



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. # \_\_\_\_\_

POLITICAL PRISONER REGISTRATION FORM  
(Two Copies)

VIEWL # \_\_\_\_\_

I-171: Y N

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 PHAM VIET PHUC  
Last Middle First

Current Address: 23C Loc Long Quan - P21 - Q11 - Hochiminh City

Date of Birth: 1943 Place of Birth: Hanoi North

Previous Occupation (before 1975) Biệt kích  
(Rank & Position)

2. TIME SPENT IN RE-EDUCATION CAMP Dates: From 1967 To 1982  
Years: 15 Months: \_\_\_\_\_ Days: \_\_\_\_\_

3. SPONSOR'S NAME: TRUNG DUC NGUYEN  
Name \_\_\_\_\_  
Address and Telephone Number Des Plaines IL

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

<u>Name, Address &amp; Telephone Number</u>	<u>Relationship</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: \_\_\_\_\_

5. NAME OF PRINCIPAL APPLICANT (PA) : \_\_\_\_\_  
(Listed on page 1)

DEPENDENT'S ADDRESS : (if different from above)

11. *What is the name of the person you are writing to?*

6. ADDITIONAL INFORMATION :

American Council For Nationalities Service  
95 Madison Ave. NEWYORK, N.Y. 10016, (312) 532 5858

## SECTION I.

My name is TRONG DUC NGUYEN

Other names I have used None

My date of birth 6-15-44

My place of birth Vietnam

My present address \_\_\_\_\_

DesPlaines 11

My phone number is \_\_\_\_\_

ORDERLY DEFECTIVE PROGRAM  
QUESTIONNAIRE/AFFIDAVIT OF RELATIONSHIP  
(To be completed by U.S. Relative)

AFFIDAVIT USED FOR POLITICAL PRISONER

## FROM VIETNAM

## SECTION II.

I entered the U.S. on 6-24-75 (date) from Vietnam (country)

My status in the U.S. is  Parolee  Permanent Resident

U.S. Citizen  Conditional Entrant

My ALIEN REGISTRATION NUMBER IS: A-21-468-115

My NATURALIZATION CERTIFICATE NUMBER IS:

Voluntary Agency American Council for Nationalities Service

95 MADISON AVENUE, NEW YORK, N.Y. 10016

POLITICAL PRISONERS whom I have requested to join me from VIETNAM

they were, and immediate relatives whom they have reconnected with again.

NAME	RELATION- SHIP	DATE & PLACE OF BIRTH	PRESENT ADDRESS	EXIT PERMIT # (if avail- able)	I HAVE FILED IF YES: DATE AN IMMIGRANT CITY OF INS FILED VISA PETITION OFFICE NO YES	DATE APPROVED	COUNTRY PETITION WAS SENT TO
PHAM VIET PHUC (F)		1943 Hanoi Ninh	23 <sup>c</sup> Lae Long Quan F21 Q 11 Hcm City		X _____ X _____ X _____ X _____ X _____		

There are persons whom I have requested to accompany my relative(s) from Vietnam:

N/A

SECTION IV.

The following are persons whom I would like to join me from Vietnam (listed in SECTION 3), AND who were closely associated with U.S. programs, U.S. government organizations, or U.S. firms in Vietnam before April 1975:

NAME

DESCRIPTION OF ASSOCIATION (if possible include dates, positions, supervisors, nature of duties, awards, etc.)

PHAM VIET PHUC

Captured in North Vietnam for his commandos activity, Incapitivity from 1967 - 1982

SECTION V.

Here are the rest of my family members NOT listed in SECTION III. (Please include your parents, brothers, sisters, spouse, and children. Please include persons who are deceased as well.)

NAME

RELATIONSHIP

DATE/PLACE OF BIRTH

PRESENT ADDRESS

SECTION VI.

If you are married:

NAME OF WIFE/HUSBAND

DATE/PLACE OF BIRTH

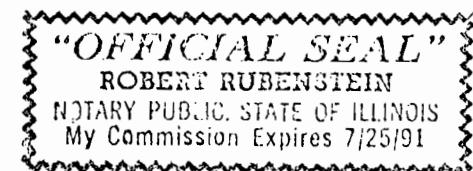
PRESENT ADDRESS

Give the date and place where you were married:

SECTION VII.

I swear that the above information is true to the best of my knowledge  
Signature Robert Rubenstein Date 12/21/87  
Subscribed and sworn to before me,

Robert Rubenstein  
(Signature of Notary Public)



12/21/87  
(Date)

My commission expires: 7/25/91

CO N T R O L

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

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