

110-631-698

ACC 681270 BOX 698

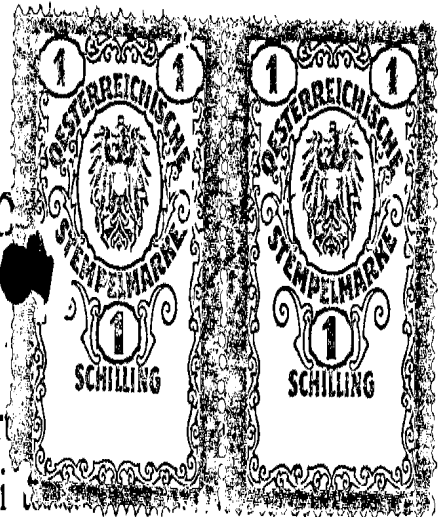
1/2016

Cow

8-23-2

70

Bereinigung - Testimonium



Im Sinne der kirchlichen Weisung Cn. 779 C. I. C. bestätigen die unterfertigten
Secundum normam ecclesiasticam testificant infrasuscripti

Taufname - Nomen Bapt.

Zuname - Nomen Famil.

der / die
natum

C. J. 1118

als Sohn / Tochter der Eltern

[Handwritten signature]

Datum

qua filium / filiam parentum

[Handwritten signature]

geboren worden ist, in der Pfarrkirche

et in ecclesia parochiali

zu
in

[Handwritten signature]

, nach röm.-katholischem Ritus

secundum ritum romano-catholicum

getauft wurde.

baptisatum esse.

Zeugen: 1)

Klein Mihel

Testes

2) *Zuhlfuß Johann*

[Handwritten signature]



Lagerseelsorger - Curatus Campi.

RRP-15

Refugee Relief Program,
American Consulate,
Salzburg, Austria

CERTIFICATE OF UNAVAILABILITY.

I hereby certify that the PERSONS NAMED HEREIN
of the following person is/are unavailable:

<u>Name:</u>	<u>Date of Birth</u>	<u>Place of Birth</u>
ECKHART, Josef	March 6, 1914	Klein Radinci, Yug

Reason for unavailability: No documents or records are available
from country of former residence.


American Vice Consul

DECLARATION OF READMISSIBILITY TO AUSTRIA

REPUBLIK ÖSTERREICH
BUNDESMINISTERIUM FÜR INNERES
Zahl: 45.599 — 12 11/56
Amerikanisches Flüchtlingshilfsgesetz 1953;
Rückübernahmeerklärung durch Österreich.

....., Das Bundesministerium für Inneres erklärt namens der österreichischen Bundesregierung, daß allen Personen, die auf Grund des amerikanischen Flüchtlingshilfsgesetzes 1953 (Public Law 203, August 7, 1953) von Österreich nach den Vereinigten Staaten ausgewandert, auf Verlangen der amerikanischen Behörden jederzeit die Rückkehrreise nach Österreich gestattet werden wird, falls der Nachweis erbracht werden sollte, daß diese Personen das amerikanische Einwanderungsvisaum auf betrügerische Weise oder auf Grund unrichtiger Angaben erschlichen haben.“

Wien, am 20. März 1954

Für den Bundesminister:

K. Fritzer

ENGLISH TRANSLATION

....."The Federal Ministry of the Interior declares in the name of the Austrian Federal Government that upon demand of the American authorities all persons who emigrate to the United States on the basis of the American Refugee Relief Act of 1953 (Public Law 203, August 7, 1953) will be allowed at any time to re-enter Austria, provided that proof should be established that these persons obtained the American immigration visa by fraudulent means or on the basis of false statements."

Name SCHNEIDER, Josef

Visa # 4906

Date Feb 15, 1956

Widow within age range of _____ years to _____ years and with _____ minor children within age ranges of _____ years to _____ years.

Size of family and ages do not matter _____

NOTE: Insert check mark where applicable.

I am not willing to accept a principal applicant regardless of his nationality. I am willing to accept a principal applicant only of the following nationality.

First choice _____

Second choice _____

Third choice _____

I designate _____
(Organization or voluntary agency)

as my agent for this purpose of nominating an alien for whom I am submitting this assurance.

SECTION III

I will accept a child born to the principal applicant or his wife after the execution of this assurance.

I assure that the principal applicant and the members of his family listed above or below will not become public charges

I assure that the principal applicant will be employed, without displacing any other person, as

(Type of employment or name of job)

No special physical, educational, or language requirements will be required.

(Desirable special skills or other qualifications required, if any)

(Address of place of employment)

(Name and address of employer)

(Terms of employment)

I further assure that the principal applicant and the members of his family will be housed, without displacing any other person,

at _____
(State specific address)

in _____
(State type of housing available including number of rooms and facilities)

I am a citizen of the United States

I was born at _____ (County) _____ (State) on _____ (Month) _____ (Day) _____ (Year)

The following persons dependent on me for support:

NAME: (First) (Middle) (Last) (Date of birth) (Relationship to me)

Blank lines for listing dependent persons.

I have within the last five years sponsored the immigration into the United States of

(State number) persons.

I have previously submitted an assurance under the Refugee Relief Act of 1953 for the following persons:

Name Relationship to me Date submitted

Table with handwritten entries and a stamp: 'This assurance has been checked and is endorsed and approved'.

I understand that the assurances given by me as stated above are my personal obligations, as provided in the Refugee Relief Act.



(Signature of American citizen local representative of organization, or of voluntary agency, recognized by the administrator)

(b)(6)

(Signature of American citizen local representative of organization, or of voluntary agency, recognized by the administrator)

(Title and address)

WAR RELIEF SERVICES — N. C. W. C.

(Name of organization or voluntary agency)

hereby endorses and underwrites

this assurance in accordance with the representations made in its application for recognition by the Administrator, or in the application filed by the parent or national organization in its behalf.

The U. S. Code, Title 18 (Crimes and Criminal Procedure), Section 1001, formerly Section 80, makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

STATEMENT BY AGENT

(Name of organization or voluntary agency)

designated by the sponsor listed above has nominated

NAME: (First) (Middle) (Last)

(Date of birth) (Place and country of birth) (Nationality)

and his accompanying spouse and children listed below as the alien(s) in whose behalf the assurances of employment, housing, and support have been given by the sponsor:

(1) Spouse (State name, date of birth, place and country, and nationality)

AGENCY ENDORSED FOR ASSURANCE

- (2) Child(ren) _____
(State name, date of birth, place and country, and nationality)
- (3) _____
(State name, date of birth, place and country, and nationality)
- (4) _____
(State name, date of birth, place and country, and nationality)
- (5) _____
(State name, date of birth, place and country, and nationality)

INSTRUCTIONS

If more space is required for entries, use a sheet of paper and attach it to this form.

This form should be prepared in six copies. Whenever questions are asked in the alternative, the applicable answers should be checked. When completed, the forms should be signed by the assurer. One copy should be kept by the assurer and one by the local representative. The original and three copies should be submitted to the following organization or agency

WAR RELIEF SERVICES — N. C. W. C., 149 Madison Avenue, New York 16, N. Y.

The organization or voluntary agency should submit the original and two signed copies of the assurance to the Director, Visa Office, Department of State, Washington 25, D. C.

There should be submitted with this assurance a statement of finding and recommendation from the local office of the United States (or the State) Employment Service serving the area of the proposed employment concerning the authenticity and bona fides of the assurance of employment. (The finding and recommendation of the USES is an advisory opinion required by the Administrator to verify the assurance of employment. If it is not attached to this form the Administrator on his own initiative will request USES to make and submit such finding and recommendation to him).

Section 14(c) of the Refugee Relief Act of 1953 provides that any person who knowingly violates any provision of this Act is guilty of a felony and may be fined not more than \$10,000 or may be imprisoned not more than ten years, or both.

FOREIGN SERVICE OF THE UNITED STATES OF AMERICA

APPLICATION FOR IMMIGRANT VISA I- 1095233
AND ALIEN REGISTRATION

a SPECIAL NONQUOTA

I, the undersigned, being duly sworn, state the following facts regarding myself and hereby make application for an IMMIGRANT VISA and the Refugee Relief Act of 1953 and

ALIEN REGISTRATION under the Immigration and Nationality Act to the American Vice Consul

at Salzburg, Austria

1. Family name ECKERT		Given name Josef		Initial ---	2. Place and date of birth Klein-Radinci, Yugoslavia March 6, 1914		Age 41 yrs.
3. Other names by which I have been known				4. Last permanent residence Camp Haiming, Oetzal, Austria			
5. Address in the United States 6401 Downey Street, Redley, California				6. Name and address of person to whom destined, if any (b)(6)			
7. Name and address of nearest relative in home country				8. Travel documents presented Austrian Passport for Foreigners			
9. Hair brown	10. Eyes brown	11. Height 5 ft. 7 in.	12. Weight 182 lbs.	13. Nationality stateless	15. Race white	17. Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>	18. Marital status Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
14. Complexion medium		16. Ethnic Classification German ethnic					
19. Occupation Farmer		20. Distinguishing marks ---		21. Languages spoken, read, or written German, Serbian, some Hungarian			
22. Intended United States port of entry New York		23. Final destination Pedley, California		24. I have (a) (2)(B) through ticket to destination		25. Purpose of going to the United States to reside	
26. Places of previous residence 1911-1938 Klein-Radinci, Yug., 1938-1939 Yugoslavian Army, 1939-1942 Klein-Radinci, Yug., 1942-1945 German Army, 1945-1946 Prisoner of war (Germany and France), 1946-1947 Stefanskirchen, Germany, 1947 to present, Camp Haiming, Oetzal, Austria.							
27. Names and places of residence of spouse and minor children (b)(6)							

35. I intend to remain in the United States for the following period:

for permanent

36. I have previously been in the United States during the following periods:

37. I have had the following excludable clauses explained to me and state that I am not, except as hereinafter noted, a member of any one of the following classes of individuals excluded from the United States under the Immigration and Nationality Act: (1) persons who have had one or more attacks of insanity; (2) persons who are narcotic drug addicts or chronic alcoholics; (3) persons who are afflicted with tuberculosis in any form, leprosy, or any dangerous contagious disease; (4) persons afflicted with any other disease, physical defect or disability which is of such a nature as may affect such persons' ability to earn a living unless affirmatively established that they will not have to earn a living; (5) paupers, professional beggars or vagrants; (6) persons convicted of, or who have admitted committing, a crime involving moral turpitude, or committing acts constituting the essential elements of such a crime, with the exceptions noted in the Act; (7) persons convicted of two or more offenses for which the aggregate sentences to confinement actually imposed were 5 years or more; (8) polygamists, practitioners or advocates of polygamy; (9) prostitutes, persons who have engaged in prostitution, persons coming to the United States solely, principally or incidentally to engage in prostitution, procurers and persons attempting to procure, or persons who have procured or attempted to procure or import, prostitutes or persons for the purpose of prostitution or for any other immoral purpose, or persons who are or have been supported by or receive or have received the proceeds of prostitution, or persons coming to the United States to engage in any other unlawful commercialized vice; (10) persons coming to the United States to engage in any immoral sexual act; (11) persons coming to the United States to perform skilled or unskilled labor who do not meet the requirements of the Act; (12) persons likely to become public charges; (13) persons excluded from admission and deported, or persons arrested and deported, or persons fallen into distress and removed, or persons removed as enemy aliens, or persons removed at Government expense, who do not have the Attorney General's permission to reapply for admission; (14) stowaways; persons procuring, or who have sought to procure, visas or other documentation, or who seek to enter the United States by fraud or willful misrepresentation of a material fact; (15) immigrants not possessing valid unexpired immigrant visas, reentry permits, border crossing identification cards or other documentation required by the Act, and a valid unexpired passport or other suitable travel document or document of identity and nationality; (16) quota immigrants possessing visas not issued in compliance with the quota provisions of the Act; (17) persons ineligible to citizenship of the United States, or persons who have departed from or have remained outside the United States to evade or avoid military training or service in time of war or national emergency; (18) persons convicted of a violation of any law or regulation relating to the illicit narcotics drug traffic or of any law or regulation governing commerce or manufacture of narcotic drugs as provided in the Act; (19) persons who seek admission from foreign contiguous territory or adjacent islands after arriving therein by nonsignatory or noncomplying transportation lines; (20) persons seeking to enter the United States solely, principally, or incidentally to engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; (21) persons who are, or at any time have been, anarchists, Communists, or other political subversives, as specified in Sec. 212 (a) (28) of the Act; (22) persons who after entering the United States probably would engage in activities prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in any other activity subversive to the national security, or engage in any activity a purpose of which is opposition to, control or overthrow of, the United States Government by force, violence or other unconstitutional means, or join, affiliate with, or participate in the activities of any organization registered or required to be registered under Sec. 7 of the Subversive Activities Control Act of 1950; (23) persons accompanying other persons ordered excluded, deported, and certified to be helpless from sickness or mental or physical disability or infancy pursuant to Sec. 237 (e) of the Act, whose protection or guardianship is required by the persons excluded and deported; (24) persons who at any time, knowingly and for gain, encouraged, induced, assisted, abetted, or aided any other alien to enter or try to enter the United States in violation of law.

I have been informed concerning both the classes of excludable aliens enumerated in section 212 (a) (28) of the Immigration and Nationality Act, and the defector and other classes provided for in subparagraph (1) thereof. I hereby declare that I am not and never have been a person specified in such section, except as may be claimed under Item 38 of this application.

38. I have had the exceptions to the foregoing excludable classes explained to me and claim to be exempt from exclusion on account of membership in the class or classes noted above because:

CT.

Joseph Robert

(Signature of applicant)

[SEAL]

Subscribed and sworn to before me this 15th day of February, 1956

Fee No. _____

13
UNITED STATES OF AMERICA
IMMIGRANT VISA AND ALIEN REGISTRATION

PORT OF

I certify that the immigrant named herein arrived in the United States at this port on the _____
on _____
(Day, month, year)

and was inspected by me and (admitted) (detained for further inquiry by special inquiry officer)
under Section 4c of the Immigration and Nationality Act.

W. J. O. [Signature]
(Immigration officer)

ACTION OF SPECIAL INQUIRY OFFICER

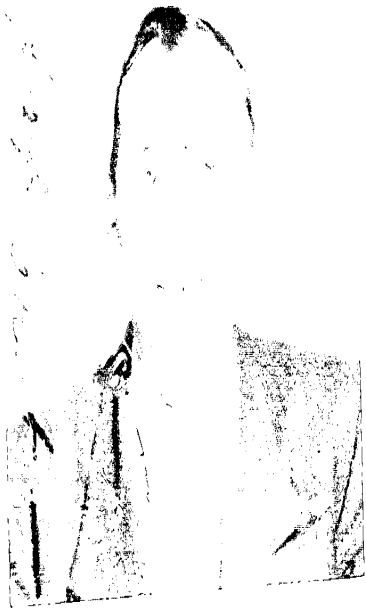
The immigrant named herein was (admitted) (excluded) {and no appeal taken} {and appeal taken}
under Section _____ of the Immigration and Nationality Act.

Date _____

(Special Inquiry officer)

ACTION ON APPEAL

Admitted _____ Excluded _____ Date _____



IMMIGRANT CLASSIFICATION:

Nonquota PI 203 Sec 4 (e) (1) Quota _____
(Symbol) (Symbol)

American Consulate

at Salzburg, Austria

IMMIGRANT VISA NO. 11906 Special Nonquota
(State quota)

Issued on _____
(Day, month, year)

The validity of this visa expires midnight, E. S. T., at the end of _____

(Day, month, year)

Nationality (if stateless, so state, and give previous nationality) stateless
Yugoslav

section 3 of the Refugee Relief Act of 1953 and
This visa is issued under Section 221 of the Immigration and Nationality Act and upon the basis of the facts stated in the application. This visa does not entitle the bearer to enter the United States if, upon arrival at a port of entry of the United States, he is found to be inadmissible under the law.

[SEAL]

William A. Prucey
[Signature]

WILLIAM A. PRUCEY, [Title]

of the
United States of America.

Fee No. _____ Examined and found admissible under PI. 203

Fee ~~5.00~~ Gratis

at Salzburg

Immigration Officer

Passport No. _____ or other travel document (describe)

008.125
12.9.16/56

Issued—

To ECKERT, Josef

By Bezirkshauptmannschaft Inst, Austria

On Feb 13, 1956

Expires Feb 12, 1956

28. Name and address of father

ECKERT, Melchior, deceased

29. Name and address of mother

ECKERT, Theresia, deceased
the Refugee Relief Act of 1953 and

30. I claim to be a (nonquota } under the Refugee Relief Act of 1953
(preference quota) } immigrant and my claim is based on the
following facts:

I am a German Expellee as defined in Sec.2 (c)
of the Act.

31. Available documents required by the Immigration and Nationality Act are
filed herewith and made a part hereof, as follows (Sec. 222 (b)):

Medical Report
Police Certificate
Statement re Baptism
Certificate of Unavailability (Birth & Military)
DSR-8
Readmissibility Certificate

32. I have never been: Arrested; convicted; in prison; in an almshouse; treated in an institution, hospital, or other place, for insanity or other mental disease;
the beneficiary of a pardon or amnesty, except as hereinafter stated:

33. I have never applied to any American consular officer, either formally or informally, for a visa or other documentation as an immigrant or nonimmigrant, except
as hereinafter stated:

I applied in 1951 but did not obtain a visa as quota was oversubscribed.

34. I have never been excluded, deported, or removed from the United States at Government expense, except as hereinafter stated:

Form 15-500
(Rev. May 1955)

DEPARTMENT OF STATE
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA
MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE

USPHS

DATE

Feb 15, 1956

At the request of the American Consul at

CITY

Salzburg

COUNTRY

Austria

I certify that on the above date I examined

NAME

ECKERT, Josef

AGE

42

SEX

M

I examined specifically for evidence of any of the following conditions:

CLASS A:

TUBERCULOSIS (in any form)

LEPROSY (Hansen's Disease)

DANGEROUS CONTAGIOUS DISEASES:

Actinomycosis

Amebiasis

Blastomycosis

Chancroid

Favus

Filariasis

Gonorrhea

Granuloma Inguinale

Keratoconjunctivitis infections

Leishmaniasis

Lymphogranuloma Venereum

Mycetoma

Paragonimiasis

Ringworm of scalp

Schistosomiasis

Syphilis, infectious stage

Trachoma

Trypanosomiasis

Yaws

MENTAL CONDITIONS:

Feeble-mindedness

(mental deficiency)

Insanity

Previous occurrence of one or more

attacks of insanity

Psychopathic personality

Epilepsy (Idiopathic)

Mental defect

Narcotic drug addiction

Chronic alcoholism

(See proviso, sec. 34.7, USPHS Regs.)

CLASS B:

Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.

CLASS C:

Minor Conditions.

(Check number (1) below or complete number (2))

My examination, including the X-ray and other reports below, revealed:

(1) No defect, disease, or disability

(2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class—A, B, or C—diagnosis, and pertinent details*):

PHYSICAL EXAMINATION NORMAL

Chest X-ray report

Normal

from Dr.

Blood serological report

Normal

from Dr.

Urinalysis report

STEP ONE O.K.

from Dr.

SIGNATURE OF MEDICAL EXAMINER

[Handwritten Signature]

TITLE

Medical Officer, USPHS

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
Los Angeles, California

File No. A10 631 698

Date: March 21, 1989

CERTIFICATE OF IDENTITY

To facilitate transportation to AUSTRIA
of applicant whose photograph appears below.

NAME: Josef Eckert

DATE & PLACE OF BIRTH: March 6, 1914
Klein-Radinci, Austria-Hungary

NATIONALITY: Stateless SEX: Male

OCCUPATION OR PROFESSION: Retired MARITAL STATUS: M

PRESENT ADDRESS: 8237 Sierra Avenue, Fontana, CA 92335

PURPOSE OF JOURNEY: For travel to AUSTRIA.
A national passport or any form of travel
document cannot be obtained for travel to
that country.

PERSONAL DESCRIPTION

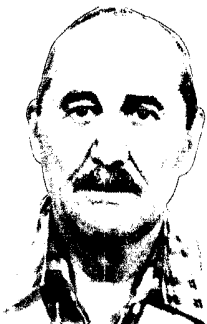
Height: 5' 9"

Weight: 170

Color of hair: Gray

Color of eyes: Hazel

Identification marks: None visible



For the U.S. Immigration and
Naturalization Service

BA # 282
5:30 PM

GATE 120

NON-STOP TO LONDON