

ODP CHECK FORM

Date: _____

To: MR. DANIEL SULLIVAN
RP/RAP/SEA (ODP)
Department of State
Washington, D.C. 20520 , Telephone #(202) 663-1056

From: Families of Vietnamese Political Prisoners Association
P.O.BOX 5435 - Arlington, Virginia 22205-0635

Name: _____

Date of Birth: _____

Address in VN _____

SPOUSE NAME: _____

NUMBER OF ACCOMPANYING RELATIVES: _____

Reeducation Time: _____ Years _____ Months _____ Days

IV # _____

VEWL # _____

I-171 : _____ Yes; _____ No. - EXIT PERMIT: _____ Yes ; _____ No.

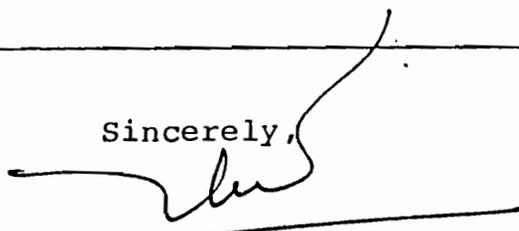
Special List # _____

Sponsor & Tel.#: _____

Remarks:

(From Mr. Sullivan)

Sincerely,



KHUC MINH THO

Tel. # 358-5154 (O) - 560-0058 (H)