

## ORDERLY DEPARTURE PROGRAM

## AFFIDAVIT OF RELATIONSHIP

IV NO. 123745

## I. TO BE COMPLETED BY RELATIVE/FRIEND IN U.S.

YOUR NAME: QUU TAN PHAN YOUR ALIEN STATUS IS: \_\_\_\_\_DATE OF BIRTH: 08 - 12 - 1951 U.S. CITIZEN ☐ Number: \_\_\_\_\_PLACE OF BIRTH: SAIGON- VIETNAM PERMANENT RESIDENT ☒ A- 25351720ADDRESS IN U.S.: \_\_\_\_\_ REFUGEE ☐ A- \_\_\_\_\_DATE OF ENTRY INTO U.S.: 8 / 5 / 1982  
mo. / day / yearTELEPHONE: (HOME) \_\_\_\_\_ FROM WHICH COUNTRY? VIET NAM  
(WORK) \_\_\_\_\_VOLUNTARY AGENCY WHICH YOU ARE NOW IN CONTACT WITH: REFUGEE OFFICE CATHOLIC  
SOCIAL MINISTRY III BOONE TRIAL Rd FAYETTEVILLE NC 28306

## II. INFORMATION ON APPLICANTS IN VIETNAM

IMPORTANT: \*The Principal Applicant (P.A.) is your closest relative to be considered  
for U.S. entry.NAME OF PRINCIPAL APPLICANT (P.A.): LE VAN HONGADDRESS IN VIETNAM: 60 TRAN QUOC TOAN DANANG VNHAVE YOU FILED IMMIGRANT VISA PETITIONS? NO CATEGORY? \_\_\_\_\_

DATE AND PLACE OF FILING: \_\_\_\_\_

DOES P.A. HAVE VIETNAMESE EXIT PERMIT? YES \_\_\_\_\_ NO ☒ NUMBER? \_\_\_\_\_I AM THE: HUSBAND ☐, WIFE ☐, PARENT ☐, CHILD ☐, BROTHER ☐, SISTER ☐,☒ OTHER (specify): COUSIN OF THE PRINCIPAL APPLICANT.List below the persons to be considered for admission to the U.S. In the column  
MS (Marital Status) indicate married (M), divorced (D), widowed (W), or single (S).

NAME IN VIETNAMESE ORDER	DATE OF BIRTH mo/da/yr	PLACE OF BIRTH	SEX	MS	RELATION TO P.A.	ADDRESS IN VIETNAM
1. * <u>LÊ - VÂN - HỒNG</u>	<u>21/5/36</u>	<u>THỪA - THIÊN</u>	<u>M</u>	<u>M</u>	Principal Applicant	<u>60 T RAN QUOC TOAN</u>
2. <u>TÔN NỮ ÁI DUYÊN</u>	<u>1/7/45</u>	<u>THỪA - THIÊN</u>	<u>F</u>	<u>M</u>		<u>DANANG - VIETNAM</u>
3. <u>LÊ THỊ THẢO UYÊN</u>	<u>3/1/91</u>	<u>NHA - TRANG</u>	<u>F</u>	<u>S</u>		<u>✓</u>
4. <u>LÊ NHẬT HƯƠNG</u>	<u>9/30/73</u>	<u>PHAN - THIẾT</u>	<u>M</u>	<u>S</u>		<u>✓</u>
5. _____	<u>1 / 1</u>					<u>✓</u>
6. _____	<u>1 / 1</u>					
7. _____	<u>1 / 1</u>					
8. _____	<u>1 / 1</u>					
9. _____	<u>1 / 1</u>					
10. _____	<u>1 / 1</u>					
11. _____	<u>1 / 1</u>					
12. _____	<u>1 / 1</u>					
13. _____	<u>1 / 1</u>					
14. _____	<u>1 / 1</u>					

III. FAMILY TREE

THE INFORMATION BELOW RELATES TO YOU, THE U.S.A. RELATIVE.

At all of your relatives requested below even if they are already listed on Page 1. Please include relatives who are already in the U.S.A. or other countries as well as those in Vietnam. We must establish your entire family. (If there is not enough room, continue on separate sheet.)

NAME	SEX	DATE OF BIRTH mo/day/yr	COUNTRY OF BIRTH	MARRIED? (circle one)	LIVING or DEAD?	ADDRESS
A. Your husband (wife): NGUYEN THI THANH VAN	F	1-24-55	VIETNAM	Yes/No	LIVING	451/10 <sup>c</sup> HAI BA TRUNG
B. Your other husbands/wives:	M/F			Yes/No		Q.3 SAIGON - VIETNAM
C. Your children:	M/F			Yes/No		
PHAN TAN KHOA	M	2-24-79	VIETNAM	Yes/No		
	M/F			Yes/No		
	M/F			Yes/No		
	M/F			Yes/No		
	M/F			Yes/No		
	M/F			Yes/No		
D. Your parents:	M/F			Yes/No		
PHAN TAN CHUONG	M		VIETNAM	Yes/No	DEAD	SAIGON - VIETNAM
NGUYEN THI KIM DANH	F		VIETNAM	Yes/No	LIVING	SAIGON - VIETNAM
E. Your brothers/sisters:	M/F			Yes/No		
(1) PHAN THI KIM LIEN	F		VIETNAM	Yes/No	LIVING	AUSTRALIA
(2) PHAN TAN CHUONG	M		VIETNAM	Yes/No	LIVING	SAIGON - VIETNAM
(3) PHAN THI KIM CUC	F		VIETNAM	Yes/No	LIVING	SAIGON - VIETNAM
(4) PHAN THI KIM HUONG	F		VIETNAM	Yes/No	LIVING	FRANCE
(5) PHAN THI KIM LAI	F		VIETNAM	Yes/No	LIVING	GREENBURG, NC
(6) PHAN THI KIM HUE	F		VIETNAM	Yes/No	LIVING	SAIGON - VIETNAM

IV. (A) U.S. GOVERNMENT EMPLOYMENT

If the Principal Applicant or any accompanying relative in Vietnam was a U.S. Government employee, please complete this section.

NAME OF EMPLOYEE: \_\_\_\_\_

AGENCY: ☐ EMBASSY, ☐ USAID/USOM, ☐ CORDS, ☐ USIS, ☐ USARV/MACV/DAO, ☐ OTHER

SECTION/DIVISION/OFFICE: \_\_\_\_\_

LAST POSITION: \_\_\_\_\_ LAST GRADE: \_\_\_\_\_

DURATION OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ PLACE: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_ REASON FOR SEPARATION: \_\_\_\_\_

SECTION/DIVISION/OFFICE: \_\_\_\_\_

LAST POSITION: \_\_\_\_\_ LAST GRADE: \_\_\_\_\_

DURATION OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ PLACE: \_\_\_\_\_

NAME OF LAST SUPERVISOR: \_\_\_\_\_ REASON FOR SEPARATION: \_\_\_\_\_

IV. (B) U.S. GOVERNMENT TRAINING OR SCHOOLING IN VIETNAM

Was any training or schooling provided by the U.S. Government for the Principal Applicant or any accompanying relative? Yes ☒ No ☐

FOR: (NAME) \_\_\_\_\_

DATE: FROM - TO	SCHOOL	PLACE	DESCRIBE
10/86 5/87	TECH SANFORD	SANFORD	TECHNIC

V. PRIVATE EMPLOYMENT

If the Principal Applicant or any accompanying relative worked for a U.S. company or organization, please complete this section.

NAME OF EMPLOYEE: QUO TAN PHAN JOB TITLE: REPAIR, ASSEMBLY  
COMPANY/ORGANIZATION: NORTHEN TELECOM SUPERVISOR'S NAME: \_\_\_\_\_  
PLACE: MORRISVILLE FROM: 2/14/89 TO: \_\_\_\_\_  
JOB DESCRIPTION: MD. Repair  
EMPLOYEE NO.: \_\_\_\_\_ BADGE NO.: \_\_\_\_\_ PAYROLL NO.: \_\_\_\_\_  
REASON FOR SEPARATION: \_\_\_\_\_

NAME OF PREVIOUS COMPANY/ORGANIZATION: \_\_\_\_\_  
PREVIOUS JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
PLACE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
EMPLOYEE NO.: \_\_\_\_\_ BADGE NO.: \_\_\_\_\_ PAYROLL NO.: \_\_\_\_\_  
REASON FOR SEPARATION: \_\_\_\_\_

VI. TRAINING OR SCHOOLING OUTSIDE VIETNAM

If the Principal Applicant or any accompanying relative in Vietnam was trained or educated outside Vietnam, please complete this section.

NAME OF STUDENT/TRAINEE: LE - VAN - HONG NAME OF SCHOOL: \_\_\_\_\_  
DESCRIPTION OF COURSES: \_\_\_\_\_  
PLACE: TAIWAN DEGREE/CERTIFICATE: \_\_\_\_\_  
WHO PAID FOR THE TRAINING? REPUBLIC OF CHINA (ROC)  
DURATION OF TRAINING: FROM 7 DAYS TO \_\_\_\_\_

NAME OF STUDENT/TRAINEE: \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_  
DESCRIPTION OF COURSES: \_\_\_\_\_  
PLACE: \_\_\_\_\_ DEGREE/CERTIFICATE: \_\_\_\_\_  
WHO PAID FOR THE TRAINING? \_\_\_\_\_  
DURATION OF TRAINING: FROM \_\_\_\_\_ TO \_\_\_\_\_

VII. VIETNAMESE GOVERNMENT OR MILITARY SERVICE

If the Principal Applicant or any accompanying relative worked for the Vietnamese Government or served in the Vietnamese military prior to 1975, please complete this section.

NAME OF PERSON: TÔN-NỮ-ÁI-DUYÊN MINISTRY OR MILITARY UNIT: EDUCATION  
TITLE OR RANK: TEACHER PLACE: ELEMENTARY SCHOOL IN PHAN-THÉ  
FROM: 1970 TO 1975 JOB DESCRIPTION: TEACHER  
LIST ANY AWARDS, COMMENDATIONS, OR MEDALS RECEIVED FROM THE U.S. GOVERNMENT:

DID YOUR RELATIVES WORK CLOSELY WITH AMERICANS? YES ☒ NO ☒ IF YES, PLEASE DESCRIBE:

NAMES/RANKS OF ANY AMERICAN ADVISORS:

VIII. RE-EDUCATION

DID THE PRINCIPAL APPLICANT OR ANY ACCOMPANYING RELATIVE SPEND TIME IN REEDUCATION? YES ☒ NO ☐

NAME: LÊ-VĂN-HÔNG DURATION: FROM 6/15/75 TO 5/29/82  
NAME: DURATION: FROM TO

IX. REMARKS

Are there any special considerations or comments that would affect your relatives' eligibility?

MY CAUSIN IN VIETNAM I'm help him get an EXIT VISA to ENTER in the UNITED STATE  
in ODP Program to help veterans who were in RE-EDUCATION Camp after  
1975 HIS IV# 123745 and VIETNAM ARMY I.D TAG# 56/205637. KBC 452  
HE WAS AN EXPOLITICAL and has been in prison and RE-EDUCATION camp get hurt  
IF MORE SPACE IS NECESSARY FOR YOU TO ADD MORE COMPLETE INFORMATION ABOUT ANY OF THE ITEMS REQUESTED ON THIS AFFIDAVIT, PLEASE WRITE THAT INFORMATION ON A SEPARATE SHEET TO BE ATTACHED TO THE AFFIDAVIT. THIS WILL BE NECESSARY IF MORE THAN ONE FAMILY MEMBER WORKED FOR THE U.S. GOVERNMENT, A U.S. COMPANY, OR THE VIETNAMESE GOVERNMENT.

X. NOTARIZATION

I swear that the above information is true. I understand that any false statement could jeopardize my immigration status in the United States.

Anton Phan  
Anton Phan  
(Signature of Applicant)

Subscribed and sworn to me  
this 26 day of May, 1989

Rae Marie A. Cyphar  
(Signature of Notary)

My Commission Expires February 15, 1994  
My commission expires:

SEAL OF NOTARY

NOTE: If you are a refugee or Permanent Resident Alien, please attach a copy of your I-94 (refugee) or I-151/I-551 (Permanent Resident Alien) green card to the completed affidavit. Do not photocopy your Naturalization Certificate.

# Diocese of Raleigh



Catholic Social Ministries  
Refugee Resettlement Office

WANDA J. STOLARSKI  
REFUGEE RESETTLEMENT OFFICE  
COORDINATOR  
111 BOONE TRAIL RD.  
FAYETTEVILLE, N. C. 28306  
(919) 424-2020 OR 424-2329

## ELIGIBILITY FORM FOR SPONSOR

IV : 123745

Date: NOV -01 - 1989

Name: QUI - TAN - PHAN

Date of Birth: 08 - 12 - 1951

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed? ☒ yes ☐ no

If You Are Employed:

Name of Employer: NORTHERN TELECOM MOL Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Present Salary:

Weekly: \$ 220.00

Monthly: \$ 880.00

If You Are Not Employed: Source of Income: NONE

Do you Speak English? YES; Do You Write English? YES; Do You  
Understand English? YES.

As a Sponsor, I agree to the following statements and understand them fully

- 1) I, the Sponsor, am fully responsible for support and welfare of the refugee(s).
- 2) I, the Sponsor, will not permit migration of the refugee(s) without the approval of the Coordinator of the Refugee Resettlement Office, Diocese of Raleigh.
- 3) I, the Sponsor, will notify the Coordinator of any change in my employment status.
- 4) I, the Sponsor, read the Agreement to Sponsor form and fully understand it.

(over)

300 Cardinal Gibbons Drive, Raleigh, North Carolina 27606-919 821-0350



ANCHOR RELATIVE ASSISTANCE AGREEMENT

WANDA J. STOLARSKI  
REFUGEE RESETTLEMENT OFFICE  
COORDINATOR  
111 BOONE TRAIL RD.  
FAYETTEVILLE, N. C. 28306  
(919) 424-2020 OR 424-2329  
IV : 123745

Anchor Relative: QUI - TAN - PHAN Name of Refugee(s): LE-VAN-HONG  
Address: \_\_\_\_\_; 60 TRAN - QUOC- TOAN  
DAMANG - VIETNAM  
Telephone: \_\_\_\_\_  
Employer: NORTHERN TELECOM Relationship: COUSIN  
Position: MOD , REPAIR OPERATOR  
Date of Arrival: AUG-05-1982  
Social Security Number: [REDACTED]

We are happy that your relative(s) may be able to join you in the United States under the Family Reunification Program.

Once the Affidavit of Relationship and this agreement are sent to the appropriate Embassy, Diocese of Raleigh has nothing to do with the (resettlement office)

selection of people or with the time when they arrive. The filing of the affidavit is not a guarantee that the refugee(s) mentioned in this document will necessarily be accepted by USCC, nor is it a guarantee that the refugee(s) will be accepted for resettlement by the United States.

We will contact you as soon as we receive any information from our New York Office. We will also notify you when we receive arrival information.

I agree to assist my relative(s) as much as possible. Specifically, I agree to:

1. Keep Diocese of Raleigh informed of my home and work telephone numbers (resettlement office) and let them know when I plan to leave \_\_\_\_\_ for more than

a few days. (location)

Yes ## No \_\_\_\_\_

2. Pick up my relatives at their point of arrival.

Yes ## No \_\_\_\_\_

3. Provide housing in my home for 104 week(s) after arrival.

Yes ## No \_\_\_\_\_

4. Help locate other suitable housing.

Yes ## No \_\_\_\_\_

5. Provide household goods.

Yes ## No \_\_\_\_\_

6. Provide food for 104 week(s) after arrival.  
Yes ## No
7. Provide clothing.  
Yes ## No
8. Provide transportation and translation to agencies providing the following services: Social Security, School Registration, Health Screening, English Classes, and Employment Services. I will complete the necessary forms at their offices or at any other agency's office involved in resettlement.  
Yes ## No
9. Help my relatives to find employment and encourage them to avoid the use of welfare.  
Yes ## No
10. Cooperate with the Case Manager in the development and implementation of a resettlement plan.  
Yes ## No
11. Bring my relative(s) to Diocese of Raleigh when scheduled and  
(resettlement office)  
keep in contact with the Case Manager.  
Yes ## No
12. Describe plans that you have made to assist your relatives with:
- Housing: They will live with me
- Education: I will provide a transportation for go and back to school and get my cousin to enroll the school.
- Employment: I will help the to find a job .
- Other: I will help them any thing they need until they can support themselves .

If at any time I feel that I will be unable to perform these duties, I will make arrangements to discuss the matter with the Case Manager.

Anchor Relative's Signature: *Antwan Khan*

Date: NOV - 01 - 1989

Case Manager's Signature: \_\_\_\_\_



## UNITED STATES CATHOLIC CONFERENCE

AFFIDAVIT OF RELATIONSHIP  
(Please type or print legibly)DIocese of: KatigahWANDA J. STOLARSKI  
REFUGEE RESETTLEMENT OFFICE  
COORDINATOR  
111 BOONE TRAIL RD.  
FAYETTEVILLE, N. C. 28306  
(919) 424-2020 OR 424-2329

IV : 123745

SECTION I:

Date filed: NOV-01-1989I am filing this Affidavit for the following person(s)  
located in 60 TRAN QUOC - TOAN DANANG  
Country of asylum overseasDate of arrival in that country  
VIET-NAM

NAME and A/K/A (underline family name)	Sex	Place/Date of Birth (If Known)	Relation to You	Present Location or Address
1. LE - VAN - HONG	M	02-15-1936	COUSIN	60 TRAN-QUOC- TOAN, DANANG VIET-NAM
2. TON - NU - AI - DUYEN	F	01-07-1945		
3. LE - THI - THAO - UYEN	F	03-19-1970		
4. LE - NHAT - HOANG	M	09-30-1973		

The Case Number for this family is: (If Available) \_\_\_\_\_

## SECTION II:

Your Name PHAN - TAN - QUI  
(and A/K/A)  
Date of Birth 08-12 - 1951 Sex M  
Place of Birth SAIGON VIET-NAM  
Address \_\_\_\_\_  
Phone Number (home) \_\_\_\_\_  
(work) \_\_\_\_\_  
Your country of first asylum VIET-NAMAlien Number (if applicable) A 25351720

Your U. S. Immigration Status is (Check

☐ U. S. Citizen  
☒ Permanent Resident  
☐ Refugee  
☐ Asylee  
☐ Other (Please Explain)Date you arrived in the U. S. AUG-05-82Your original case number A 25-351-720Agency through which you came to the United States REFUGEE RESETTLEMENT

YOU MUST INCLUDE A COPY OF BOTH SIDES OF YOUR I-94 OR YOUR PERMANENT RESIDENT ALIEN CARD (PRA card, green card, or I-151). WITHOUT THESE DOCUMENTS, YOUR AFFIDAVIT MAY NOT BE VALID.

The purpose of this Affidavit is to verify your relationship to refugees overseas. Failure to provide complete and accurate information may impede the admission of requested refugees to the U. S. If information is unknown to you, indicate "unknown." If anyone uses an alias, provide it. If anyone is deceased or their present location is unknown, please indicate. Be sure to include all relatives as specified, anywhere in the world, living, deceased or missing. Use the space marked "Additions/Explanations" to explain any unusual relationships including adopted, half, or step relatives.

AFFIDAVIT OF RELATIONSHIP  
SECTION III:

IV : 123745

NAME and AKA	Place/Date of Birth (If Known)	Present Location/Address (If Known)
Your Father PHAN-TAN-CHUONG	DIE	DIE
Your Mother NGUYEN-THI-KIM-DANH	65 years old	VIETNAM
Step-Father		
Step-Mother		
Spouse NGUYEN THI THANH VAN	01 - 24 - 1955	SAIGON - VIETNAM
Date(s)/Place(s) of Marriage(s) and/or Divorce(s) OCT - 08 - 1973		

SECTION IV:

List ALL your Children (living, deceased or missing; blood, step, half & adopted)

NAME and AKA	Sex	Place/Date of Birth (If Known)	Present Location/Address (If Known)
1 . PHAN - TAN - KHOA	M	02 - 24 - 1974	451/10 c HAI - BA - TRUNG Q 3 T.P. Ho Chi Minh SAIGON - VIETNAM

SECTION V:

List ALL your Brothers and Sisters (living, deceased or missing; blood, step, half or a

NAME and AKA	Sex	Place/Date of Birth (If Known)	Present Location/Address (If Known)
PHAN-THI-KIM-LIEN	F	1937	AUSTRALIA
PHAN-THI-KIM-CUC	F	1941	SAIGON - VIETNAM
PHAN-TAN-CHUONG	M	1943	JAPAN
PHAN-THI-KIM-HUONG	F	1944	FRANCE
SECTION VI: Additions/Explanations			
PHAN-THI-KIM-LAI	F	1950	GREENBORO NC U S A
PHAN-THI-KIM- HUE	F	1960	SAIGON - VIETNAM
PHAN-THI-KIM-LY	F	1962	SAIGON - VIETNAM

I swear that the information in this statement is true to the best of my knowledge, and understand that any false statement could jeopardize my immigration status in the United States.

*Phan Tan Khoa*  
Your signature  
Stamp or Seal of Notary

Subscribed and sworn to before me this

1 day of November 1989  
*Jackie S. P. ...*  
Signature of Notary Public

My commission expires: 9-6-93

Name and Signature of agency representative who assisted in preparing this Affidavit:

\* 10-123745

QUESTIONNAIRE FOR EX. POLITICAL PRISONER IN VIETNAM

I- BASIC INFORMATION ON APPLICANT IN VIETNAM :

1. Full name of ex. political prisoner : LÊ VĂN HỒNG
2. Date and place of birth : 15 - 2 - 1936, PHÚ VINH - HUẾ
3. Position : Deputy Chief of Staff For Warfare Sector of  
BÌNH THUẬN (PHAN THIẾT Province) - K.B.G : 4524
4. Rank (before April-1975) : MAJOR
5. Military serial number : 56/205637
6. Month, date, year arrested : 15 - 6 - 1975
7. Month, date, year out of camp : 29 - 5 - 1982
8. Date and Release Certificate number : No 830/GRT, Date: 27-5-19
9. Present mailing address of ex. political prisoner  
60 TRẦN QUỐC TOẢN - BÀ NINH
10. Current address: 60 TRẦN QUỐC TOẢN - BÀ NINH

II- LIST OF FULL NAME, DATE AND PLACE OF BIRTH OF EX. POLITICAL PRISONER  
IMMEDIATE FAMILY AND FATHER, MOTHER :

- a. Relatives to accompany with ex. political prisoner to be consi-  
-dered for US country :

No :	NAME	DATE OF BIRTH	PLACE OF BIRTH	SEX	RELATIONSHIP
1.	TÔN NỮ AI DUYÊN	07 - 1 - 1945	THUẬN THIÊN	F	Wife
2.	LÊ THỊ THẢO UYÊN	19 - 3 - 1970	NHA TRANG	F	Daughter
3.	LÊ NHẬT HOÀNG	30 - 9 - 1973	PHAN THIẾT	M	Son

- b. Complete family listing (living, dead) of ex. political  
prisoner (father, mother)

No :	NAME	AGE	ADDRESS
1.	LÊ VĂN LƯƠNG		Dead
2.	PHAN THỊ NỮ	72	23 PHAN BỘI CHÂU - HUẾ
3.	LÊ THỊ VINH	50	60 TRẦN QUỐC TOẢN - BÀ NINH
4.	LÊ THỊ TUYẾT	48	23 PHAN BỘI CHÂU - HUẾ
5.	LÊ VĂN HIỆP	42	HOÀNG DIỆU - NHA TRANG
6.	LÊ VĂN HỒNG	40	23 PHAN BỘI CHÂU - HUẾ
7.	LÊ VĂN HUY	38	23 PHAN BỘI CHÂU - HUẾ

III- RELATIVE OUTSIDE OF VIETNAM:

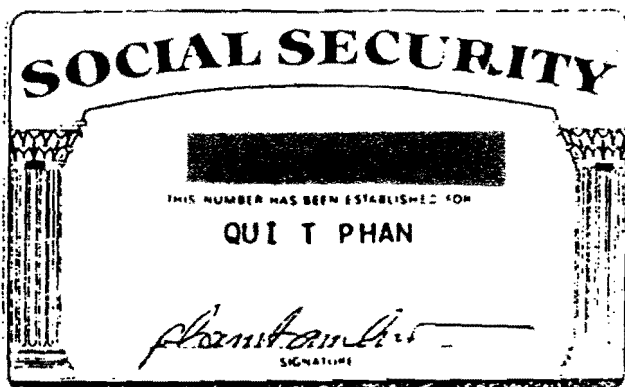
No :	NAME	RELATIONSHIP	ADDRESS
1.	QUI PHAN	Brother	
			U.S.A.

IV- HAVE YOU SUBMITTED THE APPLICATION FOR FAMILY REUNIFICATION UNTIL  
NOW THREE APPLICATIONS?

YES

- Come to your social security office immediately if you:
- ✓ lost your card—to get a duplicate card.
  - ✓ changed your name—to get a card in your new name.
  - ✓ are unable to work because of a severe disability expected to last a year or more.
  - ✓ are 62 or older—to ask about retirement checks.
  - ✓ are within 2 or 3 months of age 65, even if you don't plan to retire—to sign up for Medicare.

Department of Health and Human Services  
Social Security Administration  
Form SSA-702 (6-82)

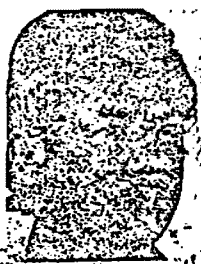


Family Name (Capital Letters) <b>PHAN</b>		First Name <b>QUI</b>	Middle Initial <b>TAN</b>	<b>PSU</b>
Country of Citizenship <b>VIETNAM</b>	Passport or Alien Registration Number <b>A25-351-720</b>		CAT: <b>IIIB/BM-5286</b>	
• United States Address (Number, Street, City and State)			<b>06608</b>	
• Airline and Flight No. or Vessel of Arrival <b>ICM</b>		• Passenger Boarded at <b>MANILA</b>		
Number, Street, City, Province (State) and Country of Permanent Residence <b>SAIGON, VIETNAM</b>				
Month, Day and Year of Birth <b>AUGUST 12, 1951</b>		<p>ADMITTED AS A REFUGEE BY INSURANCE TO U.S. PORT OF ENTRY. IF YOU DEPART THE U.S. YOU WILL NEED YOUR PERMITS TO RETURN.</p> <p>5-1507 SEP 9 1984</p>		
City, Province (State) and Country of Birth <b>SAIGON, VIETNAM</b>				
Visa issued at <b>VISA FALCON CLEARED</b>				
<div style="border: 1px solid black; padding: 2px;"> <b>STAPLE HERE</b> </div> Month, Day and Year Visa Issued <b>JULY 27, 1982</b>				

IMPORTANT NOTICE  
(SEE REVERSE)

**RESIDENT ALIEN**

PHAN, QUI TAN



NAME  
081251  
A25551720  
CIT-REB  
CLASS  
081251



Signature: *Qui Tan Phan*

**NORTH CAROLINA DRIVER'S LICENSE**

CLASS: C  
MTCYCLE

ISS NUMBER: 6351113

ISSUED: 08 03 87  
EXPIRES: 08 12 91

BIRTH/DATE: 08 12 51  
OH: 0

SIGNATURE: *Qui Tan Phan*

QUI TAN PHAN  
8616 PILSON RD  
CAMERON, N.C. 28326

**ALIEN REGISTRATION RECEIPT CARD**  
PERSON IDENTIFIED BY THIS CARD IS ENTITLED TO RESIDE PERMANENTLY AND WORK IN THE U.S.

25551720 11 44 155 662 63830  
F A NUMBER ISS/T CK M 1 M 2 PARITY 1

3273 00408 45612 30451 44867  
PBD IOW 1 IOW 2 IOW 3 PARITY 2

080582 266 086 16500 8419592  
ADM/ADJ DATE COB ISS CODE SOUNDEX PARITY 3

FORM I-551 JAN. 77

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN EXTENDED TO YOU

QUI T PHAN

Signature: *Qui Tan Phan*  
CO. NAME

**VEHICLE CLASSIFICATION**

- A Any motor vehicle or combination of vehicles including Class B or C, except motorcycle.
- B Any single vehicle over 30,000 lbs GVW and over 12 passenger vehicle including Class C and towed vehicle not over 10,000 GVW, except motorcycle.
- C Any single vehicle not over 30,000 lbs GVW, not over 12 passenger vehicle except church bus, farm bus or activity bus for nonprofit purpose and towed vehicle not over 10,000 lbs GVW, except motorcycle.
- NOTE Endorsement must be on license to operate motorcycle.

**RESTRICTION CODE**

1. Corrective Lenses
2. 45 MPH Speed Limit
3. Daylight Driving
4. Corrective Lenses & 45 MPH Speed Limit
5. Corrective Lenses & 45 MPH & Daylight Driving
6. Corrective Lenses & Daylight Driving Only
7. 45 MPH Speed Limit & Daylight Driving Only
8. No Interstate Driving
9. As Shown on Face of License
10. Accompanied by Driver licensed for Class vehicle being driven
11. Accompanied by licensed Parent or Guardian

- Contact any social security office immediately if you:
- ▶ lose your card—to get a duplicate card.
  - ▶ change your name—to get a card in your new name
  - ▶ are unable to work because of a severe disability expected to last a year or more
  - ▶ are 62 or older—to ask about retirement checks.
  - ▶ are within 2 or 3 months of age 65, even if you don't plan to retire—to sign up for Medicare.

Department of Health and Human Services  
Social Security Administration  
Form OA-702 (6-82)

11 Jan 90

Chị Thơ,

Em rời nhà lúc 1 giờ trưa - Rất tiếc  
chị ngủ ăn trưa mà đi không được, vì có  
nhiều việc làm ở nhà Hoàng cho tụi nó và  
cũng phải lo xếp đồ, quần áo .... bỏ lên  
xe. Em đi đến nhà Quan khoảng 6 giờ.

Tụi nó có nhờ em chuyển hồ sơ  
này đến Hội để lên danh sách và làm  
hồ sơ đùm nó - Ngủ này ở từ 5, 6 năm  
may đã có xuất cảnh rồi - Có hi vọng  
gì không? Chị bảo Bé làm file đùm  
nhé!

Đồ đã gửi đi chưa? Mong mọi  
sự trôi chảy vì ai cũng cực quá rồi!

Em sẽ liên lạc chị sau. Có  
gì cần thì hỏi Nga (644-4219), nó  
có địa chỉ và điện thoại để chị  
liên lạc với em ở Florida

Chăm cả nhà vui mừng.

Em,

Kinder

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-Anna Mallett

Date: August 13, 2007

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