

STATEMENT OF PERSONAL HISTORY

INSTRUCTIONS: Read the instructions 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 "None," so state. Do not misstate or omit material facts. 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. FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME <input checked="" type="checkbox"/> M.R. MRS. Ardell Richard Faul <input checked="" type="checkbox"/> M.S.		2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY			
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) NONE		4. PERMANENT MAILING ADDRESS Velva, No. Dak.			
5. DATE OF BIRTH (Day, month, year) 9 July 1947		PLACE OF BIRTH (City, County, State, and Country) Minot, Ward, No. Dak.			
6. HEIGHT 72"	WEIGHT 155	COLOR OF EYES Brown	COLOR OF HAIR Brown		
		SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS 4" scar on right side.			
7. 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					
8. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9. IF NATURALIZED, CERTIFICATE NO. 	10. IF DERIVED, PARENTS' CERTIFICATE NO(S). 	11. DATE, PLACE, AND COURT 		
12. ALIEN <input type="checkbox"/> YES	REGISTRATION NO 	NATIVE COUNTRY 	DATE AND PORT OF ENTRY 		
		DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
MILITARY SERVICE					
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO. FR 168 205 13	SERVICE AND COMPONENT USAR Control	ORGANIZATION AND STATION University of Miami, Coral Gables, Fla.	DATE CURRENT ACTIVE SERVICE STARTED		
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO. 	SERVICE AND COMPONENT 	ORGANIZATION AND STATION OR UNIT AND LOCATION 			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
COUNTRY 	SERVICE 	COMPONENT 	FROM (Date) 	TO (Date) 	TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.
EDUCATION (Account for all civilian schools and military academies. Do not include service schools)					
MONTH AND YEAR NOV 60	NAME AND LOCATION OF SCHOOL Sawyer High School, Sawyer, No. Dak.			GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE H.S.
60	May 65	No. Dak. State Univ., Fargo, No. Dak.			<input checked="" type="checkbox"/>
65	Dec 67	University of Miami, Coral Gables, Fla.			<input checked="" type="checkbox"/>
66	Pres				
67					
68					
13. 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 Father Charles	DATE AND PLACE OF BIRTH 21 Jan 1914 Harvey, No. Dak.		PRESENT ADDRESS, IF LIVING , Velva, No. Dak.		U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Spouse (Maiden name) Artvin	15 Mar 1923 Sawyer, No. Dak.		, Velva, No. Dak.		<input checked="" type="checkbox"/>
Daughter (Maiden name) Faul, Viola Alice	29 Jun 1945 Langdon, N. Dak.		, C.G.		<input checked="" type="checkbox"/>
Brother (Specify) Brother Charles Faul	17 Nov 1942 Callispell, Mont.		Kent, Washington.		<input checked="" type="checkbox"/>
Brother Faul	21 Jun 1944 Minot, No. Dak.		, Velva, No. Dak.		<input checked="" type="checkbox"/>
Brother Arlington	14 Nov 1950 Minot, No. Dak.		, Velva, No. Dak.		<input checked="" type="checkbox"/>
Sister Johnnah Annett Faul	12 April 1953 Minot, No. Dak.		, Velva, No. Dak.		<input checked="" type="checkbox"/>
Sister Ruchelle Anita Faul			, Velva, No. Dak.		<input checked="" type="checkbox"/>
REPLACES EDITION OF 1 MAY 65, WHICH MAY BE USED. 398 17-11-1968					
Exception to Standard Form 86 Approved by Bureau of the Budget July 1963					
14. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers and sisters-in-law, and other persons with whom a close relationship existed or exists)					

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LIST OF RESIDENCES FROM 1 JANUARY 1937

110

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

140

78	60	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
	79	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?
	80	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?
	81	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?
	82	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?

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.

19. 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 (etc./driving minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. YES 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.

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LIST ALL RESIDENCES FROM 1 JANUARY 1887

MONTH AND YEAR	STREET AND NUMBER	CITY	STATE OR COUNTRY
Nov 65	10- May 66	N.D. 11	No. Dak.
Aug 66	Sept 66	Seattle, Wn.	Washington
Aug 66	May 67	Moorhead.	Minnesota
Aug 67	Sept 67	Seattle, Wn.	Washington
Sept 67	Dec 67	Fargo.	No. Dak.
Jan 68	Pres	Coral Gables	Fla.

PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS

27

YES	NO	ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?
		ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?
		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?
		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?
		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?
		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 DISSEMINATION, TO OTHER NATIONS, REHEARD, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?

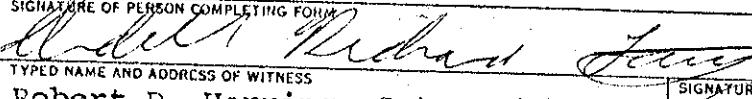
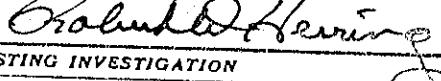
17. IN THE PAST 12 MONTHS, HAVE YOU BEEN ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS? IF YES, DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE 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.

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. YES 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 HERIN 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

20. REMARKS

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	SIGNATURE OF PERSON COMPLETING FORM	
22 Mar 1968		
	TYPED NAME AND ADDRESS OF WITNESS	
	Robert D. Herring, Sgt. Major	
SIGNATURE OF WITNESS		
		

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

RECORD OF PRIOR CLEARANCES		
DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS