT OFFICE

CONTRACT NUMBER 0-1000000-1000000-1000000-1000000

COPY THIS CARD OR RESEND REQUESTED INFORMATION TO THE FOLLOWING

RECORDED MAIL - COMMERCIAL

2000 RAVENSBURG RD.
SUITE 100 MIAMI FL 33186

RECORDED MAIL - COMMERCIAL

RECORDED MAIL - COMMERCIAL

RECORDED MAIL

RECORDED MAIL

CICKLEBOURNE, ROBERT M.

RECORDED MAIL

UNITED STATES OF AMERICA

IMMIGRANT VISA AND ALIEN REGISTRATION

OF:

(Family name)

(First name)

(Middle name)

(WYKRYKACZ)

WYKRYKACH Peter (bir.c:Petrus)

I- 519456

PORT OF

ROU 076

I certify that the immigrant named herein arrived in the United States at this port on the

(Name of vessel or flight No. of aircraft)

on (Day) (Month) (Year)
and was inspected by me and { admitted } { detained } for further inquiry by special inquiry officer underSymbol _____
Section _____ of the IMM. & NATZ. SERVICE
of the Immigration and
CITIES POINT N.Y. 113
ADMITTED
MAR 27 1962
CLASS X Immigrant Inspector.
TO _____AMERICAN CONSULATE GENERAL
AT MONTREAL, CANADARAYMOND SENDEN
Vice of the United States of America.
United States of America

UNITED

Service No. _____
Tariff Item No. _____
Fee Paid \$20
Local Cy equiv. _____

mg.

ACTION OF SPECIAL INQUIRY OFFICER

The immigrant herein was (admitted) (excluded)
and { no appeal taken } { appeal taken } under

Symbol _____

Section _____ of the Immigration and
Nationality Act.

Special Inquiry Officer.

ACTION ON APPEAL

ADMITTED

EXCLUDED

DATE

STATISTICS

This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application.

IMMIGRANT CLASSIFICATION

NONQUOTA (Symbol)

QUOTA (Symbol)

X

VISA PETITION NO., IF ANY

Charged to spouse's quota
IMMIGRANT VISA NO. Union QUOTA Soviet
Union of Socialist Republics
Date of the ApplicationISSUED ON (Day) (Month) (Year)
4th January 1962THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF
(Day) (Month) (Year)
3rd May 1962

NATIONALITY (If stateless, so state, and give previous nationality)

Canadian

PASSPORT

NO. 5-309951

OR OTHER TRAVEL DOCUMENTS (Describe)

ISSUED TO Peter Wykrykach

BY The Department of External Affairs, Ottawa

ON 30th October 1961

EXPIRES 29th October 1966

Peter Wijkerk

1911 - 1991
D. 7. Nov.

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

INSTRUCTIONS: This form must be filled out in DUPLICATE by typewriter, or if by hand in legible block letters. ALL questions must be answered, if applicable. Questions which are not applicable should be so marked. If there is insufficient room on the form, answer on separate sheets, in duplicate using the same numbers as appear on the form. Attach the sheets to the forms. DO NOT SIGN this form until instructed to do so by the consular officer. The fee for filing this application for an immigrant visa is \$5.00. The fee should be paid in United States dollars or local currency equivalent or by bank draft, when you appear before the consular officer.

WARNING: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even though you should be admitted to the United States, a fraudulent entry could be ground for your prosecution and/or deportation.

Consulate General

I hereby apply for an immigrant visa and alien registration at the United States
at Montreal

and state the following facts:

1. My family name is My first name is My middle name is

WYKRYKACH Peter

2. My full name in native alphabet (If other than Roman letters are used) is

Peter WYKRYKACH

3. Other names I have used or by which I have been known are (If married woman, give maiden name)

none

4. The date of my birth is (Day) 27	My place of birth is (City or town) Relov	(Province) Galicia	(Country) Austria
Month Jul. 1898			

6. My age is 64	7. My present calling or occupation is retired
-----------------	--

8. My present address is	532 Bedard Street La Salle Q,
--------------------------	-------------------------------

9. My sex is Male	10. My marital status is
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single (never married) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
	Including my present marriage, I have been married 1 times.

11. My nationality is Canadian	12. My race is white	13. My ethnic classification is <i>Vestalien</i>
--------------------------------	----------------------	--

14. My personal description is	15. I have the following visible marks of identification
(a) Color of hair brown	(c) Height 5 feet 9 inches
(b) Color of eyes Brown	(d) Complexion fair
	none

16. My purpose in going to the United States is	I have property in 320 - A Florida Ave. Avon Park, Florida
---	--

17. I intend to remain in the United States permanently or (Give length of time) All my life.	18. I intend to enter the United States at the port of Any legal port
--	--

19. I (Do Not) have a ticket to my final destination

20. (a) I am going to the United States to join the following person (Give name and address and relationship, if any)	20. (b) I am sponsored by the following person and/or organization (Give address if different from (a))
no	no

21. My final address in the United States is	320-A Florida Ave. Avon Park, Florida
--	---------------------------------------

22. My personal financial resources are	(c) Real estate (value) \$ 23,500.00
(a) Cash 5,301.69	(d) Other
(b) Bank deposits	

23. I am submitting the following personal documents in support of and as part of my application

- Birth certificate
- Military record
- Promise of employment
- Police certificate(s)
- Evidence of support or own resources
- Medical record(s)
- Other (describe)

24. Name and present residence of my wife/husband is (Give maiden name of wife)

Annie WYKRYKACH nee SZUROGAILO
532 Bedard Street La Salle P.Q.

25. The names and addresses of my children under 21 years of age are

no

26. The names of members of my family who are immigrating with me are

My wife

27. The name and address of my father is (If deceased, so state, giving date)

Michail. Dead.

28. The maiden name and address of my mother is (If deceased, so state, giving date)

Anna Dead

29. The name and address of my next of kin in my home country is

none

30. Since my sixteenth birthday my places of residence for 6 months or more have been

City or town	Province	Country	Dates (From—To)	Calling or occupation
RELOV	GALICIA	AUSTRIA	1914 - 1927	Farmer
Saskawhigan			1917-1917	
Manitoba	Canada		1927- 1941	"
Montreal	Quebec		1941-up to present	Construction
				Work Keeper (CRANE) Co.

31. Since my sixteenth birthday I am or have been a member or affiliate of the following political, professional, vocational or social organizations

Name and address	Dates (From—To)	Type of membership and office held, if any
None		

32. I speak, read, write the following languages (Include your native language)

Language	Speak	Read	Write
Ukrainien	yes	yes	yes
English	yes	yes	yes

33. I have previously been in the United States during the following periods (Give year and type of visa or status) (If never, so state)

only for visits.

34. United States immigration laws require that all prospective immigrants answer the following questions. This requirement does not imply that you are suspected of being within any of the classes described in these questions. Your answers will assist the consular officer to establish your eligibility to receive a visa. If you are unable to answer any of these questions please explain your inability fully on a separate sheet of paper which you should attach to this form. Please bear in mind that whatever the nature of your answers to these questions, you are not necessarily ineligible to receive a visa. For example, if you were arrested and/or convicted for a minor offense, and the consular officer is able to establish that such offense was in fact a misdemeanor, your arrest and/or conviction would not necessarily make you ineligible for a visa.

Give the correct answer to the following questions by circling "Yes" or "No"

(1) (a) Have you ever been arrested for, charged with, indicted for, or convicted of, a crime or other offense?	Yes	No
(b) Have you ever been confined in a civilian prison or jail?	Yes	No
(c) Have you ever been confined in a military prison or jail?	Yes	No
(d) Have you ever been engaged in illicit buying, selling or handling of narcotic drugs?	Yes	No
(e) Have you ever been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? (If so, explain)	Yes	No
(2) (a) Have you ever been placed in an almshouse (<i>poorhouse or charitable institution</i>)?	Yes	No
(b) Are you a pauper, professional beggar or vagrant?	Yes	No
(c) Are you now afflicted with a physical defect, disease or disability which may affect your ability to earn a living?	Yes	No
(d) Will you be able to support yourself financially in the United States?	Yes	No
(3) (a) Have you ever had one or more attacks of insanity?	Yes	No
(b) Are you now or have you ever been afflicted with psychopathic personality, epilepsy, mental defect, fits, fainting spells, convulsions or a nervous breakdown?	Yes	No
(c) Are you now or have you ever been a narcotic or drug addict or chronic alcoholic?	Yes	No
(d) Have you ever been treated in a hospital, institution or elsewhere for insanity or other mental disorder or for drug or narcotic addiction or alcoholism?	Yes	No
(e) Have you ever had any of the following:		
(A) Tuberculosis in any form?	Yes	No
(B) Leprosy?	Yes	No
(C) Any other dangerous contagious disease?	Yes	No
(4) (a) Are you a polygamist, do you practice polygamy, or do you advocate the practice of polygamy?	Yes	No
(b) Are you or have you ever been a prostitute, procurer, or supported wholly or in part from the proceeds of prostitution?	Yes	No
(c) Are you going to the United States to engage in an immoral sexual act, in prostitution, or other unlawful commercialized vice?	Yes	No
(5) (a) Have you previously applied for a visa to enter the United States either as an immigrant or as a nonimmigrant? (If answer is Yes, state where and when, whether you applied for a nonimmigrant or an immigrant visa and whether the visa was issued)	Yes	No
(b) Have you been refused admission to the United States during the last twelve months? (If the answer is Yes submit evidence that the Attorney General has consented to your reapplying for admission into the United States)	Yes	No
(c) Have you ever been		
(A) arrested and deported from the United States?	Yes	No
(B) voluntarily removed from the United States at United States Government expense as a person who fell into distress?	Yes	No
(C) removed from the United States as an alien enemy?	Yes	No
(D) removed from the United States at Government expense in lieu of deportation?	Yes	No
(If the answer to any of the above questions is Yes, submit evidence that the Attorney General has consented to your reapplying for admission into the United States.)		
(6) (a) Have you ever attempted to obtain by fraud or willful misrepresentation a visa or other documentation to enter the United States?	Yes	No
(b) Have you ever obtained by fraud or willful misrepresentation a visa or other documentation to enter the United States?	Yes	No
(7) (a) Are you now or have you ever been ineligible for United States citizenship?	Yes	No
(b) Have you ever departed from or remained outside of the United States to avoid or evade military service in time of war or national emergency?	Yes	No
(c) Have you ever registered with a draft board under the selective service laws of the United States?	Yes	No
(8) Can you, if you are over sixteen, read and understand some language or dialect?	Yes	No
(9) Have you ever assisted another alien to enter the United States or try to enter the United States in violation of the laws of the United States?	Yes	No
(10) Are you a former exchange visitor who has not resided abroad for two years following your departure from the United States?	Yes	No
(11) Are you now or have you ever been		
(a) an anarchist?	Yes	No
(b) an advocate of opposition to all organized government?	Yes	No
(c) an advocate of Communism?	Yes	No
(d) a member of, or affiliated with, the Communist Party or affiliated organization, an organization advocating Communism or a Communist-dominated or controlled organization or an organization advocating the overthrow by force of all organized government or any other similar organization?	Yes	No
(If the answer to any of the above questions is Yes, explain, giving dates and nature of activities or membership.)		

34. (Continued)

(12) Do you intend to enter the United States from Canada, Mexico or an island adjacent to the United States within two years after arrival in such country or island? (If answer is Yes, give the name of transportation company by which you entered or intend to enter such country or island)

Yes No

35. Were you assisted in completing this application? (If so, give name and address of person or persons assisting you indicating whether relative, friend, attorney, travel agent, or other)

Name **PASSPORT PHOTO SERVICE** Address

8481 COTE DES NEIGES
TEL. WE. 3-9631 — MONTREAL

DO NOT WRITE BELOW THE FOLLOWING LINE

The consular officer will assist you in answering the following parts 36 and 37

36. I claim to be exempt from ineligibility to receive a visa and exclusion under item _____ in part 34 for the following reason:

37. I claim to be a

NON preference quota immigrant under the **Union of Soviet Socialist Republics**

Nonquota immigrant.

My claim is based on the following facts:

**Charged to spouse's quota
Section 202 of the Act of 1952**

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application have been made by me, including the encircling of items in part 34, and are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to, or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means; or join, affiliate with, or participate in the activities of any organization which is registered or required to be registered under Section 7 of the Subversive Activities Control Act of 1950. I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

fp January 4, 1962

Montreal, Canada

Peter Wyprykash
(Signature of Applicant)

Subscribed and sworn to before me this 4th day of January, 1962

SERVICE NO.

TARIFF ITEM NO.

FEE PAID U.S. \$5.00

LOCAL CY EQUIV.

F. RAYMOND SENDEN

Vice Consul of the

United States of America

DIOCESE: Przemyslensis

DECANATUS: Medochia

COUNTY: Drohobycz

PARISH: Rollow

Number: 27

BIRTH AND BAPTISM CERTIFICATE

Office of Greek-Cath.
Parish in ROLOW

Church of Transportation
of relics of Saints Martyrs
Boris and Glib.

DECLARER, that:

In Church Register, tome VI, page -8

appears following:

1

Year, month and day }
of birth and baptism }

ANNO DOMINI - eighteen hundred and
ninety eight, July 27 was born,
and baptized the same day, and
given unction.

/27/VII 1898 /:

2

HOUSE number:

17/284

3

NAME:

PETRUS
obst. Tkela Paranczak

4

RELIGION:

Greek - Catholic

5

SEX :

Male

6

MARRIAGE :

Legal

7

PARENTS: Father: MICHAEL WYKRYKACZ, son of John and Anne de Lysyj Wykrykacz, farmers in Rollow.
Mother: ANNA, daughter of Gregory and Pelagia of Taniw Procopiw, farmers in Rollow.

8

GOD PARENTS: Pauline Procopiw, Danylo Woloszyn

BAPTIZED AND CONFIRMED

W. HONOWSKI

THIS CERTIFICATE signed by my own hand and vouched by Church Seal
SEAL ROLLOW day 12th of October A.D. 1924

Signed : ALEKSANDER FACIW
Greek-Cath. Canoniciat

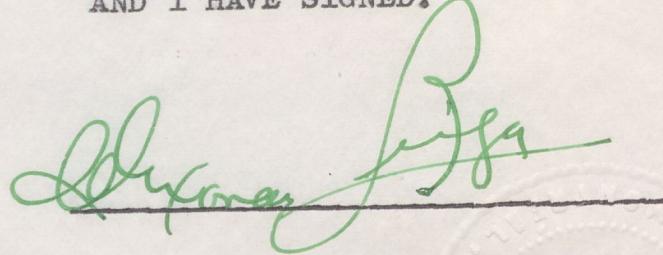
C A N A D A
PROVINCE OF QUEBEC
DISTRICT OF MONTREAL

A F F I D A V I T

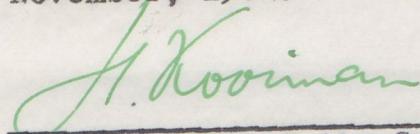
I, ALEXANDER BIEGA, Q.C., Advocate,
domiciled and residing at 105 Upper Bellevue, in the
City of Westmount, District of Montreal, having been
duly sworn do depose and say:

1. THAT the document annexed hereto is
a true translation from Ukrainian and
Latin to the English language;

AND I HAVE SIGNED.



SWORN to before me at
the City of Montreal
on this 6th day of
November, 1961.



COMMISSIONER of the Superior
Court for the District of
Montreal.

NO.

BIEGA, BEAUREGARD, DORAI^S & KOOIMAN

ADVOCATES - AVOCATS

60 ST. JAMES ST. WEST

SUITE 102

VI. 2 - 1126 - 7 - 8



Епархія: *Przemyslensis*
Diocesis:

Повіт: *Drohobyczensis*
Districtus:

Число:
Numerus: 27

Деканат: *Miedzianowski*
Decanatus:

Парохія: *Rolow.*
Parochia:



Свідоцтво уродин і хрещення.

Testimonium ortus et baptismi.

Уряд варохіяльний гр. кат. Ex parte officii parochialis r. gr. cath. *in Rolow* церкви *Перенесення мощей св. Миколая* Ecclesiae eob. M. T. Parochia: *Меджановської*

заявляє, що в книгах метричальних тої церкви, том *VI* стор. *8* належить до *8* находиться слідує: notum testatumque fit, in libris metricalibus huius Ecclesiae tom *VI* pag. *8* reperiri sequentia:

Рік, місяць і день уродин, хрещення і миропомазання Annus, mensis et dies natitatis, baptissimi et confirm.	Число дому Nr. domus	І М Я NOMEN	Віроісповідання Religio	Пол Sexus	Ложа Thori	РОДИЧІ і звання PARENTES et conditio	РОДИЧІ ХРЕСТНІ і звання PATRINI et conditio
Року Божого Тисяч <i>вісімсот дев'ятнадцять</i> осіннього дня <i>27</i> липня урахувані в <i>1898</i> році самого чл. дімов вхрещеній і св. Михаїла поставлені <i>1: 27/VII 1898/</i>	<i>17</i> <i>284.</i>	<i>Petrus.</i> <i>Obst. Theod. Paracelsus.</i>	<i>gr. cat.</i>	<i>міс</i>	<i>legitimi.</i>	<i>pater: Michaelius Wukrykae filius Iovinus et Anna eae Zyguj Wukrykae agricola e Rolow mater: Anna filia Gregorii et Pelagiae de Ga- niw Procopiu agricolaram e Rolow. —</i>	<i>Павлина Прокопів Данило Вільшиць</i>
Anno domini Millesimo octavo gentesimo nono gesimo octavo (1898):						<i>Baptisavit et confirmavit</i> <i>P. Horowits.</i>	
Die octavo septem ma juli natu, baptisatus et con- firmatus est 1898.							

Се свідоцтво власною рукою підписую і печаткою церковною стверджую.
Quas testimoniales manu propria subscribo sigilogue Ecclesiae parochialis coricboru.



Rolow

дня die 12 Octobris P. B.
A. D. 1924.

Aleksander Facius
gr. cat. parochius loc.

POUR FIN D'IDENTIFICATION SEULEMENT

Sexe M F

Nom WYKRYKACH, Peter.

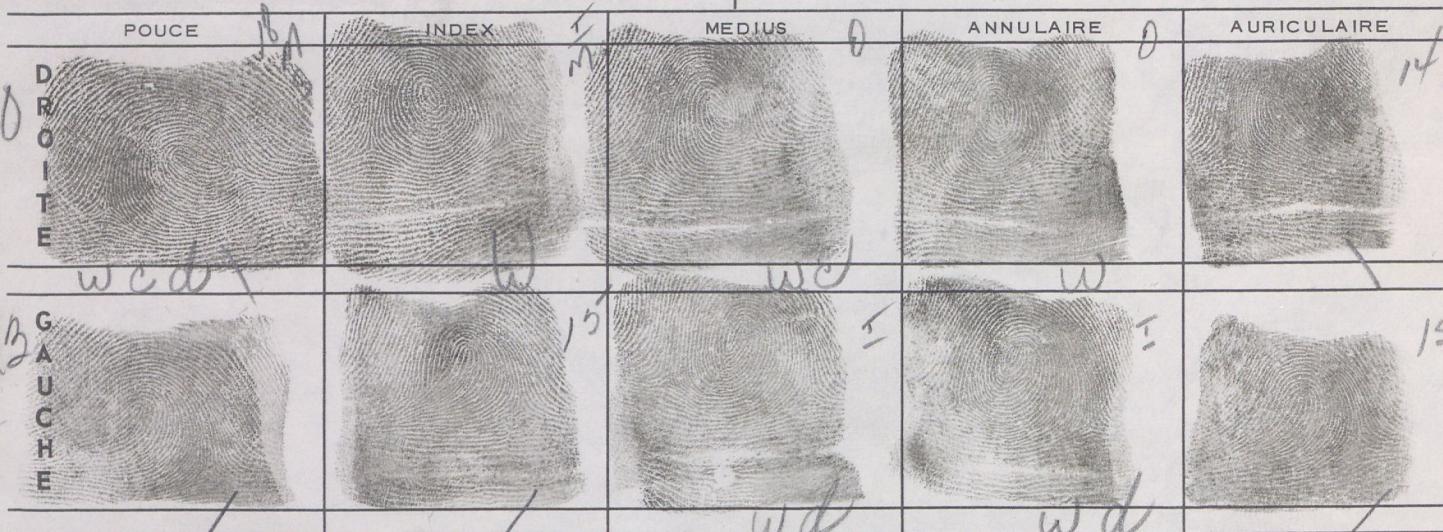
Lieu de résidence 532nd Bedard St,

City Lasalle, Montreal, P.Q.

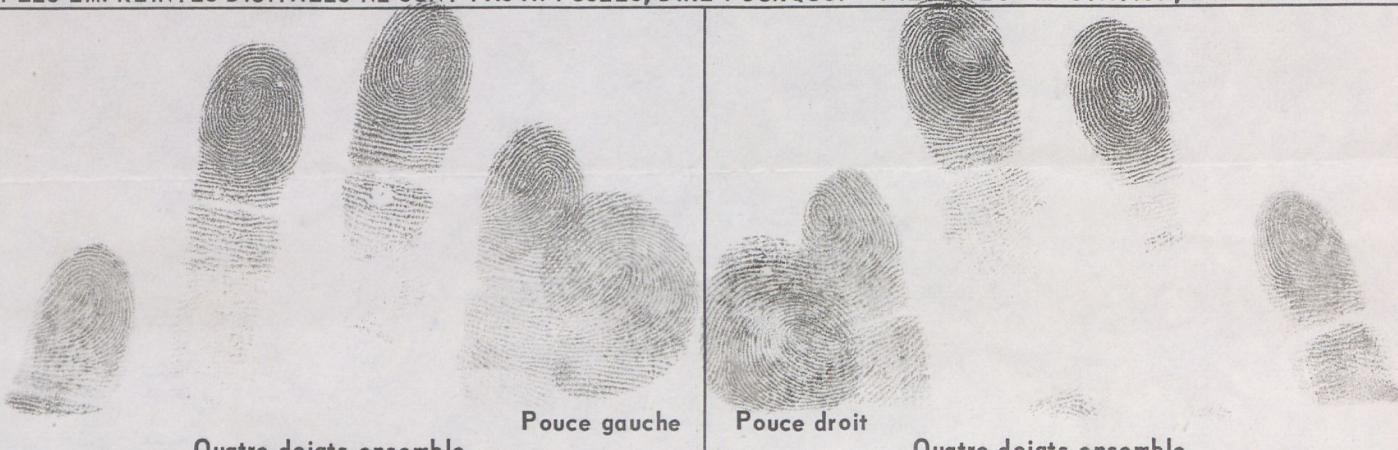
Aux fins de U.S. VISA.

Classification d'empreintes digitales

RL
 O 21 W
 L 26 U
 14
 15



SI LES EMPREINTES DIGITALES NE SONT PAS APPOSÉES, DIRE POURQUOI - S'IL Y A EU AMPUTATION, DONNER LA DATE



SIGNATURE DU PRÉPOSÉ AUX EMPREINTES

J. D. W. St. Jean
J. D. W. ST. JEAN. S/Cst. DATE 10-10-61

SIGNATURE DU SUJET

532 Bedard LASALLE
Peter Wykrykach

NOM ET ADRESSE DU SERVICE OU DE L'AGENCE PRENNANT LES EMPREINTES

R.C.M. POLICE,
MONTREAL, P.Q.

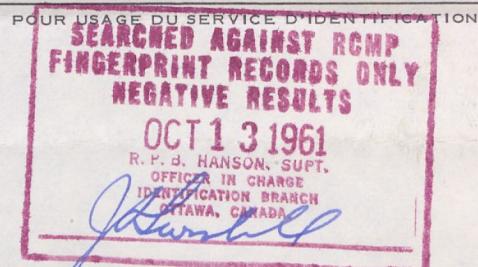
NATIONALITÉ Canadian

RACE D'ORIGINE Austrian

MÉTIER Retired

DATE DE NAISSANCE 27-7-1898

LIEU DE NAISSANCE Rolow Galicia Austria.



TAILLE PIÈDS POUCE POIDS

YEUX

TEINT

CHEVEUX

POUR LE SERVICE DU CONTRIBUANT OU L'AGENCE



The Bank of Nova Scotia

LASALLE, QUEBEC
CANADA

Lafleur & Clement,
LaSalle, Que.

November 16, 1961.

Department of Immigration,
United States Consulate,
1558 Mcgragor Ave.,
Montreal, Que.

Dear Sir;

In accordance with the request of Mr. Peter Wykrykach, we certify that the present balance in his account is \$5,301.69.

This account is operated satisfactory since June 1959, when connection was required. Average balance maintained during 1961 was approximately \$4,000.00 with a decrease in his balance during the months of April and May. This was caused by the purchase of a bungalow in Avon Park, Florida.

The account was increased by \$7,700. in September of this year. This amount represents the sale of a mortgage which Mr. Wykrykach held on a Rosemount property.

Yours truly,

C.E. Dumays
Manager.

CED/ld

I hereby authorize the Bank of Nova Scotia to give this information.

PROVINCE OF QUEBEC
DISTRICT OF MONTREAL

A F F I D A V I T

I, the undersigned PETER WYKRYKACH,
domiciled and residing at No. 532 Bedard Street,
Ville LaSalle, in the District of Montreal, have been
duly sworn do depose and say:

1. THAT I am the sole owner of the following properties, namely:

No. 532 Bedard Street, Ville LaSalle, P.Q.
-and-

No. 320-A Florida Avenue, Avon Park, Florida.

2. THAT when I go to Florida I will not have to depend upon any one other than myself for financial help, support or maintenance.

AND I HAVE SIGNED.

Peter Wykrykach

SWORN to before me at the
City of Montreal on this
day of November, 1961.

An R. Pagnutti
COMMISSIONER of the Superior
Court for the District of
Montreal.

FOREIGN SERVICE
UNITED STATES OF AMERICA
MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE MONTREAL, CANADA

DATE OF EXAMINATION Jan 4th 1961

At the request of the American Consul at

CITY MONTREAL

COUNTRY

CANADA

I certify that on the above date I examined

NAME

WYKRYKACH, Peter

AGE 63 yrs SEX M

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

CLASS A:

TUBERCULOSIS (in any form)

LEPROSY (Hansen's Disease)

DANGEROUS CONTAGIOUS DISEASES:

Actinomycosis

Granuloma Inguinale

Ringworm of scalp

Amebiasis

Keratoconjunctivitis infections

Schistosomiasis

Blastomycosis

Leishmaniasis

Syphilis, infectious stage

Chancroid

Lymphogranuloma Venereum

Trachoma

Favus

Mycetoma

Trypanosomiasis

Filariasis

Paragonimiasis

Yaws

Gonorrhea

MENTAL CONDITIONS:

Feeble-mindedness

Previous occurrence of one or more

(mental deficiency)

attacks of insanity

Mental defect

Insanity

Psychopathic personality

Narcotic drug addiction

Epilepsy (Idiopathic)

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*):

Chest X-ray report DR. NORMAN BROWN, MONTREAL, P.Q.

12/12/61

No evidence of active disease

from Dr. Brown

Blood serological report Negative from Dr. _____

Urinalysis report Not required

from Dr. _____

SIGNATURE OF MEDICAL TECHNICAL ADVISOR

USPHS

TITLE

MD

DATE OF FINAL NOTIFICATION