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Headquarters
DATE:

19 MAR 1963

TO : Special Agent in Charge, District Field Office

SUBJECT: *V-J C*

It is requested that you conduct name checks at the Government agencies marked below.

FBI	ONI	ACSI	STATE	PASSPORT	CSC	HCUA	OSI	CSIF	I & N
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Clearance Name Check. Your office is the Office of Origin.

Attachments:

Biog. Data
Control Cards

PAIC
PAUL T. AUDEN

DISTRICT FIELD OFFICE
DATE:

19 MAR 63
TO: CHIEF, INVESTIGATIVE DIVISION

FBI-NIC _____ OTHERS-NR _____