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PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? YES
(Yes or No)

SEC. 1. PERSONAL BACKGROUND

A. FULL NAME Mr. Lubomyr Orest O R T Y N S K Y J
(Use No (First) (Middle) (Last)
Initials) LO
Telephones: Office MO 3-8461
Ext. 3
Home SW 5-4347

PRESENT ADDRESS 221 Sherman Ave., Apt. 607, New York 34, NY
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS 221 Sherman Ave., Apt. 607, New York 34, NY
(St. and Number) (City) (State) (Country)

B. NICKNAME NA WHAT OTHER NAMES HAVE YOU USED? L. Korbut,

ORT lkt UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? while writing in news-papers

HOW LONG? 7 years IF A LEGAL CHANGE, GIVE PARTICULARS NA

(Where?)

(By what authority)

C. DATE OF BIRTH June 7 1919 PLACE OF BIRTH Mychalawyczi, Drohobycz, Ukraine
(City) (State) (Country)

D. PRESENT CITIZENSHIP Stateless BY BIRTH? Poland BY MARRIAGE? NA
(Country)

BY NATURALIZATION CERTIFICATE NO. NA ISSUED (Date) BY (Court)

AT (City) (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? Polish citizenship
(Yes or No) (Country)

HELD BETWEEN WHAT DATES? 1919 TO 1939 ANY OTHER NATIONALITY? NA
(Country)

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NA GIVE PARTICULARS: _____

(1)

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2005

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(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? Oct. 24 1956

PORT OF ENTRY: New York ON PASSPORT OF WHAT COUNTRY? Fremdenpass Germany

LAST U. S. VISA 380 Nonquota immigr. visa Munich, August 10, 1956
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE 38 SEX M HEIGHT 6 feet WEIGHT 208 lb
EYES blue HAIR dark blond COMPLEXION strong SCARS on the right hand
BUILD strong OTHER DISTINGUISHING FEATURES NA

SEC. 3. MARITAL STATUS

A SINGLE _____ MARRIED Yes DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE Helen Clementine TYSOWSKA ORTYNSKYJ
(First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE February 17 1951, Munich Germany

HIS (OR HER) ADDRESS BEFORE MARRIAGE Newark, N.J. USA
(St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS 221 Sherman Ave Apt. 607 New York 34, NY
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 10 1918 PLACE OF BIRTH Lemberg, Galicia, Ukraine
(City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY December 1947

CITIZENSHIP USA WHEN ACQUIRED? 1953 WHERE? Towner, North Dakota
(City) (State) (Country)

OCCUPATION Dentist LAST EMPLOYER Clinik in Drake, N. Dakota

EMPLOYER'S OR BUSINESS ADDRESS Dr. Bohdan HORDINSKY, Drake, N. Dakota
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO _____ BRANCH OF SERVICE _____
(Date) (Date)

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

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SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME Anna-Maria ORTYNSKYJ RELATIONSHIP daughter AGE 5
CITIZENSHIP USA ADDRESS 221 Sherman Ave., Apt. 607, NY 34
(St. and Number) (City) (State) (Country)
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Frank ORTYNSKYJ
(First) (Middle) (Last)
LIVING OR DECEASED Dec. DATE OF DECEASE June 30 CAUSE heart illness
PRESENT, OR LAST, ADDRESS Mychalawyczi, Drohobycz, Galicia Poland
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 1884 PLACE OF BIRTH Ortynczy Sambir, Galicia
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
CITIZENSHIP Poland WHEN ACQUIRED? 1919 WHERE? Mychalawyczi
(City) (State) (Country)
OCCUPATION School-director LAST EMPLOYER School at Mychalawyczi
EMPLOYER'S OR OWN BUSINESS ADDRESS as above
(St. and Number) (City) (State) (Country)
MILITARY SERVICE FROM 1911 TO 1918 BRANCH OF SERVICE Infantry
(Date) (Date)
COUNTRY Austro-hung. army DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Rosalie Monastyrka ORTYNSKYJ
(First) (Middle) (Last)
LIVING OR DECEASED dec. DATE OF DECEASE Jan. 30 1956 CAUSE unknown
PRESENT, OR LAST, ADDRESS 124 Sryiska St. Drohobycz, Ukraine
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 1888 PLACE OF BIRTH Silec Sambir, Galicia
(City) (State) (Country)
CITIZENSHIP Poland then USSR WHEN ACQUIRED? 1919 resp 1944 WHERE? Mychalawyczi
(City) (State) (Country)
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

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(4)

OCCUPATION Teacher LAST EMPLOYER School at Drohobycz
EMPLOYER'S OR OWN BUSINESS ADDRESS unknown
(St. and Number) (City) (State) (Country)
MILITARY SERVICE FROM NA TO _____ BRANCH OF SERVICE _____
COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME Nadia Wira Lubow ORTYNSKYJ AGE 34
(First) (Middle) (Last)
PRESENT ADDRESS unknown, somewhere in Ukraine, possible Drohobycz
(St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME _____ AGE _____
(First) (Middle) (Last)
PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME _____ AGE _____
(First) (Middle) (Last)
PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME _____ AGE _____
(First) (Middle) (Last)
PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME _____ AGE _____
(First) (Middle) (Last)
PRESENT ADDRESS _____
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME Wolodymyr TYSOWSKYJ
(First) (Middle) (Last)
LIVING OR DECEASED Dec. DATE OF DECEASE Nov. 1956 CAUSE unknown
PRESENT, OR LAST, ADDRESS Kalush, Oblast Stanyslaviv, Ukraine.
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 1878 PLACE OF BIRTH Bykiw, Galicia
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
CITIZENSHIP Poland later USSR WHEN ACQUIRED? 1919 & 1944 WHERE? Kalush, Galicia
(City) (State) (Country)
OCCUPATION St. kath. priest LAST EMPLOYER Church in Kalush

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SEC. 9. MOTHER-IN-LAW

FULL NAME Maria Harasewycz TYSQWSKA
(First) (Middle) (Last)
LIVING OR DECEASED liv. DATE OF DECEASE _____ CAUSE _____
PRESENT, OR LAST, ADDRESS Kalush, Obl. Stanyslav, Ukraine
(St. and Number) (City) (State) (Country)
DATE OF BIRTH 1879 PLACE OF BIRTH Czerniv, Galicia
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA
Poland then USSR 1919 & 1944
CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? Kalush
(City) (State) (Country)
OCCUPATION Housewife LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES: NA

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT: NA

1. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____
3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

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(6)

SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR Research & publishing PROLOG Assn, Inc
875 West End Ave., NY 25, NY 6000
B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 6000
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)
C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY yes
FREQUENTLY _____, CONSTANTLY _____
D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. yes
ANYWHERE IN THE UNITED STATES _____, OUTSIDE THE UNITED STATES yes
E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:
NA

SEC. 13. EDUCATION

ELEMENTARY SCHOOL 4 years ADDRESS Mychalewyczi Drohobycz Galicia
(City) (State) (Country)
DATES ATTENDED 1925 GRADUATE? 1929
HIGH SCHOOL 8 years ADDRESS Gymnasium in Drohobycz & Stryj
(City) (State) (Country)
DATES ATTENDED Sept. 1929 GRADUATE? June 1937
COLLEGE University, Law ADDRESS Warszawa, Poland
(City) (State) (Country)
MAJOR AND SPECIALTY Law YEARS COMPLETED 2
DATES ATTENDED Akademy of political science at Warszawa DEGREE 1 year
COLLEGE University at Vienna 1941-1943 Degree: Diplomvokswirt
(City) (State) (Country)
MAJOR AND SPECIALTY University at Munich 1947 Degree: Doctor rerum politicarum
YEARS COMPLETED _____
DATES ATTENDED _____ DEGREE _____
CHIEF UNDERGRADUATE COLLEGE SUBJECTS _____
political science
CHIEF GRADUATE COLLEGE SUBJECTS _____
political science

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SEC. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

Ukrainian Legion (Roland) 1941 Second Lt. March-Sept. 1941
(Country) (Service) (Rank) (Date of Service)
Camp near Vienna NO Arrested by Gestapo
(Last Station) (Serial Number) (Type of Discharge)
REMARKS: Ukrainian Division (14 Waffen Gre.-Div Galizien)
November 1943 - June 1945 First Lt., Adjutant Rgt. 29/
SELECTIVE SERVICE BOARD NUMBER ADDRESS II

IF DEFERRED GIVE REASON

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS

SEC. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government; regardless of dates.)

FROM 1943 TO 1945 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)
EMPLOYING FIRM OR AGENCY Military service with Ukrainian Division
ADDRESS on the eastern front (Brody), July 22 1944 wounded, till
(St. and Number) (City) (State) (Country)
October 1944 in hospital, Reserve Lazeret, in Oppeln, Breslau
KIND OF BUSINESS NAME OF SUPERVISOR Germany
TITLE OF JOB After returned to the unit (Rgt 29/II) in Slovakia, later
YOUR DUTIES in south Austria (Graz-Feldbach)
June 1945 - POW held in american custody till Jan. 1947
in various camps in Bavaria, then US occupzone of Germ
REASONS FOR LEAVING discharged

FROM Jan. 1947 TO June 1948 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE) Secretary
EMPLOYING FIRM OR AGENCY With the Ukrainian Charity Service in Munich, Dachauerstr. 9/
ADDRESS Dachauerstr. 9/II Munich Germany II
(St. and Number) (City) (State) (Country)
KIND OF BUSINESS Secretary NAME OF SUPERVISOR Dr. T. Worobec
TITLE OF JOB Secretary & Interpreter SALARY: 250. RM PER month
YOUR DUTIES correspondence with german authorities
REASONS FOR LEAVING left for Austria, Salzburg
(7)

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(8)

FROM June 1948 TO December 49 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY International Refugee Organisation
ADDRESS IRO Lehenerkaserne, Salzburg, Austria
(St. and Number) (City) (State) (Country)
KIND OF BUSINESS Emigration NAME OF SUPERVISOR Mr. Solby
TITLE OF JOB scheme leader SALARY: 800 Sh. PER month
YOUR DUTIES Supervision of documentation and presentation
of applicants to the visa officers

REASONS FOR LEAVING illness, stay in sanatorium in Grafenhof
near Salzburg, March-Sept. 1950 CLASSIFICATION GRADE
FROM November 1950 TO after: November 1950 (IF IN FEDERAL SERVICE)
EMPLOYING FIRM OR AGENCY United Ukrainian American Relief Committee

ADDRESS UARC Munich, Pasing Germany
(St. and Number) (City) (State) (Country)
KIND OF BUSINESS Council of and interviewer NAME OF SUPERVISOR Mr. M. Rodyk
TITLE OF JOB interviews with applicants for emigration to USA
YOUR DUTIES presenting cases to the Visa section of USA con-
sulate in Munich, left UARU Nov. 1951

REASONS FOR LEAVING got a job in my profession
FROM March 1952 TO October 56 CLASSIFICATION GRADE
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Publishing houses "Sucasna Ukraina"
ADDRESS Verlag "Sucasna Ukrajina", Munich 2, Karlspl. 8/III
(St. and Number) (City) (State) (Country)
KIND OF BUSINESS Editor NAME OF SUPERVISOR Mr. W. Stachiw
TITLE OF JOB Deputy Chief-Editor SALARY: 460 DM. PER month
YOUR DUTIES editing, german & polish affairs, liaison officer
to other national groups and their news-papers
REASONS FOR LEAVING emigration to USA

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SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NO

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE ukrainian SPEAK fluent READ fluent WRITE fluent

LANGUAGE polish SPEAK fluent READ fluent WRITE fluent

russian SPEAK slight READ fair WRITE slight

LANGUAGE german SPEAK fluent READ fluent WRITE fluent

english SPEAK fair READ fluent WRITE fair

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

fishing

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

editing of magazine's

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

NO

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 20 SHORTHAND NO

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(10)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

IF YES, INDICATE KIND OF LICENSE AND STATE ^{NO} _____

FIRST LIC. OR CERTIFICATE (YR) _____ LATEST LIC. OR CERTIFICATE (YR) _____

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

1951-56 Editor of Ukrainian military magazine "Wisti" Munich

1954-56 Deputy chief-editor of "Sucasna Ukrajia" Munich, Karlsruhe

1953-54 correspondent of ukrainian daily "America", Philadelphia 8/III

1954-up to date correspondent of ukrainian daily "Svoboda", Jersey City, N.J.

Experiences in public speaking, in editing books, also in public relations

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

Yes TB

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

NA

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Sec. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mrs. St. Kredensor	BUS. ADD. _____ RES. ADD. 2501 Brounstr.	Philadelphia	30
2. Mr. Andrew Diakun	BUS. ADD. _____ RES. ADD. 82 Chatworth Ave.,	Kenmore	17, NY
3. Dr. O. Antonowycz	BUS. ADD. _____ RES. ADD. 631 Walter Ride Drive,	Arlington	VA
4. Mrs. Paula Feszczak	BUS. ADD. _____ RES. ADD. 877 N. 24 St	Philadelphia	30
5. George Lopatynskyj	BUS. ADD. 875 West End Ave., Apt. 14 b RES. ADD. _____		

Sec. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. Dragan	BUS. ADD. 81-83 Grandstr. RES. ADD. _____	Jersey City	N. J.
2. Mr. I. Skira	BUS. ADD. _____ RES. ADD. 4813 N. 12 St.	Philadelphia	41
3. Mrs. Ojka Kusmowycz	BUS. ADD. _____ RES. ADD. 221 Fire Island Ave.,	Babylon	L. I. NY
4. Mr. Walter Dushnyk	BUS. ADD. _____ RES. ADD. 2104 Caton Ave.,	Brooklyn	26, NY
5. Mr. E. Szypajlo	BUS. ADD. _____ RES. ADD. 131 Carmita Ave.,	Rutherford	N. J.

Sec. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Dr. Bohdan Hordinsky	BUS. ADD. Clinic Drake, RES. ADD. _____	North Dakota	
2. Mr. Malven Alue	BUS. ADD. Drake, RES. ADD. _____	North Dakota	
3. Mr. Choma	BUS. ADD. 528 207 St., RES. ADD. _____	NY	34, NY

Sec. 21. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? _____ IF NOT, STATE SOURCES OF OTHER INCOME _____

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS _____
not yet

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(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? NA
GIVE PARTICULARS, INCLUDING COURT:

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME ADDRESS
(St. and Number) (City) (State)
2. NAME ADDRESS
(St. and Number) (City) (State)
3. NAME ADDRESS
(St. and Number) (City) (State)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM Vienna TO Present 22I Sherman Ave., Apt. 607, NY 34, NY
(St. and number) (City) (State) (Country)
FROM Jan. 1941 TO April 41 Landstrasser Hauptstr. 58/8
(St. and number) (City) (State) (Country)
FROM April 41 TO Sept. 15 1941 Polizei Gefaengnis Vienna,
(St. and number) (City) (State) (Country)
FROM Sept. 15 TO June 22 1942 Ukrainian Legio, Rumania, Ukraine
(St. and number) (City) (State) (Country)
FROM June 42 TO October 43 Landstrasser Hauptstr. 58/8
(St. and number) (City) (State) (Country)
FROM November 43 TO June 45 Ukrainian Div., milit. service
(St. and number) (City) (State) (Country)
FROM June 45 TO Jan 47 POW camps in Bavaria (Auerbach, Regensburg
(St. and number) (City) (State) (Country)
FROM Jan 47 TO June 48 Darmstadt, Ludwigsburg,
(St. and number) (City) (State) (Country)
FROM Jan 47 TO June 48 Lattenbachstr. Munich, Germany
(St. and Number) (City) (State) (Country)

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM June 48 TO Mqrch 50 DP Camps Lexenfeld & Lehenerkaserne
(City or section) (Country) (Purpose)
FROM April 50 TO Sept. 50 Sanatorium Grafen Hof n. Salzburg
(City or section) (Country) (Purpose)
FROM October 50 TO November 51 St. Kallenstr. 28/II Munich, Germany
(City or section) (Country) (Purpose)
FROM June 52 TO October 56 Augustenstr. 40 and Nordendstr. 5/0
(St. and number) (City) (State) (Country) (Purpose)
FROM June 52 TO October 56 Munich
(St. and number) (City) (State) (Country) (Purpose)

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Organisation of Ukrainian Nationalists : in Ukraine since
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: Autumn 1937
2. Brotherhood of former soldiers of the I Ukrainian Division
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: Munich, Germany, membership since 1951
3. Association of ukrainian journalists (SUZ) Munich, Germany
(Name and Chapter) (St. and Number) (City) (State) (Country)
DATES OF MEMBERSHIP: 1953

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4. Club of young ukrainian journalists "Kranke nad 1"
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: Munich, Jan. 1953 - Jan. 1954
Shevche Scientific society New York

5. nko
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: March 1957

6. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

7. _____
(Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: _____

Sec. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

NO

IF "YES," EXPLAIN: _____

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? _____ NO _____ IF SO, TO WHAT EXTENT? _____

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

Arrested for political reasons by polish police

as well as by Gestapo, in both cases after a stay

of 6 respective 10 month released without conviction
D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

NO

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(14)

IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

CIC before admitting to USA

summer 1956 Munich, Germany

Sec. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Helen C. Ortynsky RELATIONSHIP wife
ADDRESS 221 Sherman Ave., Apt. 607 New York 34, NY
(St. and Number) (City) (State) (Country)

Sec. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

NO

Sec. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT New York DATE March 28 1957
(City and State)
L. O. Ortynsky
(Witness) (Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.