

INTAKE FORM (Two Copies)
MAU DON VE LY-LICH

Hồ sơ Bô Tuc

NAME (Ten Tu-nhan) : NGUYEN DAN QUE
Last (Ten Ho) Middle (Giua) First (Ten goi)DATE, PLACE OF BIRTH : APRIL 13 1942
(Nam, noi sinh) Month (Thang) Day (Ngay) Year (Nam)SEX (Nam hay Nu) : Male (Nam) : ✓ Female (Nu) : _____MARITAL STATUS : Single (Doc than) : ✓ Married (Co lap gia dinh) : _____
(Tinh trang gia dinh) :ADDRESS IN VIETNAM : 102/7 NGUYEN TRAI, QUAN 5, THANH PHO
(Dia chi tai Viet-Nam) Ho - chi - MINH, VIETNAMPOLITICAL PRISONER (Co la tu nhan tai VN hay khong) : Yes (Co) ✓ No (Khong) _____If Yes (Neu co) : From (Tu) : 2/1978 To (Den) : 1/1988PLACE OF RE-EDUCATION: CHI HOA PRISON
CAMP (Trai tu)PROFESSION (Nghe nghiep) : MEDICAL DOCTOR

EDUCATION IN U.S. (Du hoc tai My) : _____

VN ARMY (Quan doi VN) Rank (Cap bac) : _____

VN GOVERNMENT (Trong chinh phu VN) Position (Chuc vu) : PROFESSOR OF SAIGON MEDICAL
SCHOOL Date (nam) : 1974-1978APPLICATION FOR O.D.P. (Da co nap don cho ODP) : Yes (Co) : ✓
IV Number (So ho so) : 111372
No (Khong) : _____NUMBER OF DEPENDENTS ACCOMPANYING (So nguoi di theo) : NONE
(Ten than nhan that tung) Xin ghi ben sau voi day du chi tiMAILING ADDRESS IN VN (Dia chi lien lac tai VN) : 102/7 NGUYEN TRAI
QUAN 5, THANH PHO HO - CHI - MINHNAME & ADDRESS OF SPONSOR/RELATIVE (Ten va Dia chi Than nhan hay Nguoi Bao tro) :
NGUYEN THUY LIEN →U.S. CITIZEN (Quoc tich Hoa-Ky) : Yes (co) : ✓ No (Khong) : _____RELATIONSHIP WITH PRISONER (Lien he voi tu nhan tai VN) : SISTERNAME & SIGNATURE: Tran Nguyen
ADDRESS & TELEPHONE OF INFORMANT(Ten, Chu ky, Dia chi va Dien thoai cua nguoi dien don nay) NGUYEN THUY LIENDATE: 12 Month (Thang) 11 Day (Ngay) 1988 Year (Nam)

5. NAME OF PRINCIPAL APPLICANT (PA) : NGUYEN DAN QUE
(Listed on page 1)

DEPENDENT'S ADDRESS : (if different from above)

6. ADDITIONAL INFORMATION :



HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM

FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, ARLINGTON, VA 22205-0635
TELEPHONE: 703-560-0058

HỘI ĐỒNG QUẢN TRỊ Board of Directors

PHÚC MINH THƠ
NGUYỄN THỊ HẠNH
NGUYỄN QUỲNH GIAO
NGUYỄN VĂN GIỎI
NGUYỄN XUÂN LÂN
HIẾP LOWMAN
TRẦN KIM DŨNG
TRẦN THỊ PHƯƠNG

BAN CHẤP HÀNH T.U. Executive Board

PHÚC MINH THƠ
President
NGUYỄN QUỲNH GIAO
1st Vice-President
TRẦN KIM DŨNG
2nd Vice-President
NGUYỄN VĂN GIỎI
Secretary General
TRẦN THỊ PHƯƠNG
Deputy Secretary
NGUYỄN THỊ HẠNH
Treasurer

CỘ VĂN ĐOÀN Advisory Committee

HIẾP LOWMAN
NGUYỄN XUÂN LÂN

MẪU ĐƠN XIN GIA-NHẬP

HỘI GIA-ĐÌNH TÙ-NHÂN CHÍNH-TRỊ VIỆT-NAM

-----0000000-----

Hội Gia-Đình Tù-Nhân Chính-Tri Việt-Nam noiat đồng bát
vụ lơi, thuận tuy xã hội và nhân dão nhằm mục đích vân động
cho việc trả tự do cho tù-nhân chính-tri Việt-Nam và doan-
tu gia dinh.

Hội thiết tha kêu gọi Công Đồng hưởng ứng hoạt động
của Hội bằng cách tham gia tích cực và trở thành Hội Viên.
Nếu quý vị nào muốn gia nhập Hội, xin cho biết những chi
tiết sau đây :

Ho và Tên: NGUYỄN THỊ LIÊN
Địa chỉ:

Điện thoại:

Tên tù nhân chính tri: NGUYỄN ĐÀN QUẾ
Liên hệ gia dinh với tù nhân chính tri: ANH CHI
(Chá, Mẹ, Vợ, Anh, Chi, Em, v.v.)

Xin quý vị cho biết quý vị có thể đóng góp bằng cách
nào cho Hội: tùy theo ý muốn và lòng hảo tâm của quý vị.

Thời gian: _____
Niên liêm: ✓ (\$12.00)
Đóng góp ủng hộ: _____ (tùy ý)

Thủ tư, ngàn phiếu xin gửi về:

HỘI GIA-ĐÌNH TÙ-NHÂN CHÍNH-TRỊ VIỆT-NAM
P.O. BOX 5435, ARLINGTON, VA 22205
TELEPHONE: 703-560-0058



HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, ARLINGTON, VA 22205-0635
TELEPHONE: 703-560-0058

Hội Đồng Quản Trị
Board of Directors

KHÚC MINH THO
NGUYỄN THỊ HẠNH
NGUYỄN QUỲNH CÁO
NGUYỄN VĂN GIỎI
NGUYỄN XUÂN LAN
HIẾP LOWMAN
TRẦN KIM DUNG
TRẦN THỊ PHƯƠNG

Ban Chấp Hành T.U.
Executive Board

KHÚC MINH THO
President
NGUYỄN QUỲNH CÁO
1st Vice-President
TRẦN KIM DUNG
2nd Vice-President
NGUYỄN VĂN GIỎI
Secretary General
TRẦN THỊ PHƯƠNG
Deputy Secretary
NGUYỄN THỊ HẠNH
Treasurer

Cố Vấn Đoàn
Advisory Committee

HIẾP LOWMAN
NGUYỄN XUÂN LAN

MẪU ĐƠN XIN GIA-NHẬP

HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM

-----0000000-----

Hội Gia-Đình Tù-Nhân Chính-Tri Việt-Nam hoạt động bất
vụ lối, thuận tuy xã hội và nhân dão nhằm mục đích vân động
cho việc trả tự do cho tù-nhân chính-tri Việt-Nam và doan-
tu gia đình.

Hội thiết tha kêu gọi Công Đồng hưởng ứng hoạt động
của Hội bằng cách tham gia tích cực và trở thành Hội Viên.
Nếu quý vị nào muốn gia nhập Hội, xin cho biết những chi
tiết sau đây :

Ho và Tên: NGUYỄN THUY LIEN
Địa chỉ: _____

Điện thoại: (số) _____

Tên tù nhân chính tri: NGUYỄN DÂN QUẾ
Liên hệ gia đình với tù nhân chính tri: PHU PHU
(Chá, Mẹ, Vợ, Anh, Chị, Em, v.v.)

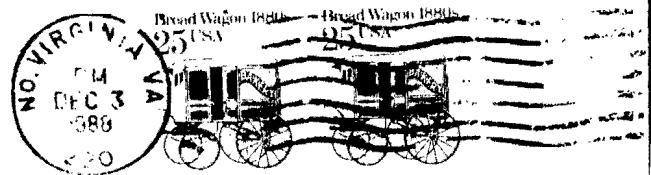
Xin quý vị cho biết quý vị có thể đóng góp bằng cách
nào cho Hội: tùy theo ý muốn và lòng hảo tâm của quý vị.

Thời giờ: _____
Niên liêm: ✓ (\$12.00)
Đóng góp ủng hộ: _____ (tùy ý)

Thủ tư, ngân phiếu xin gửi về:

HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM
P.O. BOX 5435, ARLINGTON, VA 22205
TELEPHONE: 703-560-0058

FRM: NGUYEN THUY HEN



ĐỀ TƯỚI NHÂN CHÍNH TRỊ VIỆT NAM

Mr. Jane
P. O. Box 5435

ARLINGTON, VA 22205

INTAKE FORM (Two Copies)
MAU DON VE LY-LICH

Hồ sơ Bão Tuy

NAME (Ten Tu-nhan) :	NGUYEN	DAN	QUYEN
DATE, PLACE OF BIRTH : (Nam, noi sinh)	Last (Ten Ho) APRIL Month (Thang)	Middle (Giuu) 13 Day (Ngay)	First (Ten goi) 1942 Year (Nam)
SEX (Nam hay Nu) :	Male (Nam) : <input checked="" type="checkbox"/>	Female (Nu) :	
MARITAL STATUS (Tinh trang gia dinh) :	Single (Doc than) : <input checked="" type="checkbox"/> Married (Co lap gia dinh) : <input type="checkbox"/>		
ADDRESS IN VIETNAM : (Dia chi tai Viet-Nam)	102/7 NGUYEN TRAI QUAN 5 THANH PHO HO CHI MINH, VIETNAM		
POLITICAL PRISONER (Co la tu nhan tai VN hay khong) :	Yes (Co) <input checked="" type="checkbox"/> No (Khong) <input type="checkbox"/>		
If Yes (Neu co) : From (Tu) : 2/1978 To (Den) : 1/1988			
PLACE OF RE-EDUCATION : CAMP (Trai tu)	C4I HOA PRISON		
PROFESSION (Nghe nghiep) :	MEDICAL DOCTOR		
EDUCATION IN U.S. (Du hoc tai My) :			
VN ARMY (Quan doi VN) Rank (Cap bac) :			
VN GOVERNMENT (Trong chinh phu VN) Position (Chuc vu) :	PROFESSOR OF SAIGON MEDICAL SCHOOL Date (nam) : 1974-1978		
APPLICATION FOR O.D.P. (Da co nap don cho ODP) :	Yes (Co) : <input checked="" type="checkbox"/> IV Number (So ho so) : 111372 No (Khong) :		
NUMBER OF DEPENDENTS ACCOMPANYING (So nguoi di theo) : (Ten than nhan thap tung) Xin ghi ben sau voi day du chi ti	NONE		
MAILING ADDRESS IN VN (Dia chi lien lac tai VN) :	102/7 NGUYEN TRAI QUAN 5, THANH PHO HO - CHI MINH		
NAME & ADDRESS OF SPONSOR/RELATIVE (Ten va Dia chi Than nhan hay Nguoi Bao tro) :	NGUYEN THUY LIEN		
U.S. CITIZEN (Quoc tich Hoa-Ky) : Yes (co) : <input checked="" type="checkbox"/> No (Khong) :			
RELATIONSHIP WITH PRISONER (Lien he voi tu nhan tai VN) :	SISTER		
NAME & SIGNATURE : ADDRESS & TELEPHONE OF INFORMANT (Ten, Chu ky, Dia chi va Dien thoai cua nguoi dien don nay)	Lien Nguyen NGUYEN THUY LIEN		
DATE:	12 Month (Thang)	11 Day (Ngay)	1988 Year (Nam)

5. NAME OF PRINCIPAL APPLICANT (PA) : NGUYEN DAN QUE
(Listed on page 1)

DEPENDENT'S ADDRESS :(if different from above)

6. ADDITIONAL INFORMATION :



HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM

FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P. O. BOX 5435, ARLINGTON, VA 22205-0635
TELEPHONE: 703-560-0058

IV # 111372

POLITICAL PRISONER REGISTRATION FORM
(Two Copies)

The purpose of this form is to identify persons who are or were formerly interned in re-education camps in Vietnam, so that eligibility for U.S. admission via the Orderly Departure Program can be established.

1. APPLICANT IN VIETNAM NGUYEN ĐAN QUẾ
Last Middle First

Current Address | 102/7 NGUYEN TRAI, QUAN 5, THANH PHO HO - CHI - MINH

Date of Birth 4-13-1942 Place of Birth HANOI VIET NAM

Previous Occupation(before 1975) MEDICAL DOCTOR, PROFESSOR OF SAIGON MEDICAL CO.
(Rank & Position)

2. TIME SPENT IN RE-EDUCATION CAMP Dates : From 2/1978 To 1/1988

3. SPONSOR'S NAME: NGUYEN THUY LIEN
Name

Address & Telephone

4. NAMES OF RELATIVES/ACQUAINTANCES IN THE U.S.

Name, Address & Telephone	Relationship
NGUYEN QUOC XUAN	BROTHER
TRUNG MANH KHAI	COUSIN
NGUYEN HUU DUE	COUSIN

If you are eligible to file for the applicant under Category I of the ODP criteria and have not filed an Affidavit of Relationship (AOR), you are encouraged to do so. Also, persons in the U.S. who are eligible to petition for relatives in Vietnam on INS Form I-130 must do so.

Date Prepared: 12 - 11 - 1988

5. NAME OF PRINCIPAL APPLICANT (PA) : NGUYEN DAN QUE
(Listed on page 1)

DEPENDENT'S ADDRESS :(if different from above)

6. ADDITIONAL INFORMATION :



HỘI GIA ĐÌNH TÙ NHÂN CHÍNH TRỊ VIỆT NAM
FAMILIES OF VIETNAMESE POLITICAL PRISONERS ASSOCIATION

P.O. BOX 5435, ARLINGTON, VA 22205-0635
TELEPHONE: 703-560-0058

IV # 111372

POLITICAL PRISONER REGISTRATION FORM
(Two Copies)

VEWL.# _____

I-171 : Yes, No

The purpose of this form is to identify persons who are or were formerly interned in re-education camps in Vietnam, so that eligibility for U.S. admission via the Orderly Departure Program can be established.

1. APPLICANT IN VIETNAM NGUYEN ĐAN QUE
Last Middle First

Current Address 102/7 NGUYEN TRAI, QUAN 5, THANH PHỐ Ho - chí - MINH

Date of Birth 4-13-1942 Place of Birth HANOI VIET NAM

Previous Occupation(before 1975) MEDICAL DOCTOR, PROFESSOR OF SAIGON MEDICAL coll
(Rank & Position)

2. TIME SPENT IN RE-EDUCATION CAMP Dates : From 2/1978 To 1/1988

3. SPONSOR'S NAME: NGUYEN THUY LIEN
Name

Address & Telephone

4. NAMES OF RELATIVES/ACQUAINTANCES IN THE U.S.

<u>Name, Address & Telephone</u>	<u>Relationship</u>
<u>NGUYEN QUOC QUAN</u>	<u>BROTHER*</u>
<u>TRUONG MANH KHAI</u>	<u>COUSIN</u>
<u>NGUYEN HUU DUE</u>	<u>COUSIN</u>

If you are eligible to file for the applicant under Category I of the ODP criteria and have not filed an Affidavit of Relationship (AOR), you are encouraged to do so. Also, persons in the U.S. who are eligible to petition for relatives in Vietnam on INS Form I-130 must do so.

Date Prepared: 12-11-1988

5. NAME OF PRINCIPAL APPLICANT (PA) : NGUYEN DAN QUE
(Listed on page 1)

DEPENDENT'S ADDRESS : (if different from above)

6. ADDITIONAL INFORMATION :

AFFIDAVIT OF SUPPORT

(ANSWER ALL ITEMS; FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, Lien Thuy Nguyen, residing at 22032,
(Name) (Street and Number)
Fairfax Virginia U.S.A.
(City) (State) (Country)

BEING DULY SWORN DEPOSE AND SAY:

I. I was born on March 17 1937 at Hung-Yen Viet Nam
(Date) (City) (Country)

If you are not a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number 11614916
- If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give 'A' number _____

2. That I am 51 years of age and have resided in the United States since (date) 4-22-1975

3. That this affidavit is executed in behalf of the following person:

(Name) _____ (Sex) _____ (Age) _____

(Citizen of — Country) (Marital Status) (Relationship to Deponent)

102/7 Nguyen Trai Quan 5 Thanh Pho Ho- Chi- Minh Viet Nam

(Presently resides at — Street and Number) (City) (State) (Country)

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services.

7. That I am employed as, or engaged in the business of Electronic Technician with Atlantic Research Co.
(Type of business) (Name of concern)

at _____
(Street and Number) (City) (State) (ZIP Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.) \$ 50,000.00

I have on deposit in savings banks in the United States \$ 10,000.00

I have other personal property, the reasonable value of which is \$ 20,000.00

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief. \$

I have life insurance in the sum of \$ _____
With a cash surrender value of \$ _____

I own real estate valued at \$ 180,000.00

With mortgages or other encumbrances thereon amounting to \$ 70,000.00

Which is located at _____

whether the person named is wholly or partially dependent upon you for support. (Place a check in the appropriate column to indicate

NAME OF PERSON	WHOLLY DEPENDENT	PARTIALLY DEPENDENT	AGE	RELATIONSHIP TO ME
Thien Minh Do		x	25	Son
Thieu Minh Do		x	23	Son
Linh Thuy Do		x	21	Daughter
Thanh Minh Do	x		17	Son
Lynda Anh Do	x		10	Daughter

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state none.

<u>Name</u>	<u>Date submitted</u>
None	

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

<u>Name</u>	<u>Relationship</u>	<u>Date submitted</u>
None		

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)
That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, and for how long.)

OATH OR AFFIRMATION OF DEPONENT

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent Thuy Do

Subscribed and sworn to (affirmed) before me this 3 day of Dec, 19 88
at Annandale VA. My commission expires on 4-3-92

Signature of Officer Administering Oath Robin A. Leach Title notary

If affidavit prepared by other than deponent, please complete the following:

I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have any knowledge.

(Signature)

(Address)

(Date)

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

25 "E" Street, N.W.
Washington, D.C. 20538

NOTICE OF APPROVAL OF RELATIVE IMMIGRANT VISA PETITION

NAME AND ADDRESS OF PETITIONER

Lien Thuy Nguyen

NAME OF BENEFICIARY

Que Dan Nguyen

CLASSIFICATION FILE NO.

P5-1 Alpha

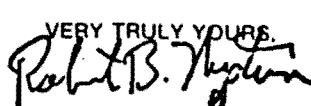
DATE PETITION FILED DATE OF APPROVAL
OF PETITION

March 21, 1983 Sep. 25, 1984

Date: October 1, 1984

Please be advised that approval of the petition confers upon the beneficiary an appropriate classification. The approval constitutes no assurance that the beneficiary will be found eligible for visa issuance, admission to the United States or adjustment to lawful permanent resident status. Eligibility for visa issuance is determined only when application therefor is made to a consular officer; eligibility for admission or adjustment is determined only when application therefor is made to an immigration officer. Also, please note the items below which are indicated by "X" marks concerning this petition:

1. YOUR PETITION TO CLASSIFY THE BENEFICIARY AS AN IMMEDIATE RELATIVE OF A UNITED STATES CITIZEN HAS BEEN FORWARDED TO THE UNITED STATES CONSULATE AT _____ THIS COMPLETES ALL ACTION BY THIS SERVICE ON THE PETITION. THE UNITED STATES CONSULATE, WHICH IS UNDER THE SUPERVISION OF THE DEPARTMENT OF STATE, WILL ADVISE THE BENEFICIARY CONCERNING VISA ISSUANCE. *Inquiry concerning visa issuance should be addressed to the Consul. This Service will be unable to answer any inquiry concerning visa issuance.*
2. IF YOU BECOME NATURALIZED AS A CITIZEN OF THE UNITED STATES AND AN IMMIGRANT VISA HAS NOT YET BEEN ISSUED TO THE BENEFICIARY, NOTIFY THIS OFFICE IMMEDIATELY, GIVING THE DATE OF YOUR NATURALIZATION. AT THE SAME TIME, IF THE PETITION WAS IN BEHALF OF YOUR SON OR DAUGHTER, ALSO ADVISE WHETHER THAT PERSON IS STILL UNMARRIED. THIS INFORMATION MAY EXPEDITE THE ISSUANCE OF A VISA TO THE BENEFICIARY.
3. YOUR PETITION FOR PREFERENCE CLASSIFICATION, AS SHOWN ABOVE, HAS BEEN FORWARDED TO THE UNITED STATES CONSULATE AT Bangkok. THIS COMPLETES ALL ACTION BY THIS SERVICE ON THE PETITION. THIS SERVICE HAS NOTHING TO DO WITH THE ACTUAL ISSUANCE OF VISAS. VISAS ARE ISSUED ONLY BY UNITED STATES CONSULS WHO ARE UNDER THE JURISDICTION OF THE U.S. DEPARTMENT OF STATE. UNDER THE LAW ONLY A LIMITED NUMBER OF VISAS MAY BE ISSUED BY THAT DEPARTMENT DURING EACH YEAR AND THEY MUST BE ISSUED STRICTLY IN THE CHRONOLOGICAL ORDER IN WHICH PETITIONS WERE FILED FOR THE SAME CLASSIFICATION. WHEN THE BENEFICIARY'S TURN IS REACHED ON THE VISA WAITING LIST, THE UNITED STATES CONSUL WILL INFORM HIM AND CONSIDER ISSUANCE OF THE VISA. *Inquiry concerning visa issuance should be addressed to the Consul. This Service will be unable to answer any inquiry concerning visa issuance.*
4. THE PETITION STATES THAT THE BENEFICIARY IS IN THE UNITED STATES AND WILL APPLY TO BECOME A LAWFUL PERMANENT RESIDENT. THE ENCLOSED APPLICATION FOR THIS PURPOSE (FORM I-485) SHOULD BE COMPLETED AND SUBMITTED BY THE BENEFICIARY WITHIN 30 DAYS IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED THEREIN. (IF THE BENEFICIARY HAD PREVIOUSLY SUBMITTED FORM I-485 WHICH WAS RETURNED TO HIM, HE SHOULD RESUBMIT THAT FORM WITHIN 30 DAYS.)
5. THE BENEFICIARY WILL BE INFORMED OF THE DECISION MADE ON HIS PENDING APPLICATION TO BECOME A LAWFUL PERMANENT RESIDENT (FORM I-485).
6. THE PETITION STATES THAT THE BENEFICIARY IS IN THE UNITED STATES AND WILL APPLY TO BECOME A LAWFUL PERMANENT RESIDENT. HOWEVER, AN IMMIGRANT VISA NUMBER IS NOT PRESENTLY AVAILABLE. THEREFORE, THE BENEFICIARY MAY NOT APPLY TO BECOME A PERMANENT RESIDENT.
7. ORIGINAL DOCUMENTS SUBMITTED IN SUPPORT OF YOUR PETITION UNACCOMPANIED BY COPIES THEREOF HAVE BEEN MADE A PERMANENT PART OF THE PETITION. ANY OTHERS ARE RETURNED HEREWITH.
8. REMARKS

VERY TRULY YOURS,

 Robert B. Mylrea
 DISTRICT DIRECTOR

THIS COPY TO BE MAILED TO THE ATTORNEY OR REPRESENTATIVE, IF ANY

THE UNITED STATES ORDERLY DEPARTURE PROGRAM

OPR ID = PEA-1

RUN DATE 04/03/85

PAGE NO. 1264

PRINCIPAL ALIEN IN VIETNAM

WORKSHEET FOR FILE NUMBER IV 111372

SPONSOR IN THE UNITED STATES

NAME: NGUYEN DAN QUA

NAME: NGUYEN THUY LIEN

OTHER NAMES USED:

DOB: (MM/DD/YY) / / CCB:

SEX: M DOB: (MM/DD/YY) 06/13/42 COUNTRY: VN

ADDRESS:

ADDRESS IN VIETNAM:

TELEPHONE (HOME): / / / (BUSINESS): / /

102/7 NGUYEN TRAI, B. 5
T.P. HO CHI MINH, VIETNAM

CATEGORY: REF PRA USC

ACCOMPANYING RELATIVES

NAME	SEX M/F	DOB MM DD YY	REF. PA	CCB PA	FALCON			DOCUMENTATION			OTHER
					MM	DD	YY	BC	MCT	MC	
1. NGUYEN DAN QUA	M	06 13 42	PA	VN	--	--	--	--	--	--	1.
2.					--	--	--	--	--	--	2.
3.					--	--	--	--	--	--	3.
4.					--	--	--	--	--	--	4.
5.					--	--	--	--	--	--	5.
6.					--	--	--	--	--	--	6.
7.					--	--	--	--	--	--	7.
8.					--	--	--	--	--	--	8.
9.					--	--	--	--	--	--	9.
10.					--	--	--	--	--	--	10.
11.					--	--	--	--	--	--	11.
12.					--	--	--	--	--	--	12.
13.					--	--	--	--	--	--	13.
14.					--	--	--	--	--	--	14.

PRINCIPAL ALIEN IN VIETNAM

SPONSOR IN THE UNITED STATES

1	31	PRIORITY DATE: 03/21/85 REL-SPONSOR TO PA: S1	1	1	ACB BC BCT MC MCT GVN PHOTC	OTHER
V		SVN #: JUL:	1	--	--	--
USC EMPL/TRAINING (CAT 2):			1	--	--	--
PVT US EMPL/TRAINING (CAT 3-4C):			1	--	--	--
GVN/RVNAR SVCs:			1	IS COMBAT AND:-----	REFUG CAMP: -----	TO: -----
CAT 1 PKT: --/--/--		FLUP: --/--/--	1	-----	-----	-----
CAT 2/3 PKT: --/--/--		FLUP: --/--/--	1	-----	-----	-----
OTHERS: -----			1	-----	-----	-----

CONTROL

- Card
 Doc.Request; Form
 Release Order
 Computer
 FOIA ***
 OCB/OCB
 Membership; Letter

12/7/88

Nguyen Dan Que'
Do ngor Phi
9202 Hunting PINES Place
FAX. VA. 22032
+ 628-5417
TN 108

COMPUTERIZED

Dec 11, 1988

C O N T R O L

- Card
- Doc. Request; Form
- Release Order
- Computer 2-18-89
- Form "D"
- ODP/Date _____
- Membership; Letter