

Ministero degli Affari Esteri

NOTA VERBALE

Il Ministero degli Affari Esteri, nel riferirsi alla Nota F.O. 845 in data 18 novembre u.s. dell'Ambasciata degli Stati Uniti d'America, concernente l'art. 7 (d) della legge statunitense 203 (Refugee Relief Act of 1953), ha l'onore di comunicare che il Governo italiano riammetterà nel territorio dello Stato qualsiasi persona che, avendo ricevuto in Italia un visto di immigrazione ai termini della predetta legge, sia subsequentemente riconosciuta colpevole di aver ottenuto tale visto fraudolentemente.

Il Ministero degli Affari Esteri esprime all'Ambasciata degli Stati Uniti d'America i sensi della più alta considerazione.

Roma, 28 NOV. 1953



AMBASCIATA DEGLI STATI UNITI d'AMERICA

R O M A



COMUNE DI FERRANDINA

PROVINCIA DI MATERA

UFFICIO DELLO STATO CIVILE

CERTIFICATO DI NASCITA

Il sottoscritto Ufficiale dello Stato Civile del Comune suddetto

C E R T I F I C A

che dal registro degli atti di nascita dell'anno mille ottocentosettantasette
risulta che nel giorno quattro del mese di settembre
mille ottocentosettantasette è nato
a Ferrandina (1) STALLONE MARIA

da Leonardo e da Santeramo Rosaria

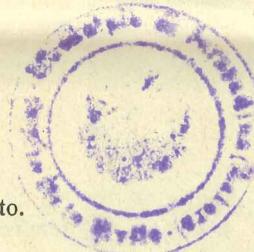
Si rilascia in carta libera per uso di emigrazione

Lⁱ 4 marzo 1955

L' Ufficiale dello Stato Civile

Spalio

(1) Cognome e nome del nato.



D
E
PROVINCIA

CERTIFICAT

L'UFFICIA

Si legalizza la firma dell'Ufficiale dello Stato
Civile Gallo Domenico. Ferrandina, 5/3/1955

Il V. Pretore

Dr. Camillo Rossi)



516
110

b 323

DI FERRANDINA
PROVINCIA DI MATERA

CERTIFICATO DI MATRIMONIO

L'UFFICIALE DELLO STATO CIVILE

Certifica che dal registro degli atti di matrimonio di questo Comune
risulta che nel giorno venti del mese di settembre
dell'anno mille ottocentonovantasette
contrassero matrimonio in Ferrandina

1. - LO CILENTO Giuseppe

figlio di fu Nicòla e di S. Mauro Argenzia

2. - STALLONE Maria

figlia di Leonardo e di Santeramo Rosaria

In carta libera per uso di emigrazione

Ferrandina, 12 Maggio 1955

L'Ufficiale dello Stato Civile

(Gallo Domenico)

Gallo

COMMUN
O 24
UFF

PRETURA DI FERRANDINA

Visto - si legalizza la firma del sig.

Gallo Domenico Ufficiale dello Stato Cr.

Comune di Ferrandina.

Ferrandina li 13 Maggio 1955

IL VICE PRETORE

(Dott. Camillo Rossi)





COMUNE DI FERRANDINA

PROVINCIA DI MATERA

UFFICIO DELLO STATO CIVILE

CERTIFICATO DI MORTE

Il sottoscritto Ufficiale dello Stato Civile del Comune suddetto

C E R T I F I C A

che dal registro degli atti di morte dell'anno mille novecentoquaranta
risulta che nel giorno undici del mese di luglio
mille novecentoquaranta **è morto**

a Ferrandina (1) Locilento Giuseppe

da fu Nicola e da Sammauro Argenzia
e che era coniugato con Stallone Maria fu Leonardo.

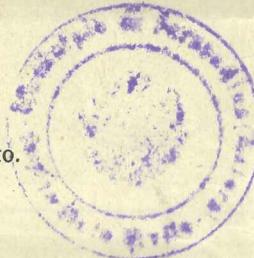
Si rilascia in carta libera per uso per uso di emigrazione

Li 4 marzo 195 5

L'Ufficiale dello Stato Civile

Gallo

(1) Cognome e nome del defunto.



COMUNE DI FERRANDINA

PROVINCIA DI MATERA

SITUAZIONE DI FAMIGLIA

del Sig. STALLONE MARIA FU LEONARDO

Via Calata C. Bettista, 16

Domiciliato in questo Comune

N. d'ordine	COGNOME E NOME	PATERNITÀ	MATERNITÀ	NASCITA			STATO CIVILE	Relazione di parentela	Professione o condizione	DATA di morte
				COMUNE	giorno	mese				
I°	Santacroce Giovanni fu Pietro	Vittorio Rosa		Altamura	13.6.	910	coniug.	C.F.	Fabbro	
2°	Locilento Pasqua	fu Giuseppe	Stallone Maria	Ferrandina	7.4.	914	"	moglie	Panettieri	
3°	Stallone Maria	fu Leonardo	Santeramo Rosaria	"	4.9.	877	vedova	suocera	Casalinga	
xxxxxx										

VISTO: per autorizzazione della firma
del Sig.

R. Gello Giuseppe
Riplico di Ferrandina
MATERA, 18-3-1955



IL PREFETTO
(Ferrandina)

Dott. Pasquale Scicchitano

cia il presente in carta libera per uso

di emigrazione

Ferrandina, li 16 Marzo 1955

L'Impiegato Responsabile
P/se



IL SINDACO

Gello

All' Ill.mo Signor

Procuratore della Repubblica

MATERA



CITTÀ DI MATERA

631
7

RICHIESTA DI CERTIFICATO PENALE

al nome di Stallone Maria
figlio di Leonardo e di Rosarie Santomaso
di condizioni / nato in Ferrandina il di 4-9-1877
si richiede il certificato (generale penale e di capacità civile) Generale
per uso di emigrazione a segreto lavoro

Matera.

195

IL SINDACO

CASELLARIO GIUDIZIARIO

PROCURA DI MATERA

AT. 1555
CF 10
fmu

Si attesta che in questo Casellario giudiziario al nome della persona sopra indicata risulta



28 FEB. 1955

V. S. legalizza la firma del Segretario

ric addetto al Casellario Seg.

Giovanni Cicali

Matera,



195

28 FEB. 1955

Il Procuratore della Repubblica

IL SECRETARIO DEL CASELLARIO

Angelo Parri

PROCURA DELLA REPUBBLICA

MATERA

Il Segretario capo
della Procura della Repubblica
Certifica

che a carico di Stalbone Elaria
fu Leonardo, e fu Lanteramo
Notaria, nata il 14-9-1877 a
Ferrandina, ivi residente, non
risultano procedimenti penali
nati in corso o' istruzione,
né pena da espiare

Si rilascia il presenti in carte
libera ~~a~~ richiesta dell'interessa-
to per uso oh' emigrazione a
scopo oh' lavoro

Matera 1-3-1955

Il Segretario capo



V° Si legalizza la firma del Segretario capo
Sig. Antonio Motta

Matera, 1-3-1955
IL PROCURATORE DELLA REPUBBLICA

Angelo Bondi



1879
40
L.
L/AC

REPUBBLICA ITALIANA

PRETURA DI FERRANDINA

=====

Il sottoscritto Cancelliere f.f. della Pretura sud=
detta;

C E R T I F I C A

Che al nome di STALLONE Maria fu Leonardo e fu
Santeramo Rosaria, nata a Ferrandina il 4/9/1877,
ivi residente, non figurano carichi penali pendenti
né pene da espiare.

Si rilascia il presente, in carta libera, per uso di
emigrazione.

Ferrandina, li 26 Febbraio 1955

IL CANCELLIERE F.F.

(F. Spadafora)



IL VICE PRETORE
(Dott. Camillo Rossi)



STATE
TION, D. C.
INDIVIDUAL SPONSOR FOR AN ALIEN
REFERENCE STATUS UNDER IMMIGRATION
AND NATIONALITY ACT
use under the Refugee Relief Act of 1953, as amended)

DO NOT WRITE IN THIS SPACE

Read Instructions on Page 3 before Filling in Form

I, Nicholas
NAME: (First)

(Middle)

Lo Cilento
(Last)

residing at 88 Oakdene Avenue West, Palisades Park, Bergen, New Jersey

ADDRESS: (Street and No., or R.F.D., City, County, State)

sponsor the admission into the United States under the Refugee Relief Act of 1953, as amended, of:

(1) Maria
NAME: (First) Stallone
(Middle) Lo Cilento
(Last)

Ferrandina, Italy
(Date of Birth) Italian
(Place and Country of Birth) (Nationality)

Address Via Garibaldi Ferrandina, Province of Matera, Italy
(Camp, or Street and No., City, Province, Country)

Naples, Italy

(Location of American Consulate at which visa application will be made)

(2) Members of the family of alien listed under (1) who will accompany him:

(Name)	(Date of Birth)	(Place and Country of Birth)	(Nationality)	(Relationship to (1))
--------	-----------------	------------------------------	---------------	-----------------------

(a) none

AMERICAN CONSULATE GENERAL
Naples, Italy

(c) _____

(d) _____

(e) _____

Date: APR 8 1955 American Vice Consul
W. B. G.

(3) State your relationship to the aliens listed above under (1) and (2)
Mother 8-19-55 Immigration Inspector

(4) I certify that the alien listed under (1) will be suitably employed as stated below without displacing some other person from employment and that such alien and the members of his family as listed above will have housing without displacing some other person from such housing.

(a) I certify that the alien listed under (1) will be employed as

will be not employed

(Occupation or Name of Job)

at _____
(Address of Place of Employment)by _____
(Name and Address of Employer)

and that such employment will be furnished under the following terms and conditions: (including wages, any other compensations, hours, and other terms)

house and board with all assistance

(b) I further certify that such employment is of permanent indefinite nature and will be available upon the arrival of the alien in the United States if such arrival takes place not later than at any times

(Month, Day and Year)

(c) I am giving this certificate of employment as a personal obligation in my capacity as the alien's prospective employer as the personnel or other responsible officer of the organization which is to employ such alien .

(d) I further certify that the alien listed under (1) and the members of his family listed under (2)

will be housed at 88 Oakdene Avenue West, Palisades Park, New Jersey
(State specific address)

in will be house with me into my dwelling, eight rooms with all facilities

(State type of housing available including number of rooms and facilities)

(e) I certify that such housing will be available at the time of arrival of the alien in the United

States if such arrival takes place not later than at any times, and that

I have made these housing arrangements, being the owner thereof having made rental arrangements with _____
(Name and address of landlord)

(5) a. I am a citizen of the United States or Naturalized on 4/12/1937 at Jersey City, N.J.
Cert. #4033661

b. I was lawfully admitted for permanent residence into the United States at

_____ on _____
(Port of Entry) (Date of Admission)

c. I was born at Ferrandina, Italy on _____
(City, Town and State)

January 14, 1904
(Month, Day and Year)

(6) I have within the last five years sponsored the immigration into the United States of

_____ persons.
(State number of persons)

(7) I have previously submitted a certificate under the Refugee Relief Act of 1953, as amended, for the following persons:

NAME:	Relationship to me	Date submitted
Pasqualina Santacroce	Sister	11/ 1954
Leonardo Lo Cilento	Brother	11/1954

(8) ADDITIONAL OR SUPPLEMENTAL INFORMATION

Nicholas Lo Cilento
(Signature of Sponsor)

The U. S. Code, Title 19 (Crimes and Criminal Procedure), Section 1001, formerly Section 80, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States after within its jurisdiction.

47-R108.2
ream Budget

A103
I, the undersigned, being the
REGISTRATION UNIT

FOREIGN
AP

1
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

APPLICATION FOR IMMIGRANT VISA
AND ALIEN REGISTRATION

I- 917402

A10313 297

I, the undersigned, being duly sworn, state the following facts regarding myself and hereby make application for ~~an~~ IMMIGRANT VISA and
the Refugee Relief Act of 1953 and
ALIEN REGISTRATION under the Immigration and Nationality Act to the American Consul at General
at Mexico Na ples, Ita ly.

1. Family name LO CILENTO nee STALLONE Maria	Given name Maria	Initial -	2. Place and date of birth Ferrandina, Matera, Italy on 4 Sept. 1877	Age 77
3. Other names by which I have been known None	4. Last permanent residence Ferrandina, Ma tera, Italy			
5. Address in the United States 88 Oakdene Ave., West Palisades, New J.	6. Name and address of person to whom destined, if any Nic ola LO CILENTO (son) as item # 5			
7. Name and address of nearest relative in home country Emilio LOCILENTO (son) Ferrandina, Matera, Italy	8. Travel documents presented Italian Passport			
9. Hair White	10. Eyes Br	11. Height 4 ft. 6 in.	12. Weight 110 lbs.	13. Nationality Italian
14. Complexion Fair	15. Race white	16. Ethnic Classification Italian	17. Sex M <input type="checkbox"/>	18. Marital status Married <input type="checkbox"/> Single <input type="checkbox"/>
19. Occupation Housekeeper	20. Distinguishing marks None			21. Languages spoken, read written Italian
22. Intended United States port of entry New York, NY	23. Final destination New Jersey W, Pa lisades,		24. I have (a) (no) through ticket to destination to join my son	25. Purpose of going to the United States
26. Places of previous residence Ferrandina, Matera, Italy since birth				
27. Names and places of residence of spouse and minor children Giuseppe LOCILENTO (husba nd) deceased				
28. Name and address of father Leonardo STALLONE, deceased		29. Name and address of mother Rosaria nee SANTERAMO, deceased		
30. I claim to be a {nonquota spouse or dependent} immigrant and my claim is based on the following facts: I am eligible under PL 203, 4(a)(6), and PL 75 1 4(c), on the basis of approved petition filed in my behalf by my son.		31. Available documents required by the Immigration and Nationality Act are filed herewith and made a part hereof, as follows (Sec. 222 (b)): Certif. of exit Readmission, PL 203, 7(d) Birth certif. Marriage certif. Husband's death certif. Widowhood certif. Family status certif. Penal certifs (2) Form DSR 11		
32. I have never been: Arrested; convicted; in prison; in an almshouse; treated in an institution, hospital, or other place, for insanity or other mental disease; the beneficiary of a pardon or amnesty, except as hereinafter stated:				
33. I have never applied to any American consular officer, either formally or informally, for a visa or other documentation as an immigrant or nonimmigrant, except as hereinafter stated:				
34. I have never been excluded, deported, or removed from the United States at Government expense, except as hereinafter stated:				

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA
MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE

American Consulate General

DATE

Aug. 17, 1955

At the request of the American Consul at

CITY

Naples

COUNTRY

Italy

I certify that on the above date I examined

NAME

LO CILENTO, Maria

AGE

77

SEX

F

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

CLASS A:

TUBERCULOSIS (in any form)

LEPROSY (Hansen's Disease)

DANGEROUS CONTAGIOUS DISEASES:

Actinomycosis

Granuloma Inguinale

Ringworm of scalp

Amebiasis

Keratoconjunctivitis infections

Schistosomiasis

Blastomycosis

Leishmaniasis

Syphilis, infectious stage

Chancroid

Lymphogranuloma Venereum

Trachoma

Favus

Mycetoma

Trypanosomiasis

Filariasis

Paragonimiasis

Yaws

MENTAL CONDITIONS:

Feeble-mindedness
(mental deficiency)Previous occurrence of one or more
attacks of insanity
Psychopathic personality
Epilepsy (Idiopathic)Mental defect
Narcotic drug addiction
Chronic alcoholism
(See proviso, sec. 34.7, USPHS Regs.)

Insanity

CLASS B:

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

CLASS C:

Minor Conditions.

(Check number (1) below or complete number (2))

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

(1) No defect, disease, or disability

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

Senility

CLASS "B"

Chest X-ray report negative

from Dr. Levin

Blood serological report negative

from Dr. De Rienzo

Urinalysis report

Step 1 OK.

from Dr.

SIGNATURE OF MEDICAL EXAMINER

TITLE

Harris Levin, Sr. Assistant Surgeon(R), USPHS

Raffaele La Pergola

*Continue on reverse side if necessary.