

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service

DIRECTOR, CENTRAL INTELLIGENCE AGENCY  
2430 E Street, N.W.,  
Washington, D. C. 20505

20 West Broadway  
New York 7, N.Y.  
Attention: DEPUTY DIRECTOR, PLANS

File No.	AB 194 566 S/CJ
Date	August 31, 1973 tg

Please furnish any derogatory information that may be contained in your files concerning the following person.

FBI Ident. Number \_\_\_\_\_

LAST NAME <b>MAIKOVSKIS, Beleslavs</b>		FIRST NAME <b>Beleslavs</b>		MIDDLE NAME		DATE OF BIRTH <b>1/21/04</b>	PRESENT NATIONALITY <b>Latvia</b>	
OTHER NAMES USED (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)						PLACE OF BIRTH <b>Stiniene Reackne Latvia</b>		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWER <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED
<input checked="" type="checkbox"/> MALE		<input type="checkbox"/> FEMALE		HEIGHT <b>5'6"</b>	WEIGHT <b>170</b>	COLOR EYES <b>blue</b>	COLOR HAIR <b>brn</b>	IDENTIFYING MARKS
IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATES AND PLACES OF ALL MARRIAGES OR DIVORCES.								
<p><b>Janina Maikovskis Married May 20, 1939 at Tyskade Latvia she was born in Subinaite Rezekne Latvia, Jan, 21, 1914</b></p>								
FATHER'S NAME (Last name) <b>MAIKOVSKIS, Jazeps</b>		MOTHER'S NAME (Maiden name) <b>Gertrude Becs</b>		DATE AND PLACE OF BIRTH (If known)		ADDRESS <b>REFER TO FBI</b>		
ORGANIZATIONS (Include any societies, clubs, etc., with which now or previously affiliated) <b>0 2 OCT 1973</b>								
RESIDENCE LAST (5) (7) YEARS (Street & No., RFD, etc.) (City, state and country) <b>Mineola, N.Y. 11501 232 Grant Avenue, Nassau, New York</b>						FROM	TO	
EMPLOYMENT LAST (5) (7) YEARS (Employer's name) (Number, street, city, state) <b>Valda Construction Company, 12 Hilldale Avenue, Miller Place, NY</b>						FROM	TO <b>(Retired)</b>	
LAST ADMISSION TO U.S. (Date, port and status) <b>12/27/51 NYC</b>				PRIOR ENTRIES AND DEPARTURES (Dates and ports or if numerous, list years when previously in U.S.)				
				U.S. PASSPORT NO. (If known)		SOCIAL SECURITY #		
REASON FOR REQUEST <input type="checkbox"/> DEPORTATION <input type="checkbox"/> ADM. TO U.S. <input type="checkbox"/> BENEF. PS #: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> ADJ. OF STATUS <input type="checkbox"/> SPONSOR PS #: <input type="checkbox"/> APPLICANT FOR CONDITIONAL ENTRY FOR RELIEF OF <b>Investigations</b>						ARMED FORCES SERIAL # AND BRANCH OF SERVICE		
RETURN TO U. S. Immigration and Naturalization Service 119 D St., N.E. Washington, D. C. 20536				Assistant Commissioner Investigations				

FOR AGENCY REPLY

14 SEP 1973

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CENTRAL INTELLIGENCE AGENCY  
SOURCE METHODS EXEMPTION 25X2  
NAZI WAR CRIMES DISCLOSURE ACT  
CENTRAL INTELLIGENCE AGENCY  
DATE: 2003-2006 (3)

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