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JFK Assassination System
Identification Form

Date: 2/23/201

Agency Information

AGENCY : SSCIA
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AGENCY FILE NUMBER : 33-26125-5

Document Information

ORIGINATOR : DOD
FROM : DOD
TO :
TITLE : RE: JOHN EDWARD PIC
DATE : 12/07/1960
PAGES : 41
SUBJECTS :
 HALF BROTHER OF LEE HARVEY OSWALD
 PIC, JOHN EDWARD
 SECURITY INVESTIGATION
DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
CLASSIFICATION : Unclassified
RESTRICTIONS :
CURRENT STATUS : Redact
DATE OF LAST REVIEW : 03/16/1994
OPENING CRITERIA :
COMMENTS : box 466-2

INSTRUCTIONS: Read the completion at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "No," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME <input checked="" type="checkbox"/> MR. John Edward Pic <input type="checkbox"/> MRS. <input type="checkbox"/> MISS						2. STATUS CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY <input checked="" type="checkbox"/>	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) None						PERMANENT MAILING ADDRESS	
5. DATE OF BIRTH (Day, month, year) 17 January 1932			PLACE OF BIRTH (City, County, State, and Country) New Orleans, Orleans, Louisiana			PLACE CERTIFICATE RECORDED New Orleans, Louisiana	
RACE Cauc	HEIGHT 66 3/4	WEIGHT 165	COLOR OF EYES Blue	COLOR OF HAIR Black	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS None		
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.							
7. U. S. CITIZEN <input checked="" type="checkbox"/>		NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NATURALIZED, CERTIFICATE NO. N/A		IF DERIVED, PARENTS' CERTIFICATE NO(S). N/A	
DATE, PLACE, AND COURT N/A		ALIEN <input type="checkbox"/>		REGISTRATION NO N/A		NATIVE COUNTRY N/A	
DATE AND PORT OF ENTRY N/A		DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
8. MILITARY SERVICE							
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO. TSgt AF 11313239		SERVICE AND COMPONENT USAF Reg A		ORGANIZATION AND STATION Wilford Hall USAF Hospital Lackland AFB, Texas		DATE CURRENT ACTIVE SERVICE STARTED 26 Sep 1964	
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO. N/A		SERVICE AND COMPONENT N/A		ORGANIZATION AND STATION OR UNIT AND LOCATION N/A			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.		
U.S.A.	USCG		25Jan50	31Jan56	Honorable, RET 274-928		
USA	USAF	RegAF	1Feb56	5Sep58	Honorable, SSgt, AF11313239		
USA	USAF	RegAF	26Sep58	5Sep64	Honorable, SSgt, AF11313239		
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)							
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL				GRADUATE	
FROM-- TO--						YES NO	
1937 1944		Public Schools, New Orleans, La.				<input checked="" type="checkbox"/> None	
1944 1945		Davy Crockett Elem., Dallas, Texas				<input checked="" type="checkbox"/> "	
1945 1948		Chamberlain-Hunt Acad., Port Gibson, Miss.				<input checked="" type="checkbox"/> "	
1948 1949		Arlington Hts. High School, Ft. Worth, Texas				<input checked="" type="checkbox"/> "	
1949 1950		Paschall High School, Ft. Worth, Texas				<input checked="" type="checkbox"/> "	
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)							
RELATION AND NAME		DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING		U. S. CITIZEN	
						YES NO	
FATHER EDWARD JOHN PIC		UNKNOWN				<input checked="" type="checkbox"/>	
MOTHER (Maiden name) MARGAURITE CLAVIRIE		UNKNOWN				<input checked="" type="checkbox"/>	
SPOUSE (Maiden name) MARGARET DOROTHY FUHRMAN						<input checked="" type="checkbox"/>	
OTHER (Specify) SON JOHN EDWARD PIC, JR.						<input checked="" type="checkbox"/>	
DAUGHTER: JANET ANN PIC						<input checked="" type="checkbox"/>	
SON: JAMES MICHAEL PIC						<input checked="" type="checkbox"/>	
SON: JERRY ALLAN PIC						<input checked="" type="checkbox"/>	

DD FORM 398

PREVIOUS EDITIONS ARE OBSOLETE.

Exception to Standard Form 86

No DoD objection to public disclosure pursuant to E.O. 13526, except for 6(3)

[illegible]

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM—	TO—		
		None	

[illegible]

☐ NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

NAME (List 3 credit and 5 character)		YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
CREDIT	Peers Peebuck Co.	3	SW Military Drive	San Antonio,	Texas
	Merrie's Furniture Company	3	" " "	San Antonio,	Texas
	Wells Fargo Bank	3	SW Military Drive	Fairfield,	Calif
CHARACTER	W. P. Couray	16			
	Charles Wood	9	Unknown		
	John W. Smith	7	N/A		
	Jack Fowlkes, CMSGT	1			
	Walter Hicken	3			

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15. LIST ALL RESIDENCES FROM 1 JANUARY 1937					
MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY	
FROM—	TO—				
1937	1940	Alvar Street	New Orleans	Louisiana	
1940	1944	Bartholomew Street	New Orleans	Louisiana	
1944	1946	Victor Street	Dallas	Texas	
1946	1947	Unknown	Covington	Louisiana	
1947	1948	Unknown	Ft Worth	Texas	
1948	1951	7408 Ewing	FtWorth	Texas	
1951	1953	325 E. 92d Street	New York	New York	
1954	1956	30 St. Marks Place	Staten Island	New York	
1956	1958	104 Avenue C	East Meadow	New York	
1958	1962	Tachikawa, Japan	Tachikawa	Japan	
1962	1963	110 Ferncroft Street	San Antonio,	Texas	
1963	Present				

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS					
NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP		
			FROM—	TO—	
Academy of Model Aeronautics, Washington, D.C.		None	1963	1964	
National Rifle Association, Washington, D.C.		None	1965	Present	

17.	
YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH, ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM; THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD. ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

N/A

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.	

19 ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? ☐ YES ☒ NO IF "YES," GIVE DETAILS

N/A

20. REMARKS

ITEM No. 10 (cont'd)

BROTHER:

ROBERT EDWARD OSWALD

LEE HARVEY OSWALD

18 Oct 1939
New Orleans, La.

Deceased

American citizen

Address of mother and father is unknown to me. I do not nor have not corresponded with them.

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE

10 May 65

SIGNATURE OF PERSON COMPLETING FORM

TYPED NAME AND ADDRESS OF WITNESS TSgt Ralph E. Gibson
Wilford Hall USAF Hosp Lackland AFB Tex

SIGNATURE OF WITNESS

Ralph E. Gibson

21.

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top, secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

SECRET clearance required for overseas assignment (Project TOP DOG)

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE

TYPE OF CLEARANCE

AGENCY THAT COMPLETED INVESTIGATION

REMARKS

DDO