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NATIONAL OFFICE

USCC Reference No. _____

MIGRATION AND REFUGEE SERVICES

ODP-IV No. _____

(If known)

1312 MASSACHUSETTS AVENUE, N. W. • WASHINGTON, D. C. 20006 MIGRATION & REFUGEE SERVICE

DIOCESE OF ARLINGTON

200 N. GLEE RD. ROOM 208Y
ARLINGTON, VA. 22203

ORDERLY DEPARTURE PROGRAM (VIETNAM)

Date filed: Oct. 10, 1984 Diocese of: _____

Your Name: Mr/Mrs/Miss TRAN VAN PHO Phone: (Home) _____
(Family name) (Middle name) (First) (Work) _____Your Address: Mc Lean, Va. 22102
(Number) (Street) (City/County) (State) (Zip)

Date of Birth: 2/15/1922 Place of Birth: My Tho, Vietnam.

Date of Entry to U.S. 12/5/1979 From (country or camp): Vietnam

My Alien Registration Number is A21-851-427 My Naturalization Certificate No. is _____

Legal Status: Parolee Permanent Resident Alien U.S. Citizen

THE FOLLOWING ARE PERSONS IN VIETNAM KNOWN TO ME AND WHO MAY BE ELIGIBLE TO ENTER THE U.S. AS FORMER U.S. GOVERNMENT EMPLOYEE OR CLOSE ASSOCIATE TO THE U.S. OR ASIAN-AMERICANS:

Name of Principal Emigrant	Date/Place of Birth	Relation (if any)	Address in Vietnam
TRAN DAC THANG	12/6/1949 Vietnam	Cousin	3F Duong Tran Phu, P. 21, Q. 5
			Ho Chi Minh City, Vietnam

Number of close relatives accompanying Principal Emigrant: _____ (Full List on back)

U.S. GOVERNMENT EMPLOYEE: DESCRIPTION OF PAST ASSOCIATION (of Emigrant)

U.S. Government Agency _____ Last Title/Grade _____
Name/Position of Supervisor _____ / _____

EMPLOYEE OF AMERICAN COMPANY OR ORGANIZATION:

U.S. Company, Contractor, Agency, Organization or Foundation _____
Last Title/Grade: _____ / _____ Name/Position of Supervisor: _____

EMPLOYEE OF VIETNAMESE GOVERNMENT (prior to 1975):

Ministry or Military Unit Infantry Unit Last Title/Grade Second Lieutenant.
Name/Position of Supervisor _____Was time spent in re-education camp? Yes No _____ How long? 9 years, 1 months

FORMER STUDENT IN U.S. OR ABROAD UNDER U.S. GOVERNMENT SPONSORSHIP

School _____ Location _____

Type of Degree or Certificate _____
Dates of Employment or Training _____ to _____
(month/year) _____ (month/year) _____

ASIAN-AMERICANS: Single _____ Married _____ Male _____ Female _____

Full name of the mother: _____ Her age: _____ Address: _____

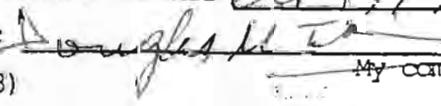
Full name of the U.S. Citizen Father (if known): _____

' His current address: _____

I swear that the above information is true to the best of my knowledge.

Signature:  Date: 10-13-84

SUBSCRIBED AND SWORN BEFORE ME THIS Oct 13, 1984 (Date)

Signature of Notary Public  County of Arlington

USCC FORM B (revised 12/83) My commission expires: Jan 1987

2801 81 8AM

NAME OF PRINCIPAL APPLICANT (PA): TRAN DAC THANG
(Listed on Page 1)

NAME OF DEPENDENT/ACCOMPANYING RELATIVES	DATE OF BIRTH	RELATIONSHIP TO P.A.
None		

ADDITIONAL INFORMATION: