

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

CATEGORY B

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place	Miami, Florida
File No.	A-19-C36-315

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

Name Street Address City, State, Zip	DeL Mazio - Suarez Jose P.	SEX	DATE OF BIRTH
		PLACE OF BIRTH	Cuba
		NATIONALITY	Cuban
COUNTRY TO WHICH CHARGEABLE (if any)	PREFERENCE (if any)	PRIORITY DATE	10/24/74
WESTERN HEMISPHERE			
REMARKS R/W			

NONPREFERENCE: Section 212(a)(14) certification not required because:

Cuban Refugee

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"/> _____
(Other law Specify) |

As of 4/24/74 at Miami, Florida PORT OF ENTRY FOR PERMANENT RESIDENCE

Class of admission. (Insert symbol) CU-6 83

(Applicable in all cases)		DATE OF ACTION	U. S. APPROVED INS
RECOMMENDED BY: (Immigration Officer) <u>James S. Ferullo</u> <u>5/4/74</u>		DD	<u>5/4/74</u>
		DISTRICT	<u>Edward J. Deacony</u> 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. _____

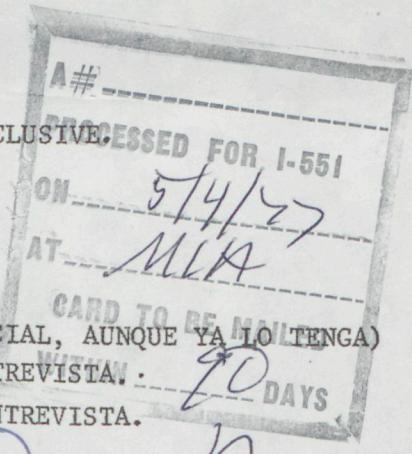
mailed delivered

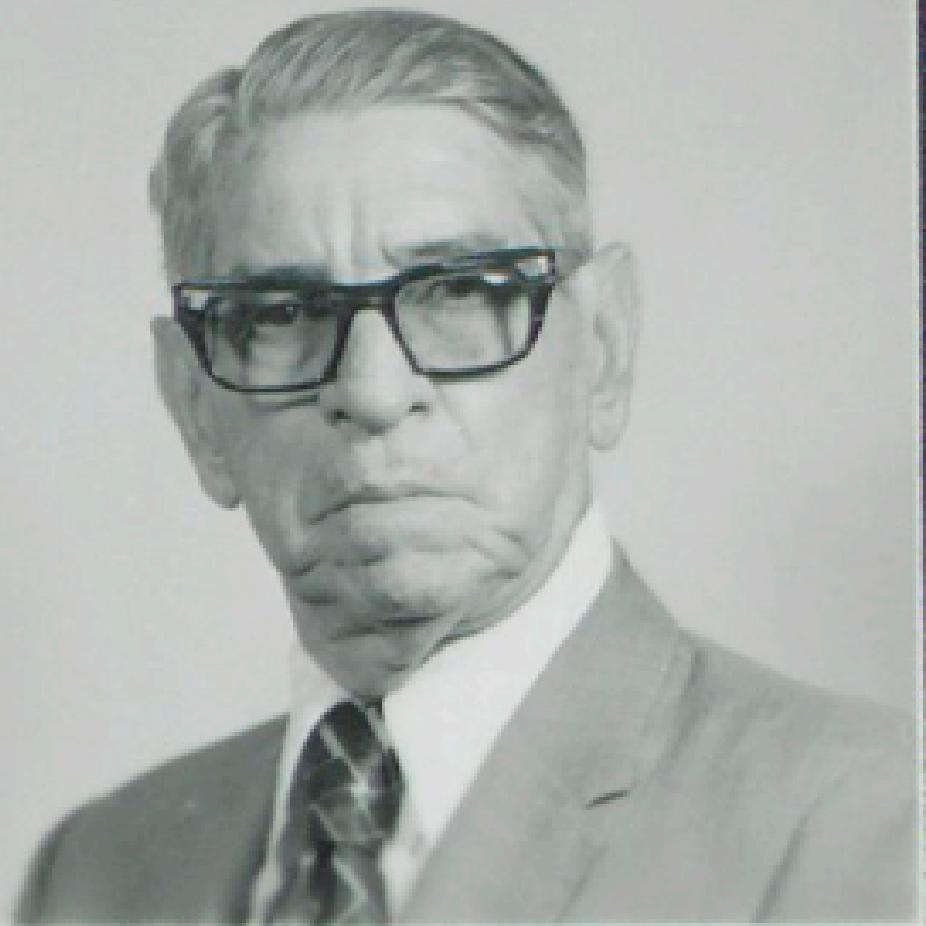
CC: Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of immigrant visa number.

State Director, Selective Service (with 1-59) _____

1. APELLIDO DEL PADRE	<u>DEL MAZO</u>	2. FECHA DE NACIMIENTO	<u>OCT. 26-1903</u>	3. NUMERO DE EXTRANJERO	<u>A 19 636 315</u>
4. DIRECCION ACTUAL (Calle y Numero)	<u>1075 SE. 9 AVE.</u>	5. CIUDAD, ESTADO Y ZIP CODE	<u>HIALEAH-FLA-33010</u>		
6. NOMBRE DE LA MADRE	<u>FILOMENA</u>	7. NOMBRE DEL PADRE	<u>JOSE</u>		
8. CIUDAD O PUEBLO DE NACIMIENTO SUYO	<u>HABANA, CUBA</u>	9. CIUDAD DONDE RESIDIA CUANDO PRESENTO SU SOLICITUD	<u>HIALEAH</u>		
10. OCUPACION ACTUAL	<u>Retired</u>	11. HA SIDO ARRESTADO O DETENIDO ALGUNA VEZ? SI LO HA SIDO, ESCRIBA LA FECHA Y EL MOTIVO DE LA OFENSA. SI _____ NO <u>X</u> FECHA: _____ MOTIVO: _____			
12. HA SIDO MIEMBRO O HA PERTENECIDO AQUI O EN OTRO LUGAR A ALGUNA ASOCIACION O CLUB TAL COMO SINDI- CATO, LICEO, PARTIDO POLITICO, ETC? SI _____ NO <u>X</u>	13. TIENE UD. EL PROPOSITO DE HACERSE CIUDADANO? SI <u>X</u> NO _____				
14. CIUDAD DE DESTINO A SU LLEGADA A LOS ESTADOS UNIDOS	<u>MIAMI</u>	15. PUERTO DE ENTRADA	<u>MIAMI</u>		
16. ROLL-BACK DATE	<u>4/24/72</u>	17. CU6 CLASS	18. 584 C.O.B.		
19. CARD 1	20. TRAN 1	<p>POR FAVOR CONTESTE SOLAMENTE LAS PREGUNTAS DEL 1 AL 14 INCLUSIVE CUANDO COMPAREZCA A LA ENTREVISTA TRAER CONSIGO SU:</p> <ol style="list-style-type: none"> 1. PASAPORTE 2. FORMA I-94 (PAROLEE) 3. COPIA DEL CERTIFICADO DE NACIMIENTO 4. RESULTADO DEL EXAMEN MEDICO 5. FORMA SS-5 (SOLICITUD PARA EL NUMERO DEL SEGURO SOCIAL, AUNQUE YA LO TENGA) <p>LOS NIÑOS MENORES DE 14 AÑOS NO TIENEN QUE ASISTIR A LA ENTREVISTA. LOS MAYORES DE 14 AÑOS ES INDISPENSABLE QUE ASISTAN A LA ENTREVISTA.</p>			

J. del Mazo
FIRMA DEL APPLICANTE







—
Jose
Delmogo
A19-636-305-

C 1-1965

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization ServiceIMMIGRATION &
NATURALIZATION
SERVICE
APPLICATION BY CUBAN REFUGEE FOR PERMANENT RESIDENCE
SOLICITUD PARA RESIDENCIA PERMANENTE DE REFUGIADO CUBANOForm Approved
OMB No. 43-R0437

DATE RECEIVED 4:

OCT 24 3 37 PM '66
B. & I SECTION
MIAMI DISTRICT OFFICE

NO ESCRIBA MAS ARRIBA DE ESTA LINEA. VEA LAS INSTRUCCIONES ANTES DE EJECUTAR LA FOLILLA 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.
 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 los 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) ó (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 fue 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) (Nombre de pila) (Nombre intermedio(s))
My name is (Last) (First) (Middle)

DEL MAZO SUAREZ, JOSE PEDRO

SEXO Masculino Femenino
SEX Male Female

3. Yo vivo en los Estados Unidos en: (Calle y Núm.) (Número del Apto.) (Ciudad) (Estado) (Código postal-ZIP)
I reside in the United States at: (No. and Street) (Apt. No.) (City) (State) (ZIP Code)
1075 SE 9 AVE #4, HIALEAH, FLA 33010

4. ¿Ha solicitado Ud. alguna vez residencia permanente en los EE. UU.? Si, No
(Si la respuesta es "Sí", indique fecha y lugar de presentación y resolución definitiva.)

5. Mi número de Registro de Extranjeros es
My alien registration number is6. Ahora soy un ciudadano de País
I am now a citizen of Country7. Fecha de nacimiento
Date of Birth

Have you ever applied for permanent residence status in the United States? Yes No

(If "Yes", give date and place of filing and final disposition.)

A-19-636-315

CUBA

10/26/03

8. Lugar de nacimiento
Place of Birth(Pueblo o ciudad)
(City or Town)(Departamento o provincia)
(County, Province, or State)(País)
(Country)

HAVANA, HAVANA, 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: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
Fecha (Mes, día y año)
Date (Month, Day, Year) 6/9/71Al puerto o aeropuerto de
At the Port of (City, State)
MIAMI, FLA11. 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.)12. Pasé No pasé por la inspección.
I was 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)

EA 237

DAGE

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) I am single married divorced widowed

a. Yo he estado casado 1 veces, incluyendo mi matrimonio actual (si está casado ahora). I have been married times, including my present marriage, if now married.

(Si está 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.

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

DULCE ALMEYDA

d. Mi marido (esposa) reside en conmigo separadamente en la dirección (Núm. del apto.) (Núm. 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 2 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
NORMA	F	HAVANA, CUBA	4/17/29	SAN JUAN, PR
JOSE	M	" "	9/18/30	MIAMI, FLA

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.

MY WIFE AND SISTER IN LAW

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.")

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 CATEGORÍAS 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, desviación 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 profesan 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 cual-

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 derrocarción del gobierno mediante la fuerza y la violencia, (iii) el asalto o el asesinato de funcionarios gubernamentales por razón de sus personalidades 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 YOU NATIVE ALPHABET IS IN 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.

(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 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

(Dirección
Address

(Fecha)
Date

(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, y que esta solicitud fue firmada por mí, en su totalidad, es verdadera, y totalmente correcta.

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, if any, will be made by me at my earliest, and that this application is correct as so far as I know.

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

at _____ on Sept (Month) 19 (Day) (Year)

John R. Farley

(Signature and title of officer)

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

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

FILE NO. A19 636 315

DATE: _____

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Jose Pedro Del Mazo, Suarez
 1075 S.E. 9 Ave. #4
 Hialeah, Fl 33010

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

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

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

DATE

TITLE

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICEFILE NO. 119 636 315

DATE: _____

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Jose Pedro Del Mazo, Suarez
1075 S.E. 9 Ave. #4
Hialeah, Fl 33010

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.

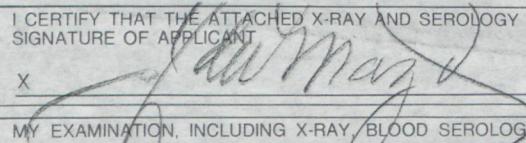
PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER

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

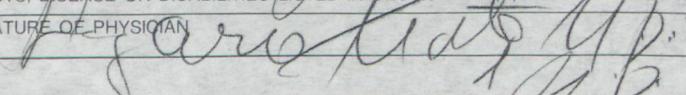
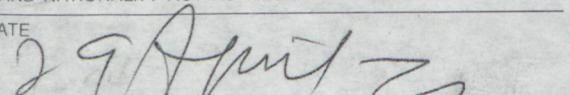
PLEASE OBTAIN THE APPLICANT'S SIGNATURE IN THE SPACE PROVIDED AND MEDICALLY EXAMINE HIM FOR ELIGIBILITY FOR ADJUSTMENT OF STATUS. IF THE APPLICANT IS FREE OF MEDICAL DEFECTS LISTED IN SECTION 212 (A) OF THE IMMIGRATION AND NATIONALITY ACT, ENDORSE THIS COPY OF FORM 1-486A IN THE SPACE PROVIDED AND HAND 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 

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 	DATE 
TITLE	

PHONE 642-0001

Lassol Medical Laboratories, Inc.

434 S.W. 12 AVENUE

MIAMI, FLORIDA



JOHN LASSEVILLE, R. M. T.

April 21, 1977

Jose P. del Mazo Suarez

Allien Registration No.: A 19 636 315

Lab. No. #296 V.D.R.L. Results: Nonreactive: Negative

A handwritten signature in cursive script that reads "John Lasseville".

Authorized Lab. Representative

PHONE 642-0001

Lassol Medical Laboratories, Inc.

434 S W 12 AVENUE
MIAMI FLORIDA 33130



JOHN LASSEVILLE, R.M.T.

April 21, 1977

A-19-636-315

PATIENT: Jose P. del Mazo

EXAMINATION: Chest

Examination of the chest by means of a single PA view, shows no radiological evidence of active pulmonary tuberculosis.

IMPRESSION: No evidence of active pulmonary tuberculosis.

Off/le)
Carlos G. Llanes, M.D.
Radiologist.

CGL/cm.

NAME (LAST IN CAPS)	(FIRST)	(MIDDLE)	SNDX CODE	NO.
MAZO-Suarez, Jose Pedro			A19 636 315	

Alias

P.O.E.	DATE OF ENTRY	TYPE ADM.	MO.-DAY-YR. OF BIRTH	COUNTRY OF BIRTH
MIA	4-24-72	CU-6	10-26-03	Cuba

Type of Action: Name of Sponsor:

I 485 A

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

APVD

MIA

5-4-77

1

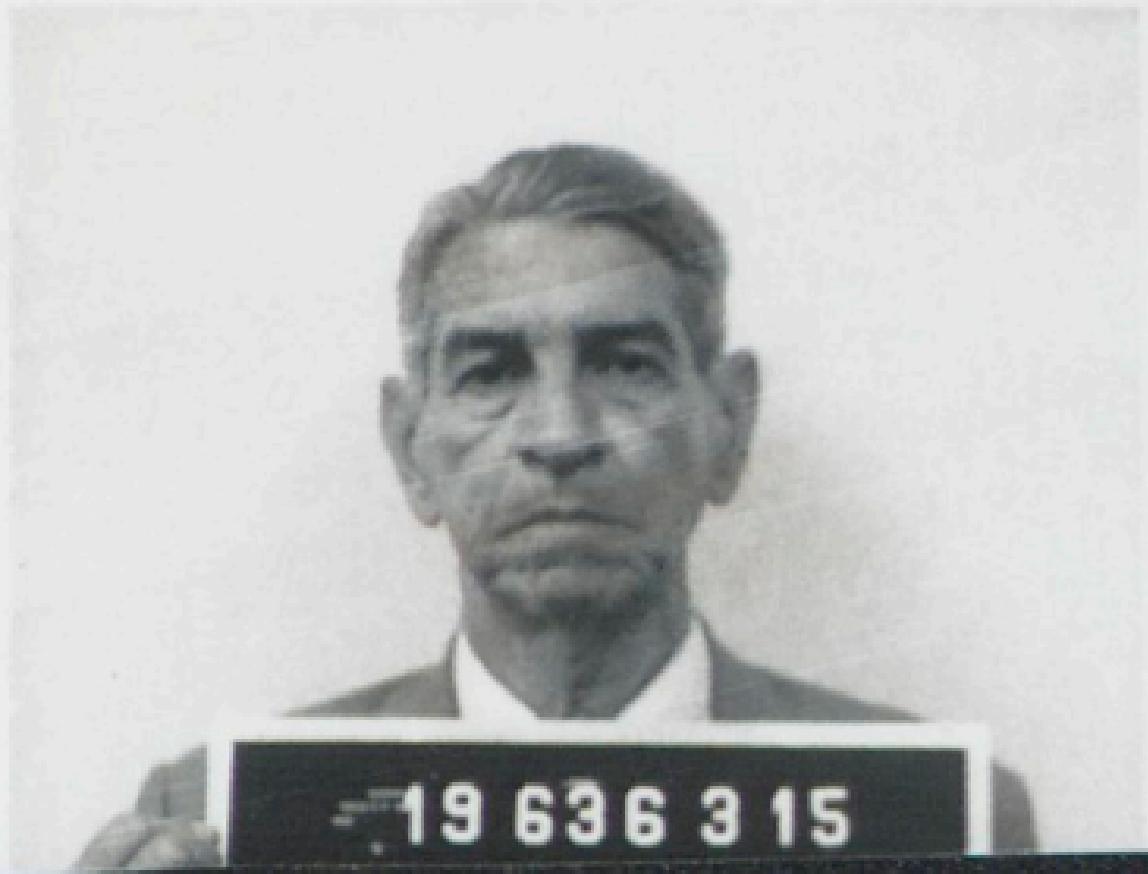
Street Address (City, State, and Zip Code)

FCO	Date	FCO	Date	FCO	Date
MIA	6-21-77 sm				

Acession No.

Box No.

CORRECTED



-19 636 3 15

Oct 10-24-74
 LEAVE BLANK
APPLICANT
 ✓ NAME DEL MAZO JOSE PEDRO
 ✓ FIRST NAME JOSE
 ✓ MIDDLE NAME PEDRO
 ✓ ALIASES AKA 3 16 3 11 Mel
 ✓ DATE OF BIRTH 19-636-315
 ✓ ADDRESS 1075 S.E. 9th Ave #4
 ✓ CITY HAILEAH, FLA.
 ✓ ZIP CODE 33010
 ✓ STATE FL
 ✓ SIGNATURE Delmazo
 ✓ DATE FEB 84 1977
 ✓ ADDRESS HAILEAH POLICE DEPT.
 ✓ NONE
 ✓ REASON FINGERPRINTED
 ✓ RESIDENTS

TYPE ON PRINT ALL INFORMATION IN BLACK		FBI LEAVE BLANK	
✓ NAME	NAM	✓ FIRST NAME	FIRST NAME
✓ MIDDLE NAME	MIDDLE NAME	✓ ALIASES AKA	ALIASES AKA
✓ DATE OF BIRTH	DOB	✓ MONTH	Month
✓ DAY	Day	✓ YEAR	Year
✓ CITIZENSHIP	CITZ	✓ SEX	SEX
✓ RACE	RACE	✓ HEIGHT	HEIGHT
✓ EYES	EYES	✓ HAIR	HAIR
✓ PLACE OF BIRTH	POB	✓ CLASS	CLASS
✓ YOUR NO.	YOUR NO.	✓ REF	REF.
✓ FBI NO.	FBI NO.		
✓ ARMED FORCES NO.	ARMED FORCES NO.		
✓ SOCIAL SECURITY NO.	SOCIAL SECURITY NO.		
✓ MILITARY NO.	MILITARY NO.		
FILE		Fingerprints not susceptible to classification or identification.	
266-31-2357		PD Fingerprints not susceptible to classification or identification.	
A19-636-315		3 17 101	
		5 (1 out)	
<small>LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY</small>			
<small>RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY</small>			

BEST PRINTS OBTAINABLE DUE TO POOR SKIN CONDITION & LACK OF RIDGE FORMATION.
 11, 15 & 16 RIDE FORMATION.

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 CLOCK.
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 DRAWN HERE).

Fingerprints not susceptible to
classification or identification.

LEAVE THIS SPACE BLANK

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 PURPOSE WITHIN THE STATE. ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN LOCATED SHOULD BE SUBMITTED FOR FBI SEARCH. A MORE CURRENT COPY OF AN EXISTING FBI IDENTIFICATION RECORD IS REQUIRED. SIMPLY SUPPLY NAME NUMBER OR LOCAL ARREST NUMBER AND, IF AVAILABLE, THE PRIMARY AND SECONDARY FINGERPRINTS FOR 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).

ILLEGIBLE PRINT

REASON 5

NO ARREST RECORD BY NAME

FBI IDENTIFICATION DIVISION

RECORDED
MAR 23 1977

IDENT. DIV. 58

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

10-24-74

COMPLETE THIS BOX (Family name)

(Given name)

(Middle name)

(Alien registration number)

DEL MAZO SUÁREZ, JOSE PEDRO

315
14305

A-19-636-315

(OTHER AGENCY USE)

INS USE (Office of Origin)

NO ARREST RECORD

APR 8 1977

IDENTIFICATION DIVISION
FBI

INABILITY OF INSPECTOR RY RIDGE
DETAIL, COMPLETE FINGERPRINT
SEARCH NOT POSSIBLE.

MIA
T.C.

MAR 17 1977

(1) Ident.



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20537

APR 12 1977 25

Contributor:

Enclosed fingerprints are being returned to you because of reasons indicated below:

- Code/Registration/Service/Contributor number omitted.
- Complete descriptive data omitted/indicate correct sex of subject.
- Advise if subject is deceased.
- Name not shown at top of print/signature illegible/name and signature differ.
- Furnish final disposition if available.
- Advise reason for submission of fingerprints - criminal (charge), applicant (position for which applying).
- Name and address of person to be notified in case of emergency not given.
- Impressions not black on standard white fingerprint card stock.
- Date of birth not given/not clear/incomplete/if unknown give approximate age.
- Charge and date of arrest not given.
- Finger impressions not on card.
- Position for which subject applying not given.
- Our records fail to reveal a statute within your state requiring fingerprinting for the position indicated on the enclosed card/s.
- There is no indication the enclosed fingerprints have been processed through your state identification bureau or central agency prior to their receipt by this Bureau.
- FBI number omitted/rolled impressions of all ten fingers, plus plain impressions, must be submitted if no FBI number is available.
- Apparently mailed to us by mistake.
- Enclosed print may have been submitted by your office. Please list contributor and return to FBI. If not submitted by your office, please advise.
- We do not include information unsupported by fingerprints in our identification files.
- Finger impressions on attached card/s are identical with those on file for subject of attached record; however, the descriptive data on the attached card/s evidently pertain to another individual.
- Descriptive data on attached fingerprint card/s are similar to that on file for subject of attached record; however, finger impressions are not identical.
- Finger impressions are identical with those on file for FBI No. however, name and description are similar to information on file for FBI No. A copy of each record is attached.
- Your attention is called to the fact that these prints are not classifiable.
- Search by name only has been conducted with negative results.
- Fingerprint search has been conducted with negative results.
- In absence of necessary ridge detail, partial fingerprint search conducted with negative results.

After making appropriate changes or additions, please resubmit.

Identification Division
FBI

Enc.



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20537

APR 12 1977 25

The finger impressions which have the number in individual finger blocks circled on the attached cards are not susceptible of accurate classification because of one or more of the various reasons listed below. Each fingerprint card indicates by number or notation on the back of the fingerprint card the particular reason or reasons for its return.

- (1) Ink was unevenly distributed
- (2) Fingers not fully inked or rolled
- (3) Too much ink
- (4) Insufficient ink
- (5) Some impressions smudged, possibly fingers slipped while being rolled, or fingers not clean and dry
- (6) Ridge characteristics not distinct, possibly due to the nature of the individual's employment or some other cause. Legible prints may be obtained after a few days
- (7) Hands have been reversed
- (8) One or more fingers printed twice
- (9) One or more impressions missing or partially missing
Please indicate if there is an amputation. If no amputations, obtain these fingerprints. In cases of bent or paralyzed fingers, it is suggested that a spoon or similar instrument be used and the fingers be printed individually
- (10) Fingerprints not in sequence in spaces indicated
- (11) Impressions not black on standard white fingerprint card stock.

Due to the volume of fingerprints contained in the fingerprint files of the FBI, and the use of super break-ups and extensions in conjunction with the Henry Classification System, it is necessary to obtain exact ridge counts and tracings of all ten fingers in order to search our files properly.

In the event of serious injury to a finger precluding the taking of prints of the finger at this time, it is suggested that printing be done at a later date when a complete set of prints may be secured.

It is suggested that reprints be obtained and forwarded to the FBI for appropriate attention. When submitting the reprints it is not necessary to return the original fingerprint card, as only one copy of each set of fingerprints is necessary for retention in this Bureau's files.

For your information, a check by name only has been made on the enclosed prints with negative results.

Thank you for your cooperation in this matter.

Identification Division
FBI

PLEASE NOTE INSTRUCTIONS ON REVERSE SIDE.

PLEASE NOTE

Because of the vastness of our fingerprint records, it is imperative that the complete classification formula be employed for searching and filing in each instance. Accurate classifying depends primarily upon the best possible rolled impressions that can be taken.

Fully rolled, clear impressions allow for accurate pattern differentiation, ridge counting, whorl tracing, and interpretation of whorl types.

It is suggested that each newly completed fingerprint chart be examined to ascertain if it can be fully classified, bearing in mind the following: (1) loop-type patterns cannot be classified unless the center of the loop, the delta, and the ridges between them are clear; (2) whorl-type patterns cannot be classified unless the deltas and the ridges connecting them are clear; (3) arch-type patterns can be classified as such only if a sufficiently clear impression is obtained to permit identification of the pattern as belonging to the arch category.

While a concerted effort is made to retain every fingerprint card forwarded us for processing, in some instances this is not possible. The FBI fully recognizes the occurrences of situations which challenge the ingenuity of the identification officer to secure legible impressions. All returned fingerprint cards do not necessarily reflect upon the ability of the operative taking the prints and no returns are made at any time with such a thought in mind.

Your earnest co-operation is solicited in obtaining the best possible impressions in each block on each fingerprint card forwarded us for search. By so doing you are rendering a real service and making a major contribution to all agencies participating in the fingerprint exchange program.

RECORD OF INFORMATION DISCLOSURE
(Privacy Act)

NAME: Jose Del Mayo

FILE NO: A19 636 315

Purpose: Review of a file to ascertain length of residence and date of adjusted status to determine eligibility for Medicare Benefits.

Disclosed to: Joseph R. Scott, Assistant Manager
Social Security Administration
1444 Biscayne Boulevard, Suite 100
Miami, Florida 33132

DATE: 2/4/78

RELEASED BY: Mollie E. Goldstein

**UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE**

FILE NO. A19 636 315DATE: APR 19 1977

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Jose Pedro Del Mazo, Suarez
1075 S.E. 9 Ave. #4
Kieler, MI 33010

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

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

MAY 4 1977 8-

TIME

AM

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

INSTRUCTIONS: USE TYPEWRITER. BE SURE ALL COPIES ARE LEGIBLE. Failure to answer fully all questions delays action.

Do Not Remove Carbons: If typewriter is not available, print heavily in block letters with ball-point pen. ☆ U.S. GOVERNMENT PRINTING OFFICE 1974 537-548

FORM G-325A (REV. 8-27-72)N .

Form Approved
OMB No. 43-R436

10-24-74

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

BIOGRAPHIC
INFORMATION

(Family name)	(First name)	(Middle name)	<input checked="" type="checkbox"/> MALE	BIRTHDATE(Mo.-Day-Yr.)	NATIONALITY	ALIEN REGISTRATION NO.
DEL MAZO SUAREZ	JOSE PEDRO		<input type="checkbox"/> FEMALE	10/26/03	CUBAN	(H-1)-636-315
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO.
NONE			HAVANA, HAVANA, CUBA			(H-004) 31-2357
FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH(If known)		CITY AND COUNTRY OF RESIDENCE	
FATHER	DEL MAZO, JOSE		HAVANA, CUBA		DECEASED	
MOTHER(Maiden name)	SUAREZ, FILOMENA		MATANZAS, CUBA		"	
HUSBAND(if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	ALMEYDA	DULCE	5/20/1899	HAVANA, CUBA	6/11/27	HAVANA, CUBA
FORMER HUSBANDS OR WIVES(if none, so state)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
FAMILY NAME (For wife, give maiden name)						
NONE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM	TO
MONTH	YEAR	MONTH	YEAR	PRESENT TIME	
1075 SE 9 AVE #4	HTALEAH	FLA	USA	9	71

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM	TO
MONTH	YEAR	MONTH	YEAR	PRESENT TIME	
VISTA ALLEGRE 411	VTBORA	HAVANA	CUBA	62	71

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	RETired
<input type="checkbox"/> OTHER (SPECIFY):	<i>J. del Mazo</i>	
Are all copies legible? <input type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

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

(OTHER AGENCY USE)

INS USE (Office of Origin)

(2) Rec. Br.

INSTRUCTIONS: USE TYPEWRITER. BE SURE ALL COPIES ARE LEGIBLE. Failure to answer fully all questions delays action.

Do Not Remove Carbons: If typewriter is not available, print heavily in block letters with ball-point pen. U.S. GOVERNMENT PRINTING OFFICE 1974 537-548

FORM G-325A (REV. 8-27-72)N

Form Approved
OMB No. 43-R436

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

BIOGRAPHIC INFORMATION

(Family name)	(First name)	(Middle name)	<input checked="" type="checkbox"/> MALE	BIRTHDATE(Mo.-Day-Yr.)	NATIONALITY	ALIEN REGISTRATION NO. <i>(If any)</i>
DEL MAZO SUAREZ, JOSE PEDRO			<input type="checkbox"/> FEMALE	10/26/03	CUBAN	A-19-636-315
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO.	
NONE			HAVANA, HAVANA, CUBA		268-31-2357	
FAMILY NAME FIRST NAME			DATE, CITY AND COUNTRY OF BIRTH(IF known)		CITY AND COUNTRY OF RESIDENCE	
FATHER	DEL MAZO, JOSE	HAVANA, CUBA			DECEASED	
MOTHER(Maiden name)	SUAREZ, FILOMENA	MATANZAS, CUBA			"	
HUSBAND(if none, so state OR WIFE)	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	AYMEYDA	DULCE	5/20/1899	HAVANA, CUBA	6/11/27	HAVANA, CUBA
FORMER HUSBANDS OR WIVES(if none, so state)			DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE	
NONE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM	TO
1075 SE 9 AVE #4	HIALEAH	FLA	USA	9	71
					PRESENT TIME

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM	TO
VISTA ALEGRE 411	VIBORA	HAVANA	CUBA	62	71
					PRESENT TIME

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	9/27/74
<input type="checkbox"/> OTHER (SPECIFY):	WELFARE	
Are all copies legible? <input type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

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

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

10-24-74

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
DEL MAZO SUAREZ, JOSE PEDRO			A-19-636-315
(OTHER AGENCY USE)			INS USE (Office of Origin)
(2) Rec. Br.			

INSTRUCTIONS: USE TYPEWRITER. BE SURE ALL COPIES ARE LEGIBLE. Failure to answer fully all questions delays action.

Do Not Remove Carbons: If typewriter is not available, print heavily in block letters with ball-point pen. ☆ U.S. GOVERNMENT PRINTING OFFICE 1974 537-548

FORM G-325A (REV. 8-27-72)N

Form Approved
OMB No. 43-R436

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

BIOGRAPHIC
INFORMATION

(Family name)	(First name)	(Middle name)	<input checked="" type="checkbox"/> MALE	BIRTHDATE(Mo.-Day-Yr.)	NATIONALITY	ALIEN REGISTRATION NO. (If any)
DEL MAZO SUAREZ, JOSE PEDRO			<input type="checkbox"/> FEMALE	10/26/03	CUBAN	A-19-636-315
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
NONE			HAVANA, HAVANA, CUBA			260-31-2357
FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH(IF known)		CITY AND COUNTRY OF RESIDENCE	
FATHER	DEL MAZO, JOSE		HAVANA, CUBA		DECEASED	
MOTHER (Maiden name)	SUAREZ, FILOMENA		MATANZAS, CUBA		"	
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	ABMEYDA	DULCE	5/20/1899	HAVANA, CUBA	6/11/27	HAVANA, CUBA
FORMER HUSBANDS OR WIVES (if none, so state)		FAMILY NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
NONE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
1075 SW 9 AVE #4	HIALEAH	FLA	USA	9	71		PRESENT TIME

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
VISTA ALEGRE 411	VIBORA	HAVANA	CUBA		62		71

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

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	9/27/74
<input type="checkbox"/> OTHER (SPECIFY):	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE: <i>DelMazo</i>	
Are all copies legible? <input type="checkbox"/> Yes		

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

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

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
DEL MAZO SUAREZ, JOSE PEDRO		A-19-636-315	
(OTHER AGENCY USE)		INS USE (Office of Origin)	
(3) C.			

INSTRUCTIONS: USE TYPEWRITER. BE SURE ALL COPIES ARE LEGIBLE. Failure to answer fully all questions delays action.

Do Not Remove Carbons: If typewriter is not available, print heavily in block letters with ball-point pen. ★ U.S. GOVERNMENT PRINTING OFFICE 1974 537-548

FORM G-325A (REV. 8-27-72)N

Form Approved
OMB No. 43-R436

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

BIRT

BIOGRAPHIC INFORMATION

(Family name)	(First name)	(Middle name)	<input checked="" type="checkbox"/> MALE	BIRTHDATE(Mo.-Day-Yr.)	NATIONALITY	ALIEN REGISTRATION NO.
DEL MAZO SUAREZ, JOSE PEDRO			<input type="checkbox"/> FEMALE	10/26/03	CUBAN	(1-19)-636-315
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO.	
			HAVANA, HAVANA, CUBA		(100-31-2357)	

NONE

FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH(IF known) CITY AND COUNTRY OF RESIDENCE

FATHER	DEL MAZO, JOSE	HAVANA, CUBA	DECEASED			
MOTHER(Maiden name)	SUAREZ, FILOMENA	HAVANAS, CUBA	"			
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
	AMETIDA	DULCE	5/20/1899	HAVANA, CUBA	6/11/27	HAVANA, CUBA

FORMER HUSBANDS OR WIVES(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
NONE				

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
1075 SW 9 AVE #4	HIALEAH	FLA	USA	9	71	PRESENT TIME	

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
VISTA ALEGRE 411	VIBORA	HAVANA	CUBA	62	71		

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

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION(SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
	WELFARE				

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

RETired

DATE

9/27/74

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	9/27/74
<input type="checkbox"/> OTHER (SPECIFY):	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	
Are all copies legible? <input type="checkbox"/> Yes		

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

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COMPLETE THIS BOX (Family name)

(Given name)

(Middle name)

(Alien registration number)

DEL MAZO SUAREZ, JOSE PEDRO

A-19-636-315

(OTHER AGENCY USE)

INS USE (Office of Origin)

MIA

MAR 17 1977

(4) Consul

A19-636-315

P.O. 16-24-74

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
Federal Building, 51 S.W. First Avenue
Miami, Florida 33130

FEB 14 1977

Dear Sir/Madame:

This is to inform you that we have reached your name on the list of those who have applied for adjustment of status to permanent resident under Section 1 of the Act of November 2, 1966.

However, a review of your file indicates that you have failed to submit the following documentation:

- Fingerprint Chart (A record of your fingerprints must be submitted) []
- G-325A, Biographical Information Form []
- Photographs (2 photographs 1½" x 1½") []
- []
- []

Upon resubmission of the application with all necessary documents, we will process your case, retaining your original priority date for interview.

Very truly yours,

Edward T. Sweeney

Edward T. Sweeney
District Director

YRCI 1003

Estimado Sr/Sra:

Por este medio le informamos que hemos llegado a su nombre en la lista de las personas quienes han solicitado residencia permanente en los Estados Unidos segun la Seccion 1 de la Ley de Noviembre 2, 1966.

Al revisar su expediente nos hemos encontrado que Ud. no ha presentado los siguientes documentos:

- Huellas digitales (Es necesario presentarlas).
- G-325A, Formulario de informacion biografica.
- Fotografias (2 fotos de 1½ x 1½).
-

Una vez presentada su solicitud nuevamente con todos los documentos necesarios, procesaremos su caso, teniendo en cuenta su fecha de prioridad original para su entrevista.

Sinceramente,

Edward T. Sweeney

Edward T. Sweeney
District Director

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
Federal Building, 51 S.W. First Avenue
Miami, Florida 33130

P-15-10-24-7X
FEB 14 1977

Dear Sir/Madame:

This is to inform you that we have reached your name on the list of those who have applied for adjustment of status to permanent resident under Section 1 of the Act of November 2, 1966.

However, a review of your file indicates that you have failed to submit the following documentation:

- Fingerprint Chart (A record of your fingerprints must be submitted) []
- G-325A, Biographical Information Form []
- Photographs (2 photographs 1½" x 1½") []
- []
- []

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Very truly yours,

Edward T. Sweeney

Edward T. Sweeney
District Director

ESTATE OF THE UNITED STATES GOVERNMENT
TO ASSIST IMMIGRANTS AND REFUGEES
SUBDIVISION OF THE U.S. GOVERNMENT
OF THE DISTRICT OF COLUMBIA

Estimado Sr/Sra:

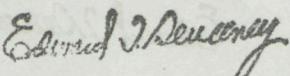
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-

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Sinceramente,



Edward T. Sweeney
District Director

NAME (LAST)	(FIRST)	(MIDDLE)	FILE NO.	
MAZO-Suarez,	Jose	Pedro (DEL)	A19 636 315 315	
Date & Place of Birth 10-26-03 Havana Cuba	Present Address 728 Park Dr. Hialeah Fla	Foreign Address Vista Alegre 411 Vibora Hav		
Place of Entry Mia	Date 6-9-71	Manner La 237		
Nationality Cuban	V/D to	Deferred Inspection	Paroled to INDEF	
Occupation in Cuba Retired	Foreign Military Service & Rank None			
Visa Type	Place of Issue	Date of Issue	Valid to	Limited or Unlimited
Passport No.	Date Issued	Validity Date	Birth Certificate	
Marital Status M- Dulce Maria Almeyda Valdes	Acc	Name & Address of Spouse		
Reasons Claimed for Being Unable to Return to Country of Nationality POL				

A V I S O

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.

JUN 9 1971

Fecha

José del Mazo Suárez
Firma

GROUP #

	POS.	NEG.
FBI		✓
CIA		✓
STATE		✓
C.I.E.P.		EW
O.N.I.		
OSI		
C.I.C.		
SLE		39
DATE TO	MAR 8 1971	
H E W		
OFFICER	<i>J. Monarby</i>	

GROUP #

POS NEG.

F B I

C I A

S T A T E

C. I. C. P.

E W

O. N. I.

O S I

C. I. C.

S L B

21

DATE TO
H E W

AUG 23 1968

OFFICER

as of monthly