JFK ASSASSINATION SYSTEM
IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : CIA
RECORD NUMBER : 104-10112-10093
RECORD SERIES : JFK
AGENCY FILE NUMBER : 80T01357A

DOCUMENT INFORMATION

AGENCY ORIGINATOR : CIA
FROM : CONEIN, LUCIEN
TO :
TITLE : FORM: PERSONAL HISTORY STATEMENT OF CONEIN, LUCIEN EMILE
DATE : 09/25/1961
PAGES : 16

SUBJECTS : CONEIN, LUCIEN

DOCUMENT TYPE : PAPER
CLASSIFICATION : UNCLASSIFIED
RESTRICTIONS : 1A
CURRENT STATUS : RELEASED IN PART PUBLIC - RELEASED WITH DELETIONS
DATE OF LAST REVIEW : 07/22/93

Released under the John F. Kennedy Assassination Records Collection Act of 1992 (44 USC 2107 Note).
Case #: NW 53294 Date: 06-14-2017

[R] - ITEM IS RESTRICTED 104-10112-10093
INSTRUCTIONS

1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA." Write "Unknown" only if you do not know the answer and it cannot be obtained from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.

2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.

SECTION I

GENERAL PERSONAL AND PHYSICAL DATA

1. FULL NAME (Last-First-Middle)

CONEN, Lucien Emile

2. AGE

67 yrs

3. SEX

X Male

4. HEIGHT

6'11"

5. WEIGHT

175 lbs

6. COLOR OF EYES

Blue

7. COLOR OF HAIR

Brown

8. TYPE COMPLEXION

Fair

9. TYPE BUILD

Medium

10. SCARS (Type and Location):

Appendectomy, hernia, rt. side of body

11. OTHER DISTINGUISHING PHYSICAL FEATURES

First joint of rt. index and middle finger amputated

12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)

5011 Hanes Street

McLean, Virginia

Elmwood 6-4811

13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.

1905 North 10th Street

Kansas City, Kansas

14. CURRENT PHONE NO.

Elmwood 6-4811

15. OFFICE PHONE NO. & EXT.

Oxford 57742

16. LEGAL RESIDENCE (State, Territory or Country)

Kansas

17. NICKNAMES

Luigi

18. OTHER NAMES YOU HAVE USED

NA

19. INDICATE CIRCUMSTANCES (Including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES.

NA

20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by What Authority).

NA

SECTION II

POSITION DATA

1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING

Position commensurate with past training and experience

2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).

$11,500.00 YEARLY

3. DATE AVAILABLE FOR EMPLOYMENT

1 October 1961

4. INDICATE YOUR WILLINGNESS TO TRAVEL

Occasionally

5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)

WASHINGTON, D.C.

ANyWHERE IN U.S.

CERTAIN LOCATIONS ONLY (Specify):

X Outside Continental U.S.

6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.

None
SECTION III

CITIZENSHIP

1. DATE OF BIRTH: 29 Nov 1919
2. PLACE OF BIRTH (City, State, Country): Paris, France
3. PRESENT CITIZENSHIP (Country): U.S.
4. CITIZENSHIP ACQUIRED BY: France
5. DATE NATURALIZED: 11 August 1926
6. NATURALIZATION CERTIFICATE NO.: 5126522
7. COURT ISSUING NATURALIZATION CERTIFICATE: District Court
8. ISSUED AT (City, State, Country): Tacoma, Washington

9. HAVE YOU HELD PREVIOUS NATIONALITY? Y
10. IF YES, GIVE NAME OF COUNTRY: France (see above)

12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? Y
13. GIVE PARTICULARS: NA

14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)? NA

15. DATE OF ARRIVAL IN U.S.: Sept 1925
16. PORT OF ENTRY: New York City, New York
17. ON PASSPORT OF WHAT COUNTRY: France
18. LAST U.S. VISA (No., Type, Place of Issue): NA
19. DATE VISA ISSUED: NA

SECTION IV

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

<table>
<thead>
<tr>
<th>LEVEL OF EDUCATION</th>
<th>OVER TWO YEARS OF COLLEGE - NO DEGREE</th>
<th>BACHELOR'S DEGREE</th>
<th>GRADUATE STUDY LEADING TO HIGHER DEGREE</th>
<th>MASTER'S DEGREE</th>
<th>DOCTOR'S DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN HIGH SCHOOL GRADUATE</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIGH SCHOOL GRADUATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TWO YEARS COLLEGE OR LESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. ELEMENTARY SCHOOL

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ADDRESS (City, State, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbott Grade School</td>
<td>Kansas City, Kansas</td>
</tr>
</tbody>
</table>

3. DATES ATTENDED (From-and-To)

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>1932</td>
</tr>
</tbody>
</table>


3. HIGH SCHOOL

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>ADDRESS (City, State, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wyandotte High</td>
<td>Kansas City, Kansas</td>
</tr>
</tbody>
</table>

3. DATES ATTENDED (From-and-To)

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1932</td>
<td>1934</td>
</tr>
</tbody>
</table>


4. COLLEGE OR UNIVERSITY STUDY

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF COLLEGE OR UNIVERSITY</th>
<th>SUBJECT</th>
<th>DATES ATTENDED</th>
<th>DEGREE</th>
<th>DATE REC'D</th>
<th>SEM/ QTR HOURS (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Maryland</td>
<td>History</td>
<td>1949-1953</td>
<td></td>
<td></td>
<td>77</td>
</tr>
</tbody>
</table>


"SECTION IV CONTINUED TO PAGE 3"
6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF SCHOOL</th>
<th>STUDY OR SPECIALIZATION</th>
<th>FROM</th>
<th>TO</th>
<th>MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF SCHOOL</th>
<th>STUDY OR SPECIALIZATION</th>
<th>FROM</th>
<th>TO</th>
<th>MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OOS, TIS, Ft Benning, Ga.</td>
<td>OOS</td>
<td>MAR 43</td>
<td>July 43</td>
<td>4</td>
</tr>
<tr>
<td>Special WarfareFt. Bragg</td>
<td>Special Forces</td>
<td>Nov 1956</td>
<td>Dec 1956</td>
<td>1$rac{1}{2}$</td>
</tr>
</tbody>
</table>

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE:

OSS and Agency Schools

SECTION V

FOREIGN LANGUAGE ABILITIES

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>COMPETENCE - IN ORDER LISTED R-Read, W-Write, S-Speak</th>
<th>HOW ACQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EQUIVALENT TO NATIVE FLUENCY</td>
<td>FLUENT BUT OBVIOUSLY FOREIGN</td>
</tr>
<tr>
<td>French</td>
<td>X X X</td>
<td></td>
</tr>
</tbody>
</table>

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQUIRED", INDICATE LENGTH AND INTENSIVENESS OF STUDY.

NA

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE HAVING SIGNIFICANT DIFFERENCES IN SPOKEN AND WRITTEN FORM, EXPLAIN YOUR COMPETENCE THEREIN.

NA

4. DESCRIBE YOUR ABILITY TO DO SPECIALIZED LANGUAGE WORK INVOLVING VOCABULARIES AND TERMINOLOGY IN THE SCIENTIFIC, ENGINEERING, TELECOMMUNICATIONS, MILITARY, AND OTHER SPECIALIZED FIELDS.

none

5. IF YOU HAVE NOTED A PROFICIENCY IN LANGUAGE, WOULD YOU BE WILLING TO USE THIS ABILITY IN ANY POSITION FOR WHICH YOU MIGHT BE SELECTED?

X YES  □ NO
SECTION VI

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELLED OR GAINED KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK ASSIGNMENT. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

<table>
<thead>
<tr>
<th>NAME OF REGION OR COUNTRY</th>
<th>TYPE OF SPECIALIZED KNOWLEDGE</th>
<th>DATES OF RESIDENCE OR TRAVEL</th>
<th>DATES AND PLACE OF STUDY</th>
<th>KNOWLEDGE ACQUIRED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>military</td>
<td>1944</td>
<td></td>
<td>OSS</td>
</tr>
<tr>
<td>China</td>
<td>military</td>
<td>1945</td>
<td></td>
<td>OSS</td>
</tr>
<tr>
<td>Indochina</td>
<td>military-political</td>
<td>1945, 56-59</td>
<td></td>
<td>OSS</td>
</tr>
<tr>
<td>Germany</td>
<td>intelligence</td>
<td>1946-1953</td>
<td></td>
<td>CIA</td>
</tr>
<tr>
<td>Iran</td>
<td>intelligence</td>
<td>1959 - 1961</td>
<td></td>
<td>ACSI</td>
</tr>
</tbody>
</table>

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.

Military assignments

3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED.

SP 207111, 27 July 1959 exp 27 July 1963

SECTION VII

TYPING AND STENOGRAPHIC SKILLS

1. TYPING (wpm)  2. SHORTHAND (wpm)

   NA  NA

3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM
   GREGG  SPEEDWRITING  STENO TYPE  OTHER (SPECIFY):

2. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (COMPTOMETER, MINNEGRAPH, CARD PUNCH, ETC.):

   NA

SECTION VIII

SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.

   Hunting - Good
   Fishing - Good
   Free Fall Parachuting - Good

2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.

   OSS and Agency trained
   Special Forces Battalion Commander 3yrs
   Chief Military Liaison Group, ACSI intel (FI) team Teheran Iran

3. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 2, SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO (Indicate CW speed, sending and receiving), OFFSET PRESS, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES.

   none

SECTION VIII CONTINUED TO PAGE 5
### SECTION VIII CONTINUED FROM PAGE 4

2. Are you now or have you ever been a licensed or certified member of any trade or profession, such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, etc.? □ Yes □ No

5. If you have answered "yes" to above, indicate kind of license and state issuing license (Provide License Registry Number, if known).

6. First license or certificate (Year of issue) 7. Latest license or certificate (Year of issue)

8. List any significant published materials of which you are the author (Do not submit copies unless requested). Indicate the title, publication date, and type of writing (Non-fiction or scientific articles, General Interest subjects, Novels, Short Stories, etc.).

9. Indicate any devices which you have invented and state whether or not they are patented.

10. List public speaking and public relations experience.

11. List any professional, academic or honorary associations or societies in which you are now or were formerly a member. List academic honors you have received.

### SECTION IX

#### EMPLOYMENT HISTORY

Note: (List last position first.) Indicate chronological history of employment for past 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 9, "Description of duties" consider your experience carefully and provide meaningful, objective statements.

<table>
<thead>
<tr>
<th>1. Inclusive dates (From and to - by mo. and yr.)</th>
<th>2. Name of employing firm or agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Army Sept 1941 to pres.</td>
<td>U.S. Army</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Address (No., Street, City, State, Country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington 25 D.C.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Kind of business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Name of supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/Gen John Willems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Title of job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lt. Colonel</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Salary or earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,561.14 per year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Class. grade (If Federal Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lt. Col.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Description of duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Army Officer assigned to the Assistant Chief of Staff for Intelligence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Reasons for leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>am retiring after 2yrs 3mos 14 days service</td>
</tr>
</tbody>
</table>

SECTION IX CONTINUED TO PAGE 6
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inclusive Dates</td>
<td>(From and To - By Mo. and Yr.)</td>
</tr>
<tr>
<td>2. Name of Employing Firm or Agency</td>
<td></td>
</tr>
<tr>
<td>3. Address</td>
<td>(No., Street, City, State, Country)</td>
</tr>
<tr>
<td>4. Kind of Business</td>
<td></td>
</tr>
<tr>
<td>5. Name of Supervisor</td>
<td></td>
</tr>
<tr>
<td>6. Title of Job</td>
<td></td>
</tr>
<tr>
<td>7. Salary or Earnings</td>
<td></td>
</tr>
<tr>
<td>8. Class, Grade (If Federal Service)</td>
<td></td>
</tr>
<tr>
<td>9. Description of Duties</td>
<td></td>
</tr>
<tr>
<td>10. Reasons for Leaving</td>
<td></td>
</tr>
</tbody>
</table>

8. If prior service with the Federal Government is noted above, indicate the number of years creditable toward U.S. civil service retirement, if known.

9. Have you ever been discharged or asked to resign from any position. [ ] Yes [ ] No
   Have you left a position under circumstances which you desire to explain? [ ] Yes [ ] No
   If your answer to either or both questions is "Yes", give details.
**SECTION X:**

**MILITARY SERVICE**

1. **CURRENT DRAFT STATUS**
   - ARE YOU REGISTERED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (as amended)? Yes X No
   - SELECTIVE SERVICE CLASSIFICATION 2. NA
   - SELECTIVE SERVICE NUMBER 3. NA

4. **IF DEFERRED, GIVE REASON**
   - USAR Ret Reserves

5. **LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS**
   - NA

2. **MILITARY SERVICE RECORD**

   **CHECK (X) AS APPROPRIATE**
   - Army
   - Navy
   - Marine Corps
   - Air Force
   - Coast Guard
   - Merchant Marine
   - National Guard
   - Air Nat'l Guard
   - Foreign Organ. or Mil. Service (Specify):

   **HAVE SERVED**
   - X

   **NOW SERVING**
   - X

   **BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)**
   - parachute infantry

3. **DATE SEPARATED FROM EXTENDED ACTIVE DUTY**
   - (Past service)
   - 22 Sept 44

5. **DATE ENTERED ACTIVE DUTY**
   - 22 Sept 44

6. **TOTAL LENGTH OF ACTIVE DUTY IN U.S. ARMED FORCES**
   - Past and current service
   - over 20 yrs

7. **RANK, GRADE OR RATE**
   - Lt. Col

8. **SERVICE, SERIAL OR FILE NUMBER (If now serving, provide current number)**
   - 01221769

9. **PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE**
   - 715122

10. **SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE**
    - 230000

11. **BRIEF DESCRIPTION OF MILITARY DUTIES**
    - Chief of Military Liaison Group, ARMISH/MAAG, APO 205 NY, NY

12. **CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY**
    - HONORABLE DISCHARGE
    - RETIREMENT FOR SERVICE
    - RELEASE TO INACTIVE DUTY
    - RETIREMENT FOR COMBAT DISABILITY
    - RETIREMENT FOR PHYSICAL DISABILITY
    - UNDUE HARDSHIPS
    - OTHER: NA

13. **CHECK (X) COMPONENT IN WHICH YOU SERVED**
    - REGULAR
    - RESERVE (Including the National and Air National Guard)
    - OTHER (Including AUS)

3. **MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS**

1. **DO YOU NOW HAVE RESERVE STATUS?**
   - X YES
   - NO

2. **ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR AIR NATIONAL GUARD?**
   - X YES
   - NO

3. **ARE YOU NOW A MEMBER OF THE ROTC?**
   - X YES
   - NO

4. **IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW**
   - ARMY
   - MARINE CORPS
   - AIR FORCE
   - NATIONAL GUARD
   - COAST GUARD
   - NAVY ROTC
   - ARMY ROTC
   - NAVY ROTC
   - AIR FORCE ROTC

5. **CURRENT RANK, GRADE OR RATE**
   - Lt Col

6. **DATE OF APPOINTMENT IN CURRENT RANK**
   - 8 July 1958

7. **EXPIRATION DATE OF CURRENT RESERVE OBLIGATION**
   - 1 Oct 1961

8. **CHECK (X) CURRENT RESERVE CATEGORY**
   - READY RESERVE
   - STANDBY(Active)
   - STANDBY(Inactive)
   - X RETIRED

9. **PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE**
   - NA

10. **SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Mos or Designator) AND TITLE**
    - NA

11. **BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES**
    - NA

12. **ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NATIONAL GUARD OR ROTC TRAINING UNIT?**
    - YES
    - NO

13. **IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS**

14. **HAVE YOU A MILITARY MOBILIZATION ASSIGNMENT?**
    - YES
    - NO

15. **IF YOU HAVE ANSWERED "YES" TO ITEM 14, GIVE UNIT OR AGENCY AND ADDRESS**
    - NA

16. **INDICATE TOTAL MILITARY SERVICE FOR LONGEVITY PURPOSES INCLUDING ACTIVE AND INACTIVE DUTY**
    - YEARS: 24
    - MONTHS: 3
    - ACST
SECTION XI

FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? [ ] YES [ ] NO

2. IF YOUR ANSWER IS "NO" TO THE ABOVE, STATE SOURCES OF OTHER INCOME

Not Applicable

3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION

The Riggs National Bank, Lincoln Br.

ADDRESS (City, State, Country)

14th & H Street, N.W. Washington, D.C.

4. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? [ ] YES [ ] NO

5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES

NAME

ADDRESS (No., Street, City, State)

S.W. Rice Co.

1342 G St., N.W., Washington D.C.

The First City Bank & Trust

Fort Bragg, North Carolina

The Guaranty State Bank

1000 Minn Ave., Kansas City, Kansas

7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? [ ] YES [ ] NO

8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS

9. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTIONS WITH NON-U.S. CORPORATIONS OR BUSINESSES; OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?

[ ] YES [ ] NO

(If answer "YES", furnish details on separate sheet.)

SECTION XII

MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY: MARRIED

2. STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS


WIFE, HUSBAND OR FINANCE: If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancé

3. NAME

(First) Elyette

(Middle) BROCHOT

(Maiden) BROCH

(Last) OT CONIN

4. STATE ANY OTHER NAMES EVER USED NA

5. DATE OF MARRIAGE 30 March 1958

6. PLACE OF MARRIAGE (City, State, Country) Dillon, South Carolina

7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No., Street, City, State, Country)

7 rue Docteur Charcot, Champigny sur Marne, Seine, France

8. LIVING [ ] YES [ ] NO

9. DATE OF DEATH NA

10. CAUSE OF DEATH NA

11. CURRENT ADDRESS (Give last address, if deceased)

50 11 Hanes Street, McLean, Virginia

12. DATE OF BIRTH 4 Sept 1929

13. PLACE OF BIRTH (City, State, Country) Vinh, Vietnam

14. CITIZENSHIP USA

SECTION XII CONTINUED TO PAGE 10
SECTION XII CONTINUED FROM PAGE 9

14. IF BORN OUTSIDE U.S. - DATE OF ENTRY
23 December 1956

15. PLACE OF ENTRY
New York City, New York

16. FORMER CITIZENSHIP(s) [Country(s)]
French

17. DATE U.S. CITIZENSHIP
30 July 1959

18. WHERE ACQUIRED (City, State, Country)
U.S. Dist. Court for Dist of Col.

19. OCCUPATION
housewife

20. PRESENT EMPLOYER (Also give former employer, or if spouse deceased or unemployed give last two employers)
none

21. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)
NA

22. DATES OF MILITARY SERVICE (From and to - By Mo. and Yr.)
NA

23. BRANCH OF SERVICE
NA

24. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED
NA

25. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN
NA

SECTION XIII

CHILDREN AND OTHER DEPENDENTS

1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>DATE AND PLACE OF BIRTH</th>
<th>CITIZENSHIP</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles M. Conein</td>
<td>son</td>
<td>30 March 150, Ger</td>
<td>USA</td>
<td>1851, Kemore</td>
</tr>
<tr>
<td>Laurent M. Conein</td>
<td>son</td>
<td>19 April 150, N.C.</td>
<td>USA</td>
<td>501 Lafayette St</td>
</tr>
<tr>
<td>Philippe J. Conein</td>
<td>son</td>
<td>16 Nov 150, Tranc</td>
<td>USA</td>
<td>209, Hanes St</td>
</tr>
</tbody>
</table>

2. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YRS. OF AGE AND NOT SELF-SUPPORTING.

3. NUMBER OF OTHER-DEPENDENTS (Including spouse, parents, step-parents, sister, etc., who depend on you for at least 50% of their support, or children over 21 yrs. of age who are not self-supporting.

SECTION XIV

FATHER (Give same information, for Stepfather and/or Guardian on a separate sheet)

1. FULL NAME (Last-First-Middle)
Bonein, Lucien Xavier

2. LIVING Y/N
Y

3. DATE OF DEATH
1924

4. CAUSE OF DEATH
Heart attack

5. STATE OTHER NAMES HE HAS USED
none

6. CURRENT ADDRESS - Give last address, if deceased (No., Street, City, State, Country)
NA

7. DATE OF BIRTH
14 March 1872

8. PLACE OF BIRTH (City, State, Country)
Nancy, Seine, France

9. CITIZENSHIP
French
### Section XV

**Mother**

1. **Full Name (Last-First-Middle)**
   - Estelle Leontine Conein

2. **State Other Names She Has Used**
   - Estelle Leontine Elin (maiden)

3. **Current Address - Give Last Address, If Deceased (No., Street, City, State, Country)**
   - 150 Monterey Street, Brisbane, California

4. **Date of Birth**
   - June 1893

5. **Place of Birth (City, State, Country)**
   - Soengei, Dutch East Indies

6. **If Born Outside U.S. - Date of Entry**
   - 22 May 1948

7. **Place of Entry**
   - New York City, New York

8. **Former Citizenship(s) (Country(s))**
   - French

9. **Date U.S. Citizenship Acquired**
   - 10 November 1959

10. **Where Acquired (City, State, Country)**
    - Dist. Court, San Francisco, Cal.

11. **Present Employer (Give last employer, if Mother is deceased or unemployed)**
    - NA

12. **Employer's Business Address or Mother's Business Address If Self-Employed**
    - NA

13. **Dates of Military Service (From-and-To)**
    - NA

14. **Branch of Service**
    - NA

15. **Country**
    - NA

16. **Details of Other Government Service, U.S. or Foreign**
    - NA

### Section XVI

**Brothers and Sisters**

1. **Full Name (Last-First-Middle)**
   - Conein, Maurice Rene

2. **Relationship**
   - Brother

3. **Citizenship (Country)**
   - French

4. **Current Address (No., Street, City, Zone, State, Country)**
   - unknown, Champigny sur Marne, Seine, France

5. **Living**
   - Yes

6. **Age**
   - 39

7. **Full Name (Last-First-Middle)**

8. **Relationship**

9. **Citizenship (Country)**

10. **Current Address (No., Street, City, Zone, State, Country)**

11. **Living**

12. **Age**

13. **Full Name (Last-First-Middle)**

14. **Relationship**

15. **Citizenship (Country)**

16. **Current Address (No., Street, City, Zone, State, Country)**

17. **Living**

18. **Age**
### FATHER-IN-LAW

<table>
<thead>
<tr>
<th>1. FULL NAME (Last-First-Middle)</th>
<th>2. LIVING</th>
<th>3. DATE OF DEATH</th>
<th>4. CAUSE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>John James Jones BROCHOT</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. STATE OTHER NAMES HE HAS USED
unknown

6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)
Noumea, New Caledonia

7. DATE OF BIRTH
unk

8. PLACE OF BIRTH (City, State, Country)
Noumea, New Caledonia

9. CITIZENSHIP
French

10. IF BORN OUTSIDE U.S. - DATE OF ENTRY
NA

11. PLACE OF ENTRY
NA

12. FORMER CITIZENSHIP(S) (Country(ies))
NA

13. DATE U.S. CITIZENSHIP ACQUIRED
NA

14. WHERE ACQUIRED (City, State, Country)
NA

15. OCCUPATION
self employed

16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)
self employed

### MOTHER-IN-LAW

<table>
<thead>
<tr>
<th>1. FULL NAME (Last-First-Middle)</th>
<th>2. LIVING</th>
<th>3. DATE OF DEATH</th>
<th>4. CAUSE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marie Brochet</td>
<td>X</td>
<td>xxtt 1947</td>
<td>cancer</td>
</tr>
</tbody>
</table>

5. STATE OTHER NAMES SHE HAS USED
NA

6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)
NA

7. DATE OF BIRTH
NA

8. PLACE OF BIRTH (City, State, Country)
NA

9. CITIZENSHIP
French

10. IF BORN OUTSIDE U.S. - DATE OF ENTRY
NA

11. PLACE OF ENTRY
NA

12. FORMER CITIZENSHIP(S) (Country(ies))
NA

13. DATE U.S. CITIZENSHIP ACQUIRED
NA

14. WHERE ACQUIRED (City, State, Country)
NA

15. OCCUPATION
NA

16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)
NA

### RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT

<table>
<thead>
<tr>
<th>1. FULL NAME (Last-First-Middle)</th>
<th>2. RELATIONSHIP</th>
<th>3. AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONVIN, Maurice Rene</td>
<td>brother</td>
<td>39</td>
</tr>
</tbody>
</table>

2. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES
Champigny sur Marne, Seine France

5. EMPLOYED BY
unknown

6. CITIZENSHIP (Country)
french

7. FREQUENCY OF CONTACT
seldom

8. DATE OF LAST CONTACT
16 Sept 61

### SECTION XIX CONTINUED TO PAGE 13
### SECTION XX

**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES**

<table>
<thead>
<tr>
<th>1. NAME (Last-First-Middle)</th>
<th>2. RELATIONSHIP</th>
<th>3. AGE</th>
<th>4. CITIZENSHIP</th>
<th>5. ADDRESS (No., Street, City, State, Country)</th>
<th>6. TYPE AND LOCATION OF SERVICE (If known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. NAME (Last-First-Middle)</th>
<th>2. RELATIONSHIP</th>
<th>3. AGE</th>
<th>4. CITIZENSHIP</th>
<th>5. ADDRESS (No., Street, City, State, Country)</th>
<th>6. TYPE AND LOCATION OF SERVICE (If known)</th>
</tr>
</thead>
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<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1. NAME (Last-First-Middle)</th>
<th>2. RELATIONSHIP</th>
<th>3. AGE</th>
<th>4. CITIZENSHIP</th>
<th>5. ADDRESS (No., Street, City, State, Country)</th>
<th>6. TYPE AND LOCATION OF SERVICE (If known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION XXI

**REFERENCES, ACQUAINTANCES, AND NEIGHBORS**

1. LIST FIVE CHARACTER REFERENCES, NOT RELATIVES, IN THE U.S., WHO KNOW YOU INTIMATELY

<table>
<thead>
<tr>
<th>NAME (Last-First-Middle)</th>
<th>BUSINESS ADDRESS (No., Street, City and State)</th>
<th>RESIDENCE ADDRESS (No., Street, City and State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B/Gen Edw. G. Lansdale</td>
<td>Of Ass't Sec Def.</td>
<td>4503 Mac Arthur Blvd Washington, D.C.</td>
</tr>
<tr>
<td>Mr. Lucius O. Rucker</td>
<td>CIA</td>
<td>5011 Hanes Street McLean, Virginia</td>
</tr>
<tr>
<td>Hon. Errett P. Scrivner</td>
<td>congress</td>
<td>2331 Cathedral Ave. N.M. Washington, D.C.</td>
</tr>
<tr>
<td>Mr. John Foster</td>
<td>CIA</td>
<td>Teheran, Iran</td>
</tr>
</tbody>
</table>

2. LIST FIVE PERSONS, IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES, SUPERVISORS OR EMPLOYERS

Since I have Been in the military Service since September 1941 and since
since the majority of my military service has been in overseas areas, specifically
since 1959, 1961, and since I have just returned from Teheran, Iran, my social
contacts are not in the United States.

3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.

<table>
<thead>
<tr>
<th>NAME (Last-First-Middle)</th>
<th>BUSINESS ADDRESS (No., Street, City and State)</th>
<th>RESIDENCE ADDRESS (No., Street, City and State)</th>
</tr>
</thead>
</table>

Same as above applies. In the military service people are being continuously
transferred to new duty stations therefore at this time it is impossible to
adequately answer this question.
### SECTION XXII
**CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS**

**NOTE:** List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (Include membership in, or support of, any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

<table>
<thead>
<tr>
<th>NAME AND CHAPTER</th>
<th>ADDRESS</th>
<th>DATES OF MEMBERSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne Association</td>
<td>Ft. Bragg, North Carolina</td>
<td>1956 pres</td>
</tr>
<tr>
<td>Reserve Officers Association</td>
<td>Washington, D.C.</td>
<td>1957 pres</td>
</tr>
<tr>
<td>Assoc. of U.S. Army</td>
<td>Washington, D.C.</td>
<td>1958 pres</td>
</tr>
</tbody>
</table>

### SECTION XXIII
**RESIDENCES FOR THE PAST 15 YEARS**

<table>
<thead>
<tr>
<th>ADDRESS - LAST RESIDENCE FIRST</th>
<th>INCLUSIVE DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Number, Street, City, State, Country)</td>
<td>FROM</td>
</tr>
<tr>
<td>Agency mission to Germany</td>
<td>1946</td>
</tr>
<tr>
<td>1512 Ellison Street, Falls Church, Virginia</td>
<td>Aug 153</td>
</tr>
<tr>
<td>Agency mission to Vietnam</td>
<td>June 154</td>
</tr>
<tr>
<td>13 Maas Drive, Ft. Bragg, North Carolina</td>
<td>Nov 156</td>
</tr>
<tr>
<td>No 5 Kuchi Safa, Teheran, Iran (MIL Liaison Op., APO 205 NY)</td>
<td>Sept 156</td>
</tr>
</tbody>
</table>
**SECTION XXIV**

**ADDITIONAL INFORMATION**

1. Do you advocate or have you ever advocated; or are you now or have you ever been a member of; or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrow of the government of the United States by force, violence or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States? **X** Yes

2. If you have answered "Yes" to the above question, explain.

3. Do you use or have you ever used intoxicants? **X** Yes

4. If so, to what extent? Occasionally

5. Do you use or have you ever used narcotics? **X** Yes

6. If so, to what extent?

7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? **X** Yes **NO** No if answer is "Yes", give complete details.

**Military Liaison to J-2 SCS, Imp Iranian Army 1959 to 1961**

8. List below the names of government departments, agencies or offices to which you have applied for employment since 1940.

- U.S. Army

9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.

- OSS 1943
- U.S. Army 1956-57
- SSU 1946
- ACSI D of A 1959
- GIG 1947
- CIA 1948-49

**NOTE SPECIAL INSTRUCTIONS** If your answer is "Yes" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.

10. Have you, or to your knowledge has your spouse, ever been detained, arrested, indicted or convicted for any violation of the law other than a minor traffic violation in the United States or abroad? **NO** No

11. Have you ever been arrested, court-martialed or otherwise punished under military law or regulation if so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with special instructions above. **YES** Yes **NO** No

12. Are there any unfavorable incidents in your life, not mentioned above, which may be discovered in subsequent investigation, whether you were directly involved or not, which might require explanation? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with special instructions above. **NO** No

**SECTION XXV**

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

1. Name (First-Middle-Last) Ellyette Brochot Conein

2. Relationship Wife

3. Home Address (No., Street, City, Zone, State, Country)

4. Home Phone No.

5. Business Address (No., Street, City, Zone, State, Country) - Indicate Name of Firm or Employer, If Applicable Dept of the Army

6. Business Phone No. & Ext. OX 57742

7. In case of emergency, other close relatives (spouse, mother, father) may also be notified. If such notification is not desirable, because of health or other reasons, please so state.

**Mrs. Estelle Conein, 150 Monterey St. Brisbane, Calif. Mother**
SECTION XXVI

CERTIFICATION

YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

<table>
<thead>
<tr>
<th>1. DATE OF SIGNATURES</th>
<th>2. SIGNATURE OF APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 September 1961</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. SIGNED AT (City and State)</th>
<th>4. SIGNATURE OF WITNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington D.C.</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates, sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.