

For citation purposes:

Records Copied at the National Archives at Kansas City

Record Group 566, Records of the U.S. Citizenship and Immigration Services

Department of Justice. Immigration and Naturalization Service.

Alien Case Files, 1944-2003

Alien Case File A12537643 Santiago Goenaga Murray

National Archives Identifier: 5436371

Goenaga Murrary, Santiago

W 6-kl-08 5-7^{1-A}

222
233
13 M 1 U III 7
M 1 U III

#A12 537 643 USINS Miami Fla 3-16661

A search of the fingerprints on the above individual has failed to disclose prior arrest data.

JOHN EDGAR HOOVER

DIRECTOR

FEDERAL BUREAU OF INVESTIGATION

Goenaga Murrary, Santiago

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RECORD OF REQUIRED DEPARTURE-AUTHORIZED PRIOR OSC ISS.

			District MIA	File No. A 12 537 643
Name GOENAGA MURRAY, Santiago		Status at entry (symbol) TV	Charge 241(a)(9) (code) SEBAF	
Nationality Cuba		TD valid until 8/4/64	Type of document and Number Cuban PP NO. 24890	
Travel Document Country Cuba				
I & N Service Documents I-94 I-539; adm. Mia, F1a		Nov. 12/60 to May 12/61	Number	
Required Departure authorized on 12/2/60	to indef.	by Scott		
extended on	to	by		
extended on	to	by		
Information pertaining to verification of departure:				
Local records checked (date)	Results			
INV. requested by memo (date)	Results			
FINAL ACTION			Date	
Name GOENAGA MURRAY, Santiago	VD to: indef.			

Form 1-161 (Rev. 4-15-60) UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service
Form 1-161 (Rev. 4-15-60) UNITED STATES DEPARTMENT OF JUSTICE

FRC

12 537 643
N/F T-OK ^{LG}

B2

FRC 82-0002 533 2405

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service
P.O. BOX 622, BISCAYNE ANNEX
MIAMI 52, FLORIDA
MAR 4 1961

433
PLEASE REFER TO THIS FILE NUMBER
A-12,537,643DP

Mr. Santiago Goenaga-Murray
858 N. W. 3rd St.,
Miami, Fla.

Dear Sir:

Please call at the office listed below, at the time and place indicated, for an interview in connection with an official matter.

It is important that you keep this appointment. If you are unable to do so, please notify us promptly, using the reverse side of this letter, and we will arrange another appointment.

You should bring this letter with you and present it at the location indicated below.

Very truly yours,

Edgar A. Scherzer
DISTRICT DIRECTOR

3915 Biscayne Boulevard

Miami 37, Florida

ROOM NO. 223

OFFICE AT:

DATE AND HOUR MAR 8 1961 FLOOR NO. ... 2nd

ASK FOR DETENTION OFFICER

REASON FOR APPOINTMENT REFINGERPRINT: PREVIOUS CONSULAR FINGERPRINT CHART
NOT SATISFACTORY...

BRING WITH YOU:

G-56
(11-1-56)

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

P.O. BOX 622, BISCAYNE ANNEX
MIAMI 52, FLORIDA

MAR 4 1961

PLEASE REFER TO THIS FILE NUMBER

A-12, 537, 643DP

Mr. Santiago Goenaga-Murray
858 N. W. 3rd St.,
Miami, Fla.

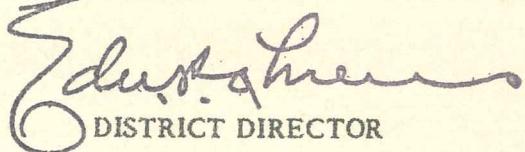
Dear Sir:

Please call at the office listed below, at the time and place indicated, for an interview in connection with an official matter.

It is important that you keep this appointment. If you are unable to do so, please notify us promptly, using the reverse side of this letter, and we will arrange another appointment.

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Very truly yours,



District Director

3915 Biscayne Boulevard

Miami 37, Florida

OFFICE AT: ROOM NO. **223..**

DATE AND HOUR MAR. 8....1961..... FLOOR NO. ...**2nd**

ASK FOR DETENTION OFFICER

REASON FOR APPOINTMENT **REFINGERPRINT:** PREVIOUS CONSULAR FINGERPRINT CHART
NOT SATISFACTORY.

BRING WITH YOU:

G-56
(11-1-56)

LEAVE THIS SPACE BLANK

Return

GOENAGA y MURRAY, Santiago

SEX M

FBI No.

Reason

3

RACE

W

HT. (IN.) WT.

5'7"

170

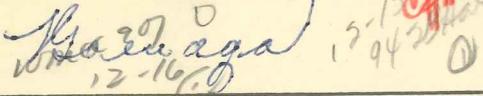
DATE OF BIRTH

6/11/08

HAIR EYES

Bro Bro

SIGNATURE OF PERSON FINGERPRINTED



Goenaga
12-16-60
12/16/60

LAST NAME

FIRST NAME

MIDDLE NAME

CONTRIBUTOR AND ADDRESS
USINS

ALIASES

MIA

MIRIDA

CITY & STATE

RESIDENCE OF PERSON FINGERPRINTED

858 NW 3rd St Miami, Fla.

OCCUPATION

Bank Auditor

SCARS AND MARKS

None

AMPUTATION

CONTRIBUTOR'S NO.

A12 537 643

LEAVE THIS SPACE BLANK

PLACE OF BIRTH

Las Villas, Cuba

CLASS

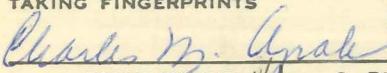
12M

16
m / 6

CITIZENSHIP

Cuban

REF.

SIGNATURE OF OFFICIAL
TAKING FINGERPRINTS


DATE

12/2/60

 CHECK IF NO RECORD
IS DESIRED

1. RIGHT THUMB



2. RIGHT INDEX



3. RIGHT MIDDLE



4. RIGHT RING



5. RIGHT LITTLE



6. LEFT THUMB



7. LEFT INDEX



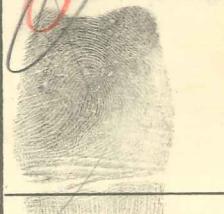
8. LEFT MIDDLE



9. LEFT RING



10. LEFT LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



LEFT THUMB

RIGHT THUMB

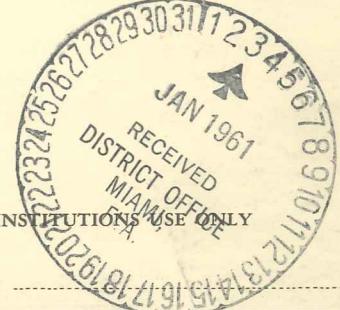
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

CURRENT ARREST OR RECEIPT

DATE ARRESTED OR RECEIVED	CHARGE OR OFFENSE (If code citation is used it should be accompanied by charge)	DISPOSITION OR SENTENCE (Include ONLY FINAL dispositions)
DEC 2 1960	VIOLET OF IMMIGRATION LAWS	  Sentence expires 12/16/1961 12/17/1961 12/18/1961 12/19/1961 12/20/1961 12/21/1961 12/22/1961 12/23/1961 12/24/1961 12/25/1961 12/26/1961 12/27/1961 12/28/1961 12/29/1961 12/30/1961 12/31/1961 1/1/1962 1/2/1962 1/3/1962 1/4/1962 1/5/1962 1/6/1962 1/7/1962 1/8/1962 1/9/1962 1/10/1962 1/11/1962 1/12/1962 1/13/1962 1/14/1962 1/15/1962 1/16/1962 1/17/1962 1/18/1962 1/19/1962 1/20/1962 1/21/1962 1/22/1962 1/23/1962 1/24/1962 1/25/1962 1/26/1962 1/27/1962 1/28/1962 1/29/1962 1/30/1962 1/31/1962

(Please paste photo here or indicate if available)

(Do not withhold submission of fingerprints waiting for development of photograph. Merely indicate in this space that photograph is available. Not necessary to submit photo later to FBI.)

INSTRUCTIONS

1. TYPE OR PRINT all information.
2. Note amputations in proper finger squares.
3. REPLY WILL QUOTE ONLY NUMBER APPEARING IN THE BLOCK MARKED "CONTRIBUTOR'S NO."
4. Indicate any additional copies for other agencies in space below—include their complete mailing address.

SEND COPY TO:



(FIRST)

(MIDDLE)

FILE NO.

GOENAGA MURRAY

Santiago

A 12 537 643

Date & Place of Birth

Cuba 6/11/08

Present Address

858 N.W. 3d St.
Miami, Fla.

Foreign Address

not shown

Place of Entry

Miami, Fla.

Date

Nov. 12/60

Manner

PAA

Nationality

Cuba

V/D to

indef.

Deferred Inspection

Paroled to

Occupation in Cuba

bank auditor

Foreign Military Service & Rank

not shown

Visa Type

Place of Issue

Date of Issue

Valid to

Limited or Unlimited

B1 &2

Hay.

8/20/59

8/19/63

unl.

Passport No.

Date Issued

Validity Date

Birth Certificate

24390

8/4/59

8/4/64

Marital Status

Name & Address of Spouse

married

Sara Mazarredo, add. not shown

Reasons Claimed for Being Unable to Return to Country of Nationality

political

SE 180
Rev. 12/16/60

**APPLICATION TO EXTEND TIME OF TEMPORARY STAY
OR
APPLICATION BY ALIEN STUDENT FOR PERMISSION TO ACCEPT EMPLOYMENT**

IMPORTANT

PLEASE READ ATTACHED INSTRUCTIONS BEFORE FILLING OUT APPLICATION. TYPE OR PRINT WITH BLOCK LETTERS. IF YOU NEED MORE SPACE TO ANSWER FULLY ANY QUESTIONS ON THIS FORM, USE A SEPARATE SHEET AND IDENTIFY EACH ANSWER WITH THE NUMBER OF THE CORRESPONDING QUESTION.

PART I (All applicants must fill in this part.)

1. (First Name) SANTIAGO	(Middle Name) GOENAGA	(Last Name) MURRAY	FILE NUMBER
2. OTHER NAMES (Include all other past and present names; a married woman must give her maiden name) 858 NW 3 Street		MIAMI	FLORIDA
3. MAILING ADDRESS IN U.S. (Number and Street) (C/O)		(City)	(Zone) (State)

PART II (Fill in this part if you are applying for extension of stay)

4. DATE OF BIRTH JUNE 11 - 1908	COUNTRY OF BIRTH CUBA	COUNTRY OF CITIZENSHIP									
5. DATE AND PORT OF LAST ARRIVAL IN UNITED STATES NOV 12 - 1960 - MIAMI		NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF LAST ARRIVAL PAN AMERICAN AIRWAYS									
6. PASSPORT NUMBER 24890	PASSPORT ISSUED BY (Name of Country) CUBA	PASSPORT EXPIRES ON AUGUST 4 - 1964									
7. MARITAL STATUS MARRIED	IF MARRIED, GIVE NAME AND ADDRESS OF SPOUSE SARA MAZARREDO										
IF MARRIED, GIVE NAME AND ADDRESSES OF CHILDREN TERESITA GOENAGA - CIENFUEGOS - CUBA											
8. OCCUPATION BANK AUDITOR		SOCIAL SECURITY NUMBER 264-70-8800									
9. <u>I HAVE NOT</u> BEEN EMPLOYED OR ENGAGED IN BUSINESS IN THE UNITED STATES. (Insert "HAVE" or "HAVE NOT")											
IF YOU HAVE BEEN EMPLOYED OR ENGAGED IN BUSINESS IN THE UNITED STATES, GIVE THE FOLLOWING:											
NAME AND ADDRESS OF EMPLOYER OR BUSINESS PP 24890 8-4-59 & 8-4-64											
KIND OF EMPLOYMENT OR BUSINESS NONE											
INCOME PER WEEK FROM SUCH EMPLOYMENT OR BUSINESS NONE		DATES SUCH EMPLOYMENT OR BUSINESS BEGAN AND ENDED NONE									
10. MEANS AND SOURCE OF SUPPORT WHILE IN THE UNITED STATES. MONEY SAVED FROM PREVIOUS EMPLOYMENTS IN CUBA											
11. I AM VISITING THE FOLLOWING PERSONS IN THE UNITED STATES: <table border="1" style="width: 100%;"><tr><td>NAME</td><td>RELATIONSHIP</td><td>ADDRESS</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>			NAME	RELATIONSHIP	ADDRESS						
NAME	RELATIONSHIP	ADDRESS									
12. DATE ON WHICH AUTHORIZED STAY EXPIRES MAY 12 - 1961		13. DATE TO WHICH EXTENSION IS REQUESTED TEMPORARY RESIDENCE									
14. REASON FOR COMING TO THE UNITED STATES NOT WILLING TO WORK FOR A COMMUNIST REGIME											
15. REASON FOR REQUESTING EXTENSION TO BE ABLE TO WORK IN THIS DEMOCRATIC COUNTRY											
16. I ATTACH WRITTEN STATEMENT OF _____ DATED _____ IN SUPPORT OF THIS APPLICATION. I BELIEVE SUCH STATEMENT TO BE TRUE AND I MAKE IT PART OF THIS APPLICATION (See paragraph 7 of instructions.)											
17. DATE ON WHICH I WILL DEPART FROM U.S. DEPARTED		NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF DEPARTURE									
18. I <u>AM</u> IN POSSESSION OF A TRANSPORTATION TICKET FOR MY DEPARTURE. (Insert "AM" or "AM NOT")											

PART III (Fill in this part if you are an alien student applying for permission to accept employment)

19. I AM ATTENDING (OR HAVE BEEN GRADUATED FROM) (Name & Location of School) IF GRADUATED, GIVE DEGREE CONFERRED & DATE

20. IF ATTENDING SCHOOL, GIVE THE FOLLOWING INFORMATION: NUMBER OF RECOGNIZED CREDIT-SEMESTER HOURS TAKEN WEEKLY IN DAY CLASSES NUMBER OF RECOGNIZED CREDIT-SEMESTER HOURS TAKEN WEEKLY IN EVENING CLASSES

21. MY TOTAL YEARLY INCOME IS \$ SOURCES OF YEARLY INCOME

22. MY TOTAL YEARLY EXPENSES ARE AS FOLLOWS:

23. I DESIRE PERMISSION TO ACCEPT EMPLOYMENT FOR THE FOLLOWING REASON:

(A) TO OBTAIN TRAINING WHICH IS REQUIRED OR RECOMMENDED BY THE SCHOOL.(B) BECAUSE OF ECONOMIC NECESSITY DUE TO AN UNFORESEEN CHANGE IN FINANCIAL CIRCUMSTANCES. IF YOU CHECKED (B), EXPLAIN:(C) TO WORK DURING SUMMER VACATION TO SUPPLEMENT FUNDS FOR NECESSARY MAINTENANCE EXPENSES.

24. THE FOLLOWING IS A DESCRIPTION OF THE EMPLOYMENT DESIRED AND AVAILABLE:

25. I HAVE PREVIOUSLY SUBMITTED AN APPLICATION FOR PERMISSION TO ACCEPT EMPLOYMENT TO THE IMMIGRATION OFFICE IN _____ ON _____

AND SUCH APPLICATION WAS _____ (Insert "GRANTED" or "DENIED")

PART IV (All applicants must fill in this part)

I certify that the above is true and correct

DATE DECEMBER 2-1960	CITY AND STATE MIAMI - FLORIDA	SIGNATURE OF APPLICANT Koenaga
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PART V (This part is to be filled in by authorized school official if the applicant is a student applying for permission to accept employment.)

I certify that I have confirmed the facts in Part III hereof on investigation and that the proposed employment:

 IS RECOMMENDED FOR PRACTICAL TRAINING BY THE SCHOOL AND CANNOT BE ACCOMPLISHED IN A SHORTER PERIOD OF TIME THAN REQUESTED. WILL NOT INTERFERE WITH THE APPLICANT CARRYING SUCCESSFULLY A FULL COURSE OF STUDY. HAS BEEN GRANTED DURING THE _____ SUMMER VACATION PERIOD.
(Year)

DATE	NAME OF SCHOOL	SIGNATURE OF SCHOOL OFFICIAL	TITLE
------	----------------	------------------------------	-------

FOR USE OF IMMIGRATION OFFICERS TEMPORARY STAY EXTENDED TO

SATISFACTORY DEPARTURE TO

 EXTENSION OF STAY DENIED STUDENT EMPLOYMENT AUTHORIZED STUDENT EMPLOYMENT DENIED**Remarks**

THIS FORM IS TO BE USED FOR THE APPROVAL OF THE REQUEST FOR TEMPORARY STAY. IT IS TO BE FILLED OUT BY THE DIRECTOR OF THE DISTRICT OFFICE OR THE OFFICER IN CHARGE. IT IS NOT TO BE USED FOR THE APPROVAL OF THE REQUEST FOR STUDENT EMPLOYMENT. IT IS TO BE FILLED OUT BY THE DIRECTOR OF THE DISTRICT OFFICE OR THE OFFICER IN CHARGE.

INDEFINITE VOLUNTARY DEPARTURE
AUTHORIZED — MIA 12-2-60

ACTION TAKEN AT

MIA

ON

DISTRICT DIRECTOR OR OFFICER IN CHARGE

Wd

 530 SENT TO CENTRAL OFFICE