

SECURITY INVESTIGATION DATA
FOR SENSITIVE POSITION

CASE SERIAL NO. (CSC use only)

INSTRUCTIONS.—Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 23.

1. FULL NAME <i>(Initials and abridgments of full name are not acceptable. If no middle name, show "(N/MN)"; if initials only, show "(no given or middle name)"</i>	(LAST NAME) Williams	(FIRST NAME) Ogden	(MIDDLE NAME) -	2. DATE OF BIRTH 22 January 1920
OTHER NAMES USED (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)				3. PLACE OF BIRTH New York, New York
				4. <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
				5. HEIGHT 6'0" WEIGHT 180 COLOR EYES Hazel COLOR HAIR Grey
6. <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW(ER) <input checked="" type="checkbox"/> DIVORCED	7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE, AND DATE AND PLACE OF MARRIAGE. INCLUDE WIFE'S MAIDEN NAME. (Give same information regarding all previous marriages.)			
Anne Ellis Thompson, 27 November 1927, Kansas City, Mo. Married 2 Feb. 1951 - Divorced May 1955				

8. DATES AND PLACES OF RESIDENCE (If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 23 on other side if necessary.)

FROM	TO	NUMBER AND STREET	CITY	STATE
Aug. 1961	Present	924 25th St., N.W.	Washington	D.C.
Feb. 1959	May 1961	American Embassy	New Delhi	India
1958	1959	Sherry Towers	Washington	D.C.
1956	1957	c/o MAAG	Saigon	Vietnam
1953	1955	RFD #1	Vienna	Virginia
1951	1953	15 Geibel Strasse	Munich	Germany
1948	1951	455 E. 57th St.	New York	New York
1946	1948	c/o Harvard Law School	Cambridge	Mass.
1942	1946	U.S. Army Air Force	Nashville	Tenn.
1927	1942	455 E. 57th St.	Newcastle	Del.
			New York	New York

9.	<input checked="" type="checkbox"/> BY BIRTH <input type="checkbox"/> NATURALIZED	ALIEN REGISTRATION NO.	DATE, PLACE, AND COURT
<input checked="" type="checkbox"/> U. S. CITIZEN	CERT. NO.	PETITION NO.	
	<input type="checkbox"/> DERIVED-PARENTS CERT. NO(S).		
<input type="checkbox"/> ALIEN	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY

10. EDUCATION (All schools above elementary)

NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES
St. Paul's School	Concord, N.H.	1933	1938	
Princeton University	Princeton, N.J.	1938	1942	AB
Harvard Law School	Cambridge, Mass.	1946	1948	LL.B.

11. THIS SPACE FOR FBI USE (See also item 24.)	12. SOCIAL SECURITY NUMBER
13. MILITARY SERVICE (Past or present)	
SERIAL NO. <i>(If none, give grade or rating at separation)</i>	BRANCH OF SERVICE <i>(Army, Navy, Air Force, etc.)</i>
0-501923	Army Air Force
FROM (Yr.)	TO (Yr.)
1942	1946

16. FOREIGN COUNTRIES VISITED (SINCE 1930) (Exclusive of military service)

COUNTRY	DATE LEFT USA	DATE RETURNED USA	PURPOSE
England & Scotland	June 1935	Aug. 1935	Tourism
Germany	June 1951	June 1953	Govt. Service
Vietnam	March 1956	May 1957	Govt. Service
Mexico	Nov. 1957	May 1958	Govt. Service
India	Feb. 1959	May 1961	Govt. Service
Togo	March 1962	May 1962	Govt. Service

17. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U. S. A., OR ANY COMMUNIST OR FASCIST ORGANIZATION?

No

(ANSWER "YES" OR "NO")

18. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A 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?

No

(ANSWER "YES" OR "NO")

19. IF YOUR ANSWER TO QUESTION 17 OR 18 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN QUESTION 23 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME	ADDRESS	FROM	TO	OFFICE HELD
------	---------	------	----	-------------

20. MEMBERSHIP IN OTHER ORGANIZATIONS (List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.)

NAME	ADDRESS	TYPE	FROM	TO	OFFICE HELD
Ivy Club	Princeton, N.J. College Social (1940-42)				None
New York Bar Association	New York, N.Y. Law		1949	Present	
Harvard Club of NYC	27 W. 44th St. N.Y. Social		1948	Present	

21. RELATIVES (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
Father	Andrew Murray Williams	1878	(deceased)	U.S.A.	
Mother	Helen Ogden Williams	1888	455 E. 57 St. NYC	U.S.A.	U.S.A.
Ex-Spouse	Anne Ellis Thompson	1927	42 E. 80 St. NYC	U.S.A.	U.S.A.
Brother	John Gilmore Williams	1914	831 Black Rd. Gladwyne, Pa.	U.S.A.	U.S.A.
"	Andrew M. Williams, Jr.	1916	1604 Federal Ave. Seattle, Wash.	U.S.A.	U.S.A.
Sister	Hope Williams Wigglesworth	1927	78 County Rd. Ipswich, Mass.	U.S.A.	U.S.A.

14. EMPLOYMENT (List ALL employment dates starting with your present employment. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)

FROM	TO	NAME OF EMPLOYER (Firm or agency) AND NAME OF SUPERVISOR	ADDRESS (Where employed)	TYPE OF WORK	REASON FOR LEAVING
26 Jan 59	Present	Dept. of State		Diplomatic officer	to join AID
16 Feb 51	26 Jan 59	Dept. of the Army	(U.S. Army Staff Group, Rm. 1-B- 945, Pentagon)		
1948	1951	Carter, Ledyard & Milburn	2 Wall St. New York 5, N.Y.		
1942	1946	U.S. Army Air Force	(0-501923)		
1942		Pan American Air Ferries, Inc.	Miami, Florida		

15. HAVE YOU EVER BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW-ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION, OR ORDINANCE? (Do not include anything that happened before your sixteenth birthday. Do not include traffic violations for which a fine of \$25 or less was imposed. All other charges must be included even if they were dismissed.)

NO

(ANSWER "YES" OR "NO")

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

REASON CHARGED OR HELD

DATE

PLACE WHERE CHARGED OR HELD AND
NAME OF LAW ENFORCEMENT AUTHORITY

DISPOSITION

22. REFERENCES (Name three persons, not relatives or employers, who are well acquainted with you.)

NAME	ADDRESS	YEARS KNOWN
David McDonough	3903 Ingomar St. Wash., D.C.	1961 - Present
Richard Ober	Fairfax Station, Virginia	1952 - Present
Patricia V. Finn	1168 S. Thomas St., Arlington, Va.	1959 - Present

23. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS (Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)

24. REPORT OF INFORMATION DEVELOPED (This space reserved for FBI use.)

DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form
is punishable by law.

(DATE)

(SIGNATURE—Sign original and 1st carbon copy)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter I2 for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the *proposed* appointment in the other spaces for appointment data. The original and the first carbon copy should be signed by the applicant or appointee. Submit two carbon copies of this form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Investigations Division, Bureau of Departmental Operations, Washington 25, D. C. If this is a request for full field security investigation, submit these forms to the attention of the Security Investigations Section; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Unit.

RETAIN THE ORIGINAL COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT <input type="checkbox"/> EXCEPTED <input type="checkbox"/> COMPETITIVE (Include indefinite and temporary types of competitive appointments.)	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:	
THIS IS A SENSITIVE POSITION			
(SIGNATURE AND TITLE OF AUTHORIZING OFFICIAL)		ENCL OFFICIAL	

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN

YES NO

25. Are you a citizen of the United States of America?.....	<input checked="" type="checkbox"/>	
If "No," give country of which you are a citizen: _____		
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?.....	<input checked="" type="checkbox"/>	
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a 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"/>	
If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet.)		
28. Have you any physical handicap, chronic disease, or other disability?.....	<input checked="" type="checkbox"/>	
29. Have you ever had a nervous breakdown?.....	<input checked="" type="checkbox"/>	
30. Have you ever had tuberculosis?..... If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.	<input checked="" type="checkbox"/>	
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? (If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)	<input checked="" type="checkbox"/>	
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months?..... If your answer is "Yes," give in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed; and (5) kind of appointment.	<input checked="" type="checkbox"/>	
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service?..... If your answer is "Yes," give details in Item 39.	<input checked="" type="checkbox"/>	
34. Are you an official or employee of any State, territory, county, or municipality?..... If your answer is "Yes," give details in Item 39.	<input checked="" type="checkbox"/>	
35. Have you ever been discharged (fired) from employment for any reason?.....	<input checked="" type="checkbox"/>	
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?..... If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with statements made in Item 19—Experience.	<input checked="" type="checkbox"/>	
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of \$30.00 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.).....	<input checked="" type="checkbox"/>	
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court-martial?..... If your answer to 37 or 38 is "Yes," give details in Item 39; showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.	<input checked="" type="checkbox"/>	

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.

Item No. _____	Item No. _____

If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and examination title. Attach on inside of this application.

**ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE
SIGNING THIS APPLICATION**

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

CERTIFICATION

I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant _____

Lyndell Miller

(Sign in ink)

June 7, 1962