



DSS CASE # 5-43747
RECEIPT # _____
ITEM # 31
DATE OF ACQUISITION 3/20/92
SEALING AGENT LESNAK
WITNESS LEVERETT
ORIGINAL POUCH SIZE _____
LABORATORY # _____
OTHER AGENCIES INVOLVED FBI
LABEL 4065

FORM 10/88 / DS1857B

KL-169

EVIDENCE
DEPARTMENT OF STATE
UNITED STATES OF AMERICA

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UNITED STATES OF AMERICA

NAME <i>Nelson Wanamaker</i>	PASSPORT NUMBER <i>C279691</i>
MA - PASSPORT TO IN CARE OF (IF APPLICABLE) <i>40 Marguerite Wanamaker</i>	EXPIRE DATE <i>2 9 81</i>
STREET <i>3104 Euclid Ave</i>	PLACE OF ISSUE <i>Phila</i>
CITY <i>Phila</i> STATE <i>Pa</i> ZIP CODE <i>19131</i>	
PHONE NOS. AREA CODE HOME BUSINESS	
SEX (M-F) BIRTHPLACE (State or Country) <i>M PA</i>	ISSUE DATE Month <i>8</i> Day <i>13</i> Year <i>53</i>
DATE OF DEPARTURE	

PERMANENT RESIDENCE (Street address, City, State, Zip Code)
same

REMARKS

ACTION:

1. Extend to full validity.
2. Extend to _____
3. Endorsement No. _____
4. Limit to _____
5. Void limitation on page _____
6. Rewrite _____
7. Add visa pages.
8. Other *Renew* _____

FILE

FEB 16 1982

ACTION COMPLETED

Passport Agent at *PTLO LPA* Signature *J. J. [unclear]* Date *2-12-82*

DEPARTMENT OF STATE
PASSPORT APPLICATION

(PASSPORT OFFICE USE ONLY)

R D O DP Endorsement

A TO BE TYPED OR PRINTED IN INK BY ALL APPLICANTS

(First name) (Middle name) (Last name)

I, Nelson WANAMAKER

a citizen of the United States, do hereby apply to the Department of State for a passport.

MAIL PASSPORT TO:

IN CARE OF (if applicable): Nelson WANAMAKER

STREET 3104 Euclid

CITY Phila STATE PENNA ZIP CODE 19131

PHONE NO. Area Code: 215 Home: 235-8523 Business:

SEX

Male

Female

BIRTHPLACE (City, State or Province, Country)

Philadelphia PA

BIRTH DATE

Month Day Year

8 13 53

DEPARTURE DATE

HEIGHT

5 Ft. 6 In.

COLOR OF HAIR

Black

COLOR OF EYES

Brown

PERMANENT RESIDENCE (Street address, City, State, ZIP Code)

3104 Euclid

SOCIAL SECURITY NO. (Not mandatory)

164-42-7864

APPLICANT'S EVIDENCE OF CITIZENSHIP

Birth Certificate SP CR City

Certificate of Naturalization or Citizenship

Passport

Bearer's Name:

No.:

Filed/Issued:

Place:

Seen & Returned



FATHER'S NAME

DAN WANAMAKER

BIRTHPLACE

S. CAROLINA

BIRTH DATE

7-4-22

U.S. CITIZEN

Yes No

MOTHER'S MAIDEN NAME

MARGARITE HART

BIRTHPLACE

Phila

BIRTH DATE

3-12-28

U.S. CITIZEN

Yes No

I WAS LAST MARRIED ON

I WAS NEVER MARRIED

TO (Wife's/Husband's full legal/maiden name - complete whether married, widowed or divorced)

HAVE YOU OR ANYONE TO BE INCLUDED IN YOUR PASSPORT (SEE SECTION B BELOW) EVER BEEN ISSUED OR INCLUDED IN A U.S. PASSPORT? Yes No

IF YES, SUBMIT PASSPORT. IF UNABLE TO SUBMIT MOST RECENT PASSPORT, STATE ITS DISPOSITION: NO.: ISSUE DATE:

IN THE EVENT OF ACCIDENT OR DEATH NOTIFY (Not mandatory) (Do not give name of person who will accompany you when traveling)

Name in full: Estrelita Bicorni

Relationship: Friend

Address: 906 S. 51ST Phila PA

Phone No.: NONE

B ACCEPTANCE AGENT WILL STAPLE PHOTO OF INCLUSION(S) HERE.

AGENT SHALL NOT IMPRESS SEAL ON ANY PHOTOGRAPHS.

PHOTO REQUIREMENTS FOR PERSON(S) TO BE INCLUDED

See detailed photograph requirements on the attached information sheet.

Photo must be ONLY of person(s) to be included (other than passport bearer). When more than one person is to be included, a group photo of the inclusions is required.

COMPLETE IF CHILDREN OR BROTHERS AND SISTERS UNDER AGE 13, AND/OR WIFE/HUSBAND, ARE TO BE INCLUDED AND SUBMIT PHOTO

(PASSPORT OFFICE USE ONLY)

WIFE'S/HUSBAND'S FULL LEGAL NAME

WIFE'S/HUSBAND'S EVIDENCE

BIRTHPLACE (City, State or Province, Country)

BIRTH DATE (Mo., Day, Yr.)

Seen & Returned

CHILD(REN)'S NAME(S) IN FULL

BIRTHPLACE(S) (City, State or Country)

BIRTHDATE(S) (Mo., Day, Yr.)

CHILD(REN)'S EVIDENCE

Seen & Returned

I have not (and no other person included in this application has), since acquiring United States citizenship, performed any of the acts listed in section I on the reverse of this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on all of the pages of this application are true and the photograph(s) attached is (are) a likeness of me and of those persons to be included in the passport.

(To be signed at same time by husband/wife to be included in passport)

(To be signed by applicant in presence of person administering oath)

Subscribed and sworn to (affirmed) before me this FEB 5 1982 day of _____, 19____.

Clerk of the _____, Postal Employee/Passport Agent at _____

(Signature of person authorized to accept application)

(PASSPORT OFFICE USE ONLY)

FEE 10 EXEC. 5 Cash POST.

-8 FEB 5 0077 * 3 ***1500

TO BE COMPLETED BY ALL APPLICANTS

OCCUPATION <i>Street Vendor</i>	VISIBLE DISTINGUISHING MARKS <i>Missing front tooth</i>	COUNTY OF RESIDENCE (Not mandatory)
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D APPLICANTS MUST COMPLETE FOLLOWING IF MARRIED, WIDOWED OR DIVORCED

WIFE'S/HUSBAND'S BIRTH PLACE	WIFE'S/HUSBAND'S BIRTH DATE	U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> MARRIAGE NOT TERMINATED <input type="checkbox"/> MARRIAGE TERMINATED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE ON (Date) _____
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E WOMEN MUST COMPLETE FOLLOWING IF CHILDREN OF A PREVIOUS MARRIAGE ARE INCLUDED OR IF PREVIOUSLY MARRIED BEFORE MARCH 3, 1931

I WAS PREVIOUSLY MARRIED ON	TO (Full legal name)	WHO WAS BORN AT (City, State, Country)
ON (Date of birth)	<input type="checkbox"/> FORMER HUSBAND WAS U.S. CITIZEN <input type="checkbox"/> FORMER HUSBAND WAS NOT U.S. CITIZEN	PREVIOUS MARRIAGE TERMINATED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE ON (Date) _____

F COMPLETE IF APPLICANT OR ANY PERSON INCLUDED IN SECTION B WAS NOT BORN IN THE UNITED STATES AND CLAIMS CITIZENSHIP THROUGH PARENT(S)

ENTERED THE U.S. (Month) (Year) <input type="checkbox"/> Applicant <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	IF FATHER NATURALIZED:		IF KNOWN, FATHER'S RESIDENCE/PHYSICAL PRESENCE IN U.S. From (Year) To (Year)
	Date	Certificate No.	
	Before (Name of Court)	Place (City, State)	
RESIDENCE/CONTINUOUS PHYSICAL PRESENCE IN U.S. From (Year) To (Year) <input type="checkbox"/> Applicant <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Child	IF MOTHER NATURALIZED:		IF KNOWN, MOTHER'S RESIDENCE/PHYSICAL PRESENCE IN U.S. From (Year) To (Year)
	Date	Certificate No.	
	Before (Name of Court)	Place (City, State)	

G PROPOSED TRAVEL PLANS (For statistical reporting purposes—Not Mandatory)

PURPOSE OF TRIP <i>Religious</i>	MEANS OF TRANSPORTATION Ship Air Other	COUNTRIES TO BE VISITED
PROPOSED LENGTH OF STAY	Departure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Return <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
NO. OF PREVIOUS TRIPS ABROAD WITHIN LAST 12 MONTHS	DO YOU EXPECT TO TAKE ANOTHER TRIP ABROAD? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO WITHIN <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 5 Years	

H PRIVACY ACT STATEMENT

The information solicited on this form is authorized by, but not limited to, those statutes codified in Titles 8, 18, and 22, United States Code, and all predecessor statutes whether or not codified, and all regulations issued pursuant to Executive Order 11295 of August 5, 1966. The primary purpose for soliciting the information is to establish citizenship, identity and entitlement to issuance of a United States Passport or related facility, and to properly administer and enforce the laws pertaining thereto.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties; pursuant to a subpoena or court order; and, as set forth in Part 6a, Title 22, Code of Federal Regulations (See Federal Register Volume 40, pages 45755, 45756, 47419 and 47420).

Failure to provide the information requested on this form may result in the denial of a United States Passport, related document or service to the individual seeking such passport, document or service.

NOTE: The disclosure of your Social Security Number or of the identity and location of a person to be notified in the event of death or accident is entirely voluntary. However, failure to provide this information may prevent the Department of State from providing you with timely assistance or protection in the event you should encounter an emergency situation while outside the United States.

I ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, or to any other person to be included in the passport, the portion which applies should be struck out, and a supplementary explanatory statement under oath (or affirmation) by the person to whom the portion is applicable should be attached and made a part of this application.)

I have not (and no other person included in this application has), since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down or to destroy by force, the Government of the United States.

WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents submitted are subject to verification.

J (FOR USE OF APPLICATION ACCEPTANCE AGENT ONLY)

APPLICANT'S IDENTIFYING DOCUMENT(S) <input type="checkbox"/> Certificate of Naturalization or Citizenship <input type="checkbox"/> Passport <input checked="" type="checkbox"/> Driver's License <input checked="" type="checkbox"/> Other (Specify): <i>Sec. Sec.</i>	No. <i>#16442-7864</i> Issue Date: Expiration Date: Place of Issue: Issued in Name of: <i>SAME</i>	IDENTIFYING DOCUMENT(S) OF WIFE/HUSBAND TO BE INCLUDED IN PASSPORT <input type="checkbox"/> Certificate of Naturalization or Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Other (Specify):	No.: Issue Date: Expiration Date: Place of Issue: Issued in Name of:
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PA DEPT. WELFARE ID. #1249588-D BANK # 5705B