

PERSONALITY FILE REQUEST

Reburch

TO RI/ANALYSIS SECTION	DATE 3 Mar 59	ACTION		
FROM <i>RLD/201 66</i>	<input type="checkbox"/> OPEN	<input type="checkbox"/> AMEND	<input type="checkbox"/> CLOSE	
	ROOM NO. 2209 K	TELEPHONE 528		

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

SECTION III: To be completed in all cases.

SECTION I

<input checked="" type="checkbox"/> SENSITIVE	<input type="checkbox"/> NONSENSITIVE	1. SOURCE DOCUMENT 62 NA 16395
NAME (Last) (First) (Middle) (Title)	SEX 3.	
<i>KRUEGER, HELMUTH ALFRED KARL</i>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
NAME VARIANT		

TYPE NAME 2.	(Last)	(First)	(Middle)	(Title)

BEST AVAILABLE COPY

PHOTO 4.	BIRTH DATE 5.	COUNTRY OF BIRTH 6.	CITY OR TOWN OF BIRTH 7.	OTHER IDENTIFICATION 8.
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<i>02.02.1905</i>	<i>Germany</i>	<i>Reinland</i>	<i>U.G.</i> 2. <input type="checkbox"/> 3.
OCCUPATION/POSITION				OCC./POS. CODE 9.
<i>Member W.G.P.R. Ministry of Defense, Norddeutscher Verlag</i>				<i>I H Z 14</i>

SECTION II

CRYPTONYM	PSEUDONYM

SECTION III

COUNTRY OF RESIDENCE 10.	ACTION DESK 11.	SECOND COUNTRY INTEREST 12.	THIRD COUNTRY INTEREST 12a.
<i>Germany</i>	<i>66141 L</i>		

Comments: Cit. West Germany

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 CENTRAL INTELLIGENCE AGENCY
 SOURCES METHODS EXEMPTION 3B2B
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2003 2005

PUNCHED

PERMANENT CHANGE	RESTRICTED FILE
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO