



UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

## MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place	Key West Fla.
File No.	A 13 353 868

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

Name Street Address City, State, Zip	Violeta M Botell 1400 Kennedy Drive # 136 Key West Fla. 33040	SEX F	DATE OF BIRTH 2/14/05
		PLACE OF BIRTH Cuba	NATIONALITY Cuban
COUNTRY TO WHICH CHARGEABLE (If any)	PREFERENCE (If any)	PRIORITY DATE 3-12-77	

## REMARKS

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

under the following provision of law:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sec 203(h) of the I & N Act | <input type="checkbox"/> Sec 249 of the I & N Act               | <input type="checkbox"/> Sec 214(d) I & N Act                                      |
| <input type="checkbox"/> Sec 244( ) of the I & N Act | <input checked="" type="checkbox"/> Sec 1 of the Act of 11/2/66 | <input type="checkbox"/> Private Law no. _____ of the _____ Congress _____ session |
| <input type="checkbox"/> Sec 245 of the I & N Act    | <input type="checkbox"/> Sec 13 of the Act of 9/11/57           | <input type="checkbox"/> _____<br>(Other law Specify)                              |

As of 9 12 74 at Key West Fla. PORT OF ENTRY FOR PERMANENT RESIDENCEClass of admission. (Insert symbol) CU-6

(Applicable in all cases)

RECOMMENDED BY: (Immigration Officer)

(Date)

8/19/77

DATE  
OF  
ACTION

DD

DISTRICT

U. S. APPROVED INS  
8/19/77  
Edward J. DeLucia  
MIAMI, FLORIDA

## FOR USE BY VISA CONTROL OFFICE

Date \_\_\_\_\_

Foreign State \_\_\_\_\_

Preference Category \_\_\_\_\_

Number \_\_\_\_\_

Month of Issuance \_\_\_\_\_

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

STATISTICS

- Form 1-357 delivered     Form G-153 delivered     Form 1-151 Serial No. 9873724  
 mailed     delivered

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

## INSTRUCTIONS

**GENERAL:** To request allocation of a visa number for a preference or nonpreference case under Section 245 or for a Western Hemisphere number under Section 1 of the Act of November 2, 1966, mail original and one copy to Visa Control Office. When grant of permanent residence becomes final, the copy returned by the Visa Control Office which allocates the visa number shall be appropriately endorsed, and placed in the file. In such cases the triplicate copy, which was retained in the file, shall be noted to show the date permanent residence status is granted and forwarded together with completed Form I-59 to the State Director of Selective Service in the case of every male alien between the ages 18 and 26 or between the ages of 18 and 35 in the case of a doctor, dentist or other medical specialist. If not required for this purpose, it shall be destroyed. 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 other cases where outstanding instructions require the form I-181 to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file, except when an additional copy is required to notify Selective Service.

**PREFERENCE:** Under Section 245, the priority date will be the filing date of one of the first six preference petitions.

**NONPREFERENCE:** 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 nonpreference immigrant; (2) the date on which application Form I-485 is properly filed, if the applicant establishes that he is a member of a profession or a person with exceptional ability in the sciences or the arts not included in the Department of Labor's Schedule A (29 CFR 60) provided a certification is issued on that basis, or that he is within Schedule A, or that the provisions of Section 212(a)(14) of the Act do not apply to him; (3) the date on which an approved valid third or sixth preference visa petition in his behalf was filed; or (4) the date an application for certification based on a job offer was accepted for processing by any office within the employment service system of the Department of Labor, provided the certification applied for was issued. A nonpreference priority date, once established, is retained by the alien even though at the time a visa number becomes available and he is allotted a nonpreference visa number he meets the provisions of Section 212(a)(14) of the Act by some means other than that by which he originally established entitlement to the nonpreference priority date.

**LABOR CERTIFICATION:** Check and complete the block regarding 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.

**DELAY NOTICE:** When the Service must obtain a visa number from the Department of State before granting permanent residence, the letter portion of this form notifying of the delay is mailed to the applicant with a copy to the attorney of record. In represented cases the attorney is notified of the approval of an application by furnishing him with a copy of the notice which is part of this form.

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7 T 222 909

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

## MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

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File No.	A 13 353 868

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

Name Street Address City, State, Zip	Violeta M Botell 1400 Kennedy Drive # 136 Key West Fla. 33040	SEX <b>F</b>	DATE OF BIRTH <b>2/14/05</b>
		PLACE OF BIRTH <b>Cuba</b>	NATIONALITY <b>Cuban</b>
COUNTRY TO WHICH CHARGEABLE (If any)		PREFERENCE (If any)	PRIORITY DATE <b>3-12-77</b>

REMARKS

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

under the following provision of law:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sec 203(h) of the I & N Act | <input type="checkbox"/> Sec 249 of the I & N Act               | <input type="checkbox"/> Sec 214(d) I & N Act                                      |
| <input type="checkbox"/> Sec 244( ) of the I & N Act | <input checked="" type="checkbox"/> Sec 1 of the Act of 11/2/66 | <input type="checkbox"/> Private Law no. _____ of the _____ Congress _____ session |
| <input type="checkbox"/> Sec 245 of the I & N Act    | <input type="checkbox"/> Sec 13 of the Act of 9/11/57           | <input type="checkbox"/> _____<br>(Other law Specify)                              |

As of 9 12 74 at Key West Fla. PORT OF ENTRY FOR PERMANENT RESIDENCEClass of admission (Insert symbol) CU-6

(Applicable in all cases)		DATE OF ACTION  DD
RECOMMENDED BY: (Immigration Officer)	(Date)	
<u>J. S. Adams</u> 8/19/77		8/19/77
		DISTRICT

## FOR USE BY VISA CONTROL OFFICE

Date \_\_\_\_\_

Foreign State \_\_\_\_\_

Preference Category \_\_\_\_\_

Number \_\_\_\_\_

Month of Issuance \_\_\_\_\_

Signed \_\_\_\_\_  
(Visa Office, Dept. of State) *g/19/77 v/k* Form 1-357 delivered     Form G-153 delivered     Form 1-151 Serial No. 9873724 mailed     deliveredCC:  Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of immigrant visa number. State Director, Selective Service (with 1-52)

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

## MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

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File No.	A 13 353 868	

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		PLACE OF BIRTH <b>Cuba</b>	NATIONALITY <b>Cuban</b>
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REMARKS

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

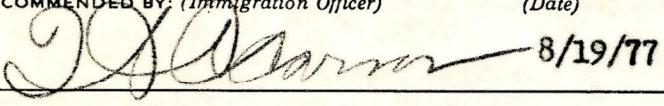
under the following provision of law:

<input type="checkbox"/> Sec 203(h) of the I & N Act	<input type="checkbox"/> Sec 249 of the I & N Act	<input type="checkbox"/> Sec 214(d) I & N Act
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<input type="checkbox"/> Sec 245 of the I & N Act	<input type="checkbox"/> Sec 13 of the Act of 9/11/57	<input type="checkbox"/> _____ (Other law Specify)

As of 9 12 74 at Key West Fla. PORT OF ENTRY FOR PERMANENT RESIDENCE

Class of admission. (Insert symbol) CU-6

(Applicable in all cases)

RECOMMENDED BY: (Immigration Officer)	(Date)	DATE OF ACTION
	<u>8/19/77</u>	<u>8/19/77</u>
		DISTRICT

## FOR USE BY VISA CONTROL OFFICE

Date \_\_\_\_\_

Foreign State \_\_\_\_\_

Preference Category \_\_\_\_\_

Number \_\_\_\_\_

Month of Issuance \_\_\_\_\_

Signed \_\_\_\_\_  
(Visa Office, Dept. of State) 11/20/77 VB Form 1-357 delivered     Form G-153 delivered     Form 1-151 Serial No. 13 353 868 mailed     deliveredCC:  Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of immigrant visa number. State Director, Selective Service (with 1-59)

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

REFER TO THIS FILE NO.

A 13 353 868

Date:

Violeta M Botell  
1400 Kennedy Drive # 136  
Key West Fla. 33040

Your application for status as a permanent resident has been received.

When processing has been completed, you will be further advised. If a visa number is required in your case, the State Department has been requested to allocate a number for your use. When the visa number is received you will be invited to appear for medical examination and interview.

To avoid delay in the processing of your application, please do not telephone or write while your case is pending. However, if there is a change in your address, employment or marital status, please notify this office promptly by mail referring to the above file number.

Sincerely yours,

District Director

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

REFER TO THIS FILE NO.  
**A 13 353 868**

Date:

Violeta M Botell  
1400 Kennedy Drive # 136  
Key West Fla. 33040

Your application for status as a permanent resident has been received.

When processing has been completed, you will be further advised. If a visa number is required in your case, the State Department has been requested to allocate a number for your use. When the visa number is received you will be invited to appear for medical examination and interview.

To avoid delay in the processing of your application, please do not telephone or write while your case is pending. However, if there is a change in your address, employment or marital status, please notify this office promptly by mail referring to the above file number.

Sincerely yours,

District Director

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

REFER TO THIS FILE NO.

A 13 353 868

Date:

Violeta M Botell  
1400 Kennedy Drive # 136  
Key West Fla. 33040

The application for adjustment of status to  
that of a permanent resident filed by the  
above named has been granted.

Sincerely yours,

District Director

ATTORNEY

ID

CN

DO

NO ESCRIBA EN EL ESPACIO DE ARRIBA

## SOLICITUD PARA NUMERO DEL SEGURO SOCIAL

Vea Las Instrucciones Al Dorso.

Escriba En Letra De Molde Con Tinta Negra O Azul Oscuro O Use Maquinilla

1 Escriba en letra de molde EL NOMBRE COMPLETO QUE USTED USARA EN EL TRABAJO O NEGOCIO		BOTEL, VIOLETA MARGARITA JUANA		
2 Escriba en letra de molde EL NOMBRE COMPLETO QUE RECIBIO AL NACER				
3 SITIO DE NACIMIENTO		(Ciudad)	(País)	6 FECHA DE SU NACIMIENTO
		CIENFUEGOS-L-V.	CUBA	FEB-14-1905
4 NOMBRE COMPLETO DE LA MADRE AL NACER (Nombre de soltera)		ANTONIA BOTEL Y SUAREZ		
5 NOMBRE COMPLETO DEL PADRE (Aunque haya muerto)		JOSE VELIZ MOJENA		
10 ¿HA SOLICITADO USTED ANTES O HA TENIDO NUMERO DE SEGURO SOCIAL FERROCARRIL O DE CONTRIBUCION DE LOS ESTADOS UNIDOS?		NO <input type="checkbox"/>	NO <input type="checkbox"/>	SI <input checked="" type="checkbox"/> (Si contesta "Sí," dé el ESTADO y FECHA en que solicitó y el NUM. DE SEGURO SOCIAL, si lo sabe)
11 SU DIRECCION POSTAL		1400 KENNEDY DR APT 136 Key West FLA 33040		
12 FECHA DE HOY		NOTA: Quienquiera, con intento de falsificar la identidad verdadera de él u otro, voluntariamente proporciona o causa que se proporcione información falsa en solicitar por un número del seguro social, ésta sujeto a una multa de no mas de \$1,000 o encarcelamiento por hasta 1 año, o ambos.		
13 NUMERO DE TELEFONO		14 Firme SU NOMBRE AQUI (No escriba en letra de molde) Violeta M. J. Botelle.		

 RESCREEN     ASSIGN     DUP ISSUEDDevuelva la solicitud debidamente cumplimentada a la oficina  
mas cercana de la ADMINISTRACION DE SEGURO SOCIAL

## INSTRUCCIONES

Un Número es Todo Lo Que Usted Necesitará Para Los Fines de Seguro Social y de Contribuciones.. Se Debe Dar Atención Especial A Los Encasillados Enumerados Abajo

Llene esta solicitud completa y correctamente. Si no sabe y no puede conseguir alguna de la información, escriba "Desconocida". Use maquinilla o escriba legiblemente en letra de molde usando tinta oscura.

- 1** Su tarjeta de seguro social llevará el nombre que usted indique en el encasillado 1 escrito en maquinilla. Sin embargo, si usted desea que su nombre aparezca tal como está escrito en el encasillado 2, adjunte una petición firmada a esta forma.
- 3** Si no nació en los Estados Unidos de América, escriba el nombre del país donde nació.
- 5** Si ha indicado el nombre de su padrastro, padre adoptivo o de crianza, indique el parentesco después del nombre; por ejemplo, "Juan Del Pueblo, padrastro."
- 10** Si alguna vez usted llenó una solicitud como esta para conseguir un número de seguro social, ferrocarril o de contribución, marque "Sí" aún cuando nunca haya recibido su tarjeta. Si marca "Sí," escriba el nombre del Estado donde solicitó y la fecha aproximada de la solicitud. Indique también el número de seguro social si recibió la tarjeta y recuerda el número. Es posible que usted encuentre el número en alguna planilla de contribución sobre ingresos, en un comprobante de pago o estado de cuenta.
- 11** Si usted recibe su correspondencia en el campo, sin calle y número, indique el nombre del barrio, la Ruta Rural y el número del buzón; si la recibe en la oficina de correos, indique el número de su apartado postal; si su dirección postal no se puede indicar de ninguna de estas maneras, escriba el nombre del pueblo o de la estación postal. Si usted da la dirección de otra persona donde usted desea recibir su correspondencia, use "al cuidado de" tal persona.
- 14** Firme su nombre según acostumbra firmarlo. No use letra de molde para firmar a menos que usted acostumbre firmar así. (Si usted no sabe escribir, haga una cruz en presencia de dos personas que sepan escribir como testigos. Los testigos, preferiblemente, deben ser personas que trabajan con el solicitante y ambos deben firmar esta solicitud. Un padre, guardián o tutor que llene la solicitud para otra persona debe firmar su nombre y poner su título o parentesco con el solicitante; por ejemplo, "Juan Del Pueblo, padre.")

☆ U. S. GPO:1974-0-545-624/16

FOR DISTRICT OFFICE USE

FOR BUREAU OF DATA PROCESSING

-1965

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

Immigration and Naturalization Service

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

Form Approved  
OMB No. 43-R0437

## DATE RECEIVED

12  
MARZO 1977  
12  
PD 3-8-77

## FILE NO.

## APPLICANT FOR BENEFITS OF

- Section 1 of the Act of November 2, 1966.  
 Section 2 of the Act of November 2, 1966.

ABD 9-8-74

**NO ESCRIBA MAS ARRIBA DE ESTA LINEA. VEA LAS INSTRUCCIONES ANTES DE EJECUTAR LA PLIEGO 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.**

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.

(LLENESE SOLAMENTE EL CUADRO 1A O EL 1B) (COMPLETE BLOCK 1A OR 1B ONLY)

1. A. Por la presente yo solicito convertirme en residente permanente extranjero sobre la siguiente base: (**Marque solamente (1) ó (2).**)  
I hereby apply to become a lawful permanent resident alien on the following basis: (Check (1) or (2) only.)

(1)  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 al 1 de Enero 1959, y he estado físicamente presente en este país, por lo menos dos años después de eso, o  
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

(2)  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 "(1)", 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 al 1 de Enero 1959, y he estado presente físicamente en este país por lo menos dos años después de eso.

I am not a native or citizen of Cuba but I am the  husband  wife, or  minor unmarried child of a native or citizen of Cuba described in "(1)" 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.

1. B. 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 (1) o (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 (1) or (2) only.)

(1)  Yo soy un nativo o ciudadano de Cuba, que fué legalmente admitido en los Estados Unidos para residencia permanente.  
I am a native or citizen of Cuba who was lawfully admitted into the United States for permanent residence.

(2)  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 "(1)", con quien estoy residiendo. Fui admitido en los Estados Unidos para residencia permanente.  
I am not a native or citizen of Cuba but I am the  husband  wife, or  minor unmarried child of a native or citizen of Cuba described in "(1)" above with whom I am residing. I was admitted into the United States for permanent residence.

2. Mi nombre es	(Apellido) (Last)	(Nombre de pila) (First)	(Nombre intermedio(s)) (Middle)		SEXO	Masculino	Femenino			
BOTELL VIOLETA MARGARITA				SEX	Male	Female				
3. Yo vivo en los Estados Unidos en:	(Calle y Núm.) (No. and Street)	(Núm. del Apt.) (Apt. No.)	(Ciudad) (City)	(Estado) (State)	(Código postal-ZIP) (ZIP Code)					
1400 KENNEDY DR 136 KEYWEST-FLA - 33040										
5. Mi número de Registro de Extranjeros es	6. Ahora soy un ciudadano de (País) I am now a citizen of (Country)	7. Fecha de nacimiento Date of Birth								
My alien registration number is A13-353868		24/4/05 <del>10/18/88</del>								
8. Lugar de nacimiento Place of Birth	(Pueblo o ciudad) (City or Town)	(Departamento o provincia) (County, Province, or State)	(País) (Country)							
CIENFUEGOS L. V. CUBA										
9. Nombre según aparece en su documento de entrada como no emigrante formulario I-94. Name as appears on nonimmigrant document Form I-94.	Mi número de permiso en el formulario I-94 es; My I-94 permit number is:									
264478104										
10. Mi primera llegada a los Estados Unidos, después del 1 de enero de 1959, fue en: My first arrival in the United States after January 1, 1959, occurred on	Al puerto o aeropuerto de At the Port of (City, State)									
Fecha (Mes, día y año) Date (Month, Day, Year)										
11. Yo llegué por (Nombre del barco u otro medio de transporte) I arrived by (Name of vessel or other means of travel)	como un (Visitante, estudiante, ciudadano de los EE.UU. polizón, inmigrante, bajo palabra, etc.) as a (Visitor, student, U.S. citizen, stowaway, immigrant, parolee, etc.)									
SMALL BOAT-SEA BIRD FL. 14961										
12. <input checked="" type="checkbox"/> Pasé <input type="checkbox"/> No pasé por la inspección. I <input type="checkbox"/> was <input type="checkbox"/> was not inspected	13. Mi visa de no inmigrante, número _____, fue expedida por el Cónsul de los Estados Unidos en (Ciudad, País) el (Fecha: dia, mes, año). My nonimmigrant visa, number _____, was issued by the U.S. Consul at (city, state) on (month, day, year)									

RECEIVED	TRANS. IN	RET'D-TRANS. OUT	COMPLETED

NOTA: Llénese desde la Casilla 14 hasta la Casilla 19 solamente si usted ha marcado la Casilla 1A.  
NOTE: Complete Blocks 14 through 19 only if you checked BLOCK 1A.

14. Yo soy  soltero (a)  casado (a)  divorciado (a)  viudo (a) **NAVENTO** I am  single  married  divorced  widowed

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

b. Número de veces que mi marido (esposa) se ha casado. Number of times my husband (wife) has been married.

e. Nombre de mi marido (esposa). Name of husband (wife).

**FALLECIDO - ROBERTO VERMUEDEZ**

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

15. a. Tengo \_\_\_\_\_ hijos o hijas: (llene todas las columnas correspondientes a cada hijo o hija; si viven con usted indique "conmigo" en la última columna; de lo contrario, indique la ciudad, el estado o país donde reside cada hijo o hija). I have  sons or daughters as follows: (complete all columns as to each son or daughter; if living with you state "with me" in last column; otherwise give city and state or country of son's or daughter's residence).

(Nombre) Name	(Sexo) Sex	(Lugar de nacimiento) Place of Birth	(Fecha de nacimiento) Date of Birth	(Ahora esta residiendo en) Now living at
<b>JERRY BERMUDEZ</b>	<b>MUJER</b>	<b>CIENFUEGOS</b>	<b>13 Sept 1919</b>	<b>OQUENDO 80TH AV. CUBA</b>
<b>ROBERTO IBERMUDEZ</b>	<b>HOMBRE</b>	<b>CIENFUEGOS</b>	<b>13 Febrero 1925</b>	<b>SOUTH 1325 - FLA CC 330 40</b>

b. Los siguientes miembros de mi familia también están solicitando la categoría de residentes permanentes: The following members of my family are also applying for permanent resident status.

16. 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.") 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.")

17.  He recibido  no he recibido tratamiento por razón de un trastorno mental, adicción a drogas o alcoholismo. (De haberlo recibido, explique.)

I  have  have not been treated for a mental disorder, drug addiction or alcoholism. (If you have been, explain.)

18.  He sido  no he sido arrestado, juzgado culpable o encarcelado. (De haberlo sido, explique.)

I  have  have not been arrested, convicted or confined in a prison. (If you have been, explain.)

19.  He recibido  no he recibido un perdón, amnistía, decreto de rehabilitación, u otro acto de clemencia o acción similar. (De haberlo recibido, explique.)

I  have  have not been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action. (If you have been, explain.)

20. TODA PERSONA QUE SOLICITE EL ESTADO LEGAL DE RESIDENTE PERMANENTE DEBERÁ PROBAR QUE REUNE LOS REQUISITOS DE ADMISIÓN A LOS ESTADOS UNIDOS. SALVO DE OTRO MODO DISPUESTO POR LEY, LOS EXTRANJEROS COMPRENDIDOS DENTRO DE LAS SIGUIENTES CATEGORIAS NO SERÁN ADMITIDOS A LOS ESTADOS UNIDOS, Y POR LO TANTO, NO TENDRÁN DERECHO A SOLICITAR EL ESTADO LEGAL DE RESIDENTE PERMANENTE:

Los extranjeros que sean retardados mentales dementes, o hayan sufrido uno o más ataques de locura; los extranjeros que padeczan de personalidad psicopática, devoción sexual, defecto mental, adicción a drogas narcóticas, alcoholismo crónico, o cualquier enfermedad peligrosa contagiosa; los extranjeros que tengan un defecto físico, enfermedad o incapacidad que afecte su capacidad de ganarse la vida; los extranjeros que sean mendigos, pordioseros o vagos de profesión; los extranjeros que sean polígamos o que profesen la poligamia; los extranjeros que hayan sido excluidos de los Estados Unidos dentro de los últimos doce meses, o que hayan sido en cualquier ocasión deportados de los Estados Unidos, o que en cualquier ocasión hayan sido expulsados de los Estados Unidos por cuenta y costo del Gobierno; los extranjeros que hayan obtenido, o intentado obtener una visa mediante fraude o falsedad; los extranjeros que hayan salido o permanecido fuera de los Estados Unidos para evadir el servicio militar en tiempo de guerra o emergencia nacional; los extranjeros que hayan sido visitantes de intercambio y que no han cumplido el requisito de dos años de residencia en el extranjero; los extranjeros que hayan cometido o se les haya hallado culpables de algún delito que encierre torpeza moral (no se incluyen las infracciones leves a las leyes de tránsito); los extranjeros que se hayan dedicado o que intenten dedicarse a cualquier trato sexual comercial; los extranjeros que sean o que alguna vez hayan sido anarquistas, o miembros de, o afiliados a cualquier

quier partido comunista u otro partido totalitario, inclusive cualquier subdivisión o filial de los mismos; los extranjeros que hayan abogado o profesado, sea por manifestaciones personales, escritos o impresos, o mediante afiliación con un organismo, (i) oposición al gobierno constituido, (ii) la derrocalón del gobierno mediante la fuerza y la violencia, (iii) el asalto o el asesinato de funcionarios gubernamentales por razón de sus personerías oficiales, (iv) la destrucción ilegal de propiedad, (v) el sabotaje, (vi) las doctrinas del comunismo internacional, o el establecimiento de una dictadura totalitaria en los Estados Unidos; los extranjeros que intenten participar en actividades perjudiciales o ilegales de carácter subversivo; los extranjeros que hayan sido hallados culpables de violar cualquier ley o reglamento relacionado con drogas narcóticas o marihuana; o que hayan sido traficantes ilícitos de drogas narcóticas o marihuana; los extranjeros que hayan estado inmiscuidos en prestar ayuda a cualquier otro extranjero para entrar a los Estados Unidos violando las leyes; y los extranjeros que han solicitado exención o licenciamiento de entrenamiento o servicio en las Fuerzas Armadas de los Estados Unidos por razón de ser extranjero y que hayan sido eximidos o licenciados de tal entrenamiento o servicio;

¿Le corresponde a usted alguna de dichas categorías?  Si  No  
(De contestar Si, sírvase explicar)

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 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 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 any time 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; 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

ted 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; and 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)

21.  La planilla G-325A terminada (Información biográfica), está unida aquí como parte de esta solicitud.  
 Completed Form G-325A (Biographic Information) is attached as part of this application.

22. SI SU ALFABETO NATIVO NO ES DE LETRAS ROMANAS ESCRIBA SU NOMBRE EN SU ALFABETO NATIVO DEBAJO:  
IF YOUR NATIVE ALPHABET IS OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW:

No se adjunta el Formulario G-325A (Datos Biográficos) debido a que el solicitante es menor de 14 años de edad.

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

23. (Firma del solicitante) Signature of Applicant

(Fecha de la firma) Date of Signature

(Firma de la persona que ha preparado la planilla, si fuera otra que el solicitante.) Yo declaro que este documento ha sido preparado por mi, a petición del solicitante y que está basado en toda la información de que tengo conocimiento.

(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)  
Signature

*Augustina Carbosell.*

(Fecha)  
Date

*Mayo 9/1977*

(Dirección)  
Address

*1400 Remond Dr Apt 11 Key West FL  
My Casa.*

(Ocupación)  
Occupation

(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.)

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

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 mi, o a petición mía, y que esta solicitud fue firmada por mi con mi nombre completo y verdadero:

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:

*Key West Fl 8/19.77*

Subscribed and sworn to before me by the above-named applicant  
at *Key West Fl* on *8/19/77*  
(Month) (Day) (Year)

*Nicibia Botell*  
(Firma completa y verdadera del solicitante)  
(Complete and true signature of applicant)

*J. A. Carbosell*  
(Signature and title of officer)

MARZO 12 1977

PD 3-12-77

ABD 9-8-74

Dagmila Carbonell  
Marzo 9/1977

1400 Remond Dr Apt 111 Bay West Il  
Mi Cava.

Fay West Ille 8-19-77

~~✓ D. Botell 3/9/77~~  
J. O. Cannon II

X Vibela Botell

<b>APPLICANT</b>		LEAVE THIS SPACE BLANK		
SIGNATURE OF PERSON FINGERPRINTED <i>Violeta Botell</i>		LAST NAME <b>BOTELL</b> , FIRST NAME <b>Violeta Margarita Juana</b> MIDDLE NAME		
		SEX <b>Female</b> RACE <b>White</b>		
RESIDENCE OF PERSON FINGERPRINTED 912 Simonton St. Key West, Fla.		CONTRIBUTOR AND ADDRESS USINS		
		COMPANY AND ADDRESS		
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Martinez</i>		CITY & STATE MIAMI, FLORIDA		
DETENTION GUARD <i>Martinez</i>		HT. (IN.) <b>65<sup>1</sup>/2</b> WT. <b>130</b> DATE OF BIRTH <b>2/14/1905</b> HAIR <b>Black</b> EYES <b>Brown</b>		
TYPE OR PRINT ALL REQUESTED DATA		LEAVE THIS SPACE BLANK		
		FEMALE REF.		
FURTHER INSTRUCTIONS 2. RIGHT INDEX		NUMBER <b>A-13 353 868</b> DATE FINGERPRINTED <b>October 19, 1965</b> PLACE OF BIRTH <b>Las Villas, Cuba</b> CITIZENSHIP <b>Cuban</b>		
		CLASS <b>17 L 1 A</b> 56 Ra 14 REF.		
NO ARREST RECORD FBI 10-28-65		4. RIGHT RING <b>13</b> 5. RIGHT LITTLE <b>0</b>		



*A 13353*

*868*  
~~13353~~

AVISO

Si Ud. ha recibido entrenamiento para actuar como espia o en acciones de sabotaje, o si alguien en Cuba u otro estado extranjero le pidió que lo hiciera, o que obtuviera informes de carácter de inteligencia o espionaje para Cuba, las leyes de los Estados Unidos de Norteamérica requieren que eso sea referido al Departamento de Justicia. Si Ud. no lo refiere, Ud. puede ser arrestado o deportado de los Estados Unidos.

Hay a su disposición un Agente del Federal Bureau of Investigation (FBI) quien representa el Departamento de Justicia, que está dispuesto a recibir toda clase de información sobre este asunto que Ud. quiere pasar.

Si Ud. desea dar esa información, no firme la presente, sino demande que se le ponga en contacto con un Agente del FBI.

Si Ud. no tiene ninguna información de esta clase, sirvase leer y firmar la siguiente declaración, usando su nombre completo y correcto:

No he recibido ningún entrenamiento para actuar como espia o en actos de sabotaje, ni se me ha pedido que lo hiciera, ni siquiera se me ha encargado obtener información de espionaje para Cuba o cualquier otro estado extranjero.

*10-19-65*  
fecha

*Domingo Botell*  
Firma

		First Name	Middle Name
DORIEL VIOLETA Margarita Tameza			
Country (Citizenship)		Passport Number	
U.S.A.		E191187	
United States Address		12 Simonton St Key West Fla.	
Airline & Flight No. or Vessel of Arrival		*Passenger Boarded At	
Bart-SeaBird Fl 1496A Paraiso, Cuba			
Permanent Address		Am 190 #4823 Apt 6 Mariano Hdr. Cba	
Arrive Date		PAROLED PURSUANT TO SEC. 11(a)(3) OF THE I. & N. ACT TO:	
2-JL-1905		Endeavoring	
Birthplace		PURPOSE	
Cuba		JSA 123 553 00 1021725 601 (Date) (Officer)	
Visa Issued At		13353 868	
Argentina			
Date Visa issued			

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

Processing Sheet

Application or  
Petition Form No. I-485A

File No. A 13 353 868

Priority Date: \_\_\_\_\_

Riding With: \_\_\_\_\_

Roll Back Date: \_\_\_\_\_

MISSING DOCUMENTS:

Passport

# 192987 Seen & turned

I-94

8-19-77

Birth Certificate

None

Marriage Certificate

Divorce Decree

Spouse's Death certificate

I-486

8-18-77

DISTRIBUTE

ACTION TAKEN

I-181 to State

\_\_\_\_\_

G-325A #1 (F. P.)

\_\_\_\_\_

G-325A #2 & #3

\_\_\_\_\_

REQUESTED

ACTION TAKEN

Fingerprint chart

\_\_\_\_\_

G-325A

\_\_\_\_\_

Photos

8-19-77

This form may be overprinted or stamped to show instructions, items requested, items received, or other pertinent data which may facilitate processing.

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

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

FILE NO: \_\_\_\_\_

DATE: A 13 353 868

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

8/3/77

Violeta Botela  
1400 Kennedy Drive # 136  
Key West Fla. 33040

**INSTRUCTIONS FOR MEDICAL EXAMINATION**

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" X 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked  below with regard to your medical examination.

- Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U. S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS

DATE

TIME

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before .....  
All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER

**Dr. J. L. Lester 422 Fleming 6/21/11**

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

**INSTRUCTIONS FOR IMMIGRATION INTERVIEW**

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT

ADDRESS

DATE

TIME

BRING WITH YOU AT THE TIME OF INTERVIEW THE FOLLOWING:

1. The sealed envelope furnished to you by the physician who performed the medical examination.
2. Your passport and Form I-94 (Arrival and Departure Record)
3. Other:

**NOTE:**

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW



FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE.



BRING PASSPORT AND I-94

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

FILE NO: \_\_\_\_\_

DATE: A 13 353 868

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

8/3/77

Violeta Botella  
1100 Kennedy Drive # 136  
Key West Fla. 33040

**INSTRUCTIONS FOR MEDICAL EXAMINATION**

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" X 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked  below with regard to your medical examination.

- Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U. S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS

DATE

TIME

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before .....  
All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER

Dr. J. I. Lester 422 Fleming 6/21/11

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

**TO PHYSICIAN PERFORMING THE EXAMINATION**

PLEASE OBTAIN THE APPLICANT'S SIGNATURE IN THE SPACE PROVIDED AND MEDICALLY EXAMINE HIM FOR ELIGIBILITY FOR ADJUSTMENT OF STATUS. IF THE APPLICANT IS FREE OF MEDICAL DEFECTS LISTED IN SECTION 212 (A) OF THE IMMIGRATION AND NATIONALITY ACT, ENDORSE THIS COPY OF FORM 1-486A IN THE SPACE PROVIDED AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. IF THE APPLICANT IS NOT FREE OF SUCH MEDICAL DEFECTS, DO NOT SIGN THIS FORM. INSTEAD WRITE 'SEE FS-398' IN THE PHYSICIAN'S SIGNATURE BLOCK AND PREPARE MEDICAL CERTIFICATE ON FORM FS-398 AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE TOGETHER WITH THIS COPY OF FORM 1-486A FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. (IF EXAMINATION IS CONDUCTED BY A CIVIL SURGEON, INSERT IN ENVELOPE BOTH COPIES OF FORM 1-486A, X-RAYS AND LABORATORY REPORTS AND TWO COPIES OF FORM FS-398 IF APPLICANT IS NOT FREE OF MEDICAL DEFECTS.)

**DISTRICT DIRECTOR**

I CERTIFY THAT THE ATTACHED X-RAY AND SEROLOGY REPORT (BLOOD TEST) RELATE TO ME  
SIGNATURE OF APPLICANT

X *Violeta Botella.*

PENALTY THE LAW PROVIDES SEVERE PENALTIES FOR KNOWINGLY AND WILFULLY FALSIFYING OR CONCEALING A MATERIAL FACT OR USING ANY FALSE DOCUMENTS IN CONNECTION WITH THIS APPLICATION.

MY EXAMINATION, INCLUDING X-RAY, BLOOD SEROLOGICAL AND OTHER REPORTS, WHEN NEEDED, SHOW THE APPLICANT TO BE FREE OF ANY DEFECTS, DISEASE OR DISABILITIES LISTED IN SECTION 212(A) OF THE IMMIGRATION AND NATIONALITY ACT AS AMENDED.

SIGNATURE OF PHYSICIAN

*J. I. LESTER JR MD*  
TITLE *DR FLEMING ST KEY WEST, FLA 33040*

DATE  
8-15-77

## X-RAY REPORT

Family Name	First Name	Home Phone	Room No.	Hosp. No.
Address			Sex M   F	Ages—Years      X-Ray No.
Attending Physician			Date	O.P.D. No.

Submitted for (Please check) X-ray film  Stereotaxic  Fluoroscopic exam.  Complete exam.  Discretion of Radiologist  Treatment

Dressings may  may not  be removed

Previously rayed \_\_\_\_\_

Clinical Summary \_\_\_\_\_

Suspected pathology \_\_\_\_\_

Attending Physician \_\_\_\_\_

M.D.

Findings:

Ribbed scarring or (?) - no pneumonia  
O.C.H.F. - chest borderline  
enlarged

CLINIC INC. LABORATORY REPORT  
Phone CT 6-2414

NAME \_\_\_\_\_

SPRINGS

Acid-fast Bacilli

Blood

**Pus**

Other

Mucus

Ova & Parasites

BLOOD GROUP

V.D.R.L.

13.30%

RH Factor

B12

Preg. Test

U.L.

REQUESTED BY DR.

EXAMINED BY

*David*

ALL LAB WORK PAID IN ADVANCE

Signature of Roentgenologist

M.D.

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME, FIRST NAME MIDDLE NAME

LEAVE BLANK

BOTELL Violeta M.J.

Violeta Botell.

1400 Kennedy Drive Apt 136  
Key West Fla. 33040

*Mccann*

FLINSMM00 A  
USINS  
MIAMI FL

2/14/05

Cuban

A 13 353 868

F W 64 160 hazel grey Cuba

Section 1 applicant



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20537

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

APPLICANT

TO OBTAIN CLASSIFIABLE FINGERPRINTS

1. USE PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

LEAVE THIS SPACE BLANK

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS, AND APPLICANTS FOR EMPLOYMENT LICENSES OR PERMITS IN THOSE STATES WITH STATUTES PROVIDING FOR FINGERPRINTING AS A REQUISITE FOR THE TYPE OF EMPLOYMENT, LICENSE OR PERMIT TO BE ISSUED. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES, DO NOT SATISFY THIS REQUIREMENT. A SET OF APPLICANT PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU OR, IF NO SUCH BUREAU EXISTS, THROUGH A CENTRAL AGENCY DESIGNATED FOR SUCH PURPOSE WITHIN THE STATE. ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH. IF A MORE CURRENT COPY OF AN EXISTING FBI IDENTIFICATION RECORD IS REQUIRED, SIMPLY SUPPLY NAME, FBI NUMBER OR LOCAL ARREST NUMBER AND, IF READILY AVAILABLE, THE PRIMARY AND SECONDARY PARTS OF THE FINGERPRINT CLASSIFICATION.

2. U.S. GOVERNMENT AGENCIES IN CONNECTION WITH CLEARANCES. IDENTITY OF PRIVATE CONTRACTOR SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS." THE CONTRIBUTOR IS THE NAME OF AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.

FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN APPROPRIATE SPACE.

MISCELLANEOUS NO. — RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT-SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

NAME (LAST)

BOTELL, Violeta Margarita, Trinidad

(FIRST)

(MIDDLE)

FILE NO.

A12 353 868

Date &amp; Place of Birth

Feb. 14, 1905  
Cienfuegos, L.V., Cuba

Present Address

912 Simonton St. Ave 2706, apt. 6  
Key West, Fla. Marianao, Hab. Cuba

Foreign Address

Place of Entry

Key West

Date

Small Boat

Manner

FBI

POS.

NEG.

Nationality

Cuba

V/D to

Deferred Inspection

Paroled to

FBI

✓

Occupation in Cuba

Domestic

Foreign Military Service

None

&amp; Rank

✓

Visa Type

None

Place of Issue

Date of Issue

Valid to

O.N.

Limited or Unlimited

✓

Passport No.

192987

Date Issued

9-21-62

Validity Date

9-21-67

Birth Certificate

F.I.T. B.I.D.  
CENTRAL

✓

Marital Status

Widow

Name &amp; Address of Spouse

Reasons Claimed for Being Unable to Return to Country of Nationality

Political

SE-180

Rev. 5-25-62 (10)