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UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

Approved
Immigration No. 43-20401

File No.
A-814C30681

REGISTRANT TO FURNISH THE FOLLOWING INFORMATION (READ INSTRUCTIONS ON REVERSE)

TYPE OR PRINT

1. My name is:	2. My present address is:	3. I was born on: (month)(day)(year) Place of birth (City or Town) (Province) (Country)	4. Height Weight Eyes Hair Complexion Marks or scars	
LINH	RHAT VOONKY	DEC 08 1969 STIGER VN	5'75 59 lbs black brown medium	
5. I lived or was displaced from (Name of place)	6. Reasons: (State in detail)	7. My present immigration status in (Country in which residing) is:		
		THAILAND REFUGEE		
The evidence of my immigration status in the country in which I am residing is: (Describe)				
8. My spouse's name is:	9. (His) (Her) present address is:	10. Spouse's nationality is:		
SINGUE				
11. My spouse <input type="checkbox"/> will <input type="checkbox"/> will not accompany me to the United States				
12. Name of child(ren)	Date of birth	Place of birth	Present address	
NONE				
13. Schooling or Education	Name and location Name of school	Type	Dates attended	Title of Degree or Diploma
	HANH DUC SCHOOL	SECONDARY SCHOOL	1974 - 1982	9112

14. Military Service

Country	Branch and Organization	Dates	Serial No.	Rank Attained
	NONE			

15. I list below all organizations, societies, clubs, and associations, past or present, in which I have held membership, and the periods and places of such membership. (If you have never been a member of any organization, state "None.")

None

16. I have have not been charged with a violation of law. (If you have ever been charged with a violation of law, give date and place and nature of such charge.)

17. I have have not been in the United States. (If you have ever been in the United States, show the date of entry and departure and the purpose of your entry. Visitor, permanent resident, student, exchange, etc.)

File or Alien Registration number

18. I have the following other relatives in the United States:

(b)(6)

Name

Date of birth

Place of birth

DIRECT RELATION

19. I am neither a member of any organization nor do I belong to any club.

Date

Signature of registrant

lin

DO NOT WRITE BELOW THIS LINE

I, lin, do swear (affirm) that I know the contents of this registration subscribed by me including the attached documents, that the same are true to the best of my knowledge, and that corrections, numbered () to (), were made by me or at my request, and that this registration was signed by me with my full, true name:

lin

(Complete and true signature of registrant)

Subscribed and sworn to before me by the above-named registrant at

(b)(6)

(month)(day)(year)

JUL

(Signature and title of officer)

INTERVIEW	
DATE	(b)(6)
AT	(b)(6)
Immigration Officer	

APPROVED	(b)(6)
INS DISTRICT DIRECTOR	
DATE	JAN 12 1990
By:	(b)(6)
Immigration Officer In 5081	

ADMITTED AS A REFUGEE PURSUANT TO SEC. 6 OF THE IEN ACT. IF YOU DEPART THE U.S., YOU WILL NEED PRIOR PERMISSION FROM INS TO REENTER. EMPLOYMENT AUTHORIZED	
PORT	JUL 09 1990
INSPECTOR #03 NEW YORK, N.Y.	

INSTRUCTIONS

JUL 09 1990 NYC 1538

This form should be executed, signed and submitted to the Officer-in-Charge of the nearest overseas office of the United States Immigration and Naturalization Service. When your name has been reached as a registrant you will be furnished additional instructions.

1. REGISTRATION - A separate Registration Form must be executed by each registrant and submitted in one copy. A Registration Form in behalf of a child under 14 years of age shall be executed by the parent or guardian.

2. ASSURANCES - Assurance Form I-591 executed by a United States sponsor will be required before your refugee status may be authorized but need not be submitted at this time.

VN LIST#:

APPLICATION AND AFFIDAVIT

HO2-449

Don Xin Va Te Khai

SPECIAL RELEASED RECONCILIATION CENTER DETAINES RESETTLEMENT PROGRAM
 Chuong Trinh Bac Biet Tai Binh Cu Mwang Nguoi Duoc Tha To Cac Trung Tien Cat Iua
 NAME/Ten: **NGUYEN PHAT LINH** DATE OF BIRTH/Ngay Sanh: **08 DEC 1967**

SEX/SEX: **L** GENDER: **M** MARITAL STATUS: **S**PARENTS/Chao ne: (LIST LIVING AND DECEASED AND STEP PARENTS/iet ke nguoi song
 lan chet va ba na ke)

NAME/CHAO NE	BIRTHDATE	BIRTHPLACE	PARENT/RELATIONSHIP
Nguyen Phat Linh	08 DEC 1967	Noi-Sanh	Noi tu tinh hien tai

(b)(6)

THONG CUN MUI:

I SWEAR/DO SO KHAI THAT TO DECLARE ALL OF YOUR LISTED PARENTS, BROTHERS AND
 SISTERS, RELATIVES, AND OTHER MEMBERS IN YOUR FAMILY ARE LIVING OR
 DECEASED/luat ca nguoi doi, bang, anh em, vong khai khai

NAME/CHAO NE	BIRTHDATE	BIRTHPLACE	PARENT/RELATIONSHIP
Nguyen Phat Linh	08 DEC 1967	Noi-Sanh	Noi tu tinh hien tai

LIVING WITH ME

(b)(6)

SPOUSE(s)/vo/chong: (DE SURE TO DECLARE ALL LIVING, DIVORCED AND DECEASED/Nho ke
 tat ca nguoi dang con chung, da ly di va da chet

NAME/RELATIONSHIP	BIRTHDATE	BIRTHPLACE	PRESENT LOCATION
Ten/Iten-he	Ngay-sanh	Noi-Sanh	Noi cu-tru hien tai

SINGLE

SPouse/vo/chong: (DE SURE TO DECLARE ALL LIVING, DIVORCED AND DECEASED/Nho ke
 tat ca nguoi doi, bang, anh em, vong khai khai)

NAME/RELATIONSHIP	BIRTHDATE	BIRTHPLACE	PRESENT LOCATION
Ten/Iten-he	Ngay-sanh	Noi-Sanh	Noi cu-tru hien tai

ARE YOU PRESENTLY MARRIED OR HAVE YOU EVER BEEN MARRIED/ban co gia dinh hoac da

tung lap gia dinh chua? **NOT YET**

(FEMALES ONLY/rieng cho phai nu) ARE YOU PREGNANT/Ban dang co mang khong?

VH LIST#:	EDUCATION/Trinh do hoc van: 912	V/VN#:	
APPLICATION AND AFFIDAVIT (page 2)			
PERIODS IN RE-EDUCATION CAMP/Thoi Gian o Trong Trat Cat Tao			
FROM/tu: _____ TO/Den: _____ LOCATION OF CAMP/Dia diem trai: _____	EDUCATION INSTITUTIONS ATTENDED: _____	DATES TO/FROM: _____	
FROM/tu: _____ TO/Den: _____ LOCATION OF CAMP/Dia diem Trai: _____	! Ten cac truong ban da theo hoc: _____	Ngay thang/ Tu/ den: _____	
DATE OF FINAL RE-EDUCATION RELEASE/NIGHT//Ngay cuoi cung duoc tho ra/hki nao: _____	! TIAI NHU DUC SECONDARY SCHOOL / SGN	1/7/72 - 7/12/74	
PERSONAL HISTORY/Tieu-su Ca nhan:			
<p>PLEASE GIVE YOUR COMPLETE WORK HISTORY SINCE THE AGE OF 16 STARTING WITH YOUR MOST RECENT OCCUPATION. PLEASE GIVE AS ACCURATE A JOB DESCRIPTION AS POSSIBLE.</p> <p>Xin cho biet mot cach day du cac viec lam cua ban ke tu lục ban 16 tuoi bat dau bang nhung cong viec (nghe-nghiep) moi nhat. Xin viet ban no ta cong viec (JOB DESCRIPTION) cang xac thuc cang tot.</p>			
DATES OF EMPLOYMENT/Nhay nhien viec: 1983 - 1990	MILITARY SERVICE/Lich-trinh phach-vu quan doi		
JOB TITLE/Chuc vu: _____ LOCATION/Dia diem: _____	DATES TO/TAON/Ngay thang tu/den: _____	UNIT-LOCATION/don-vi dia diem: _____	RANK/Cap bac: _____
DUTIES/Nhiem vu: SCHOOL LUMAKER	KDO: _____		
NAME OF EMPLOYER/Ten cong ty: _____			
DATES OF EMPLOYMENT/Nhay nhien viec: _____	THIS IS TO VERIFY THAT THIS INFORMATION IS CORRECT/NHAT:		
JOB TITLE/Chuc vu: _____ LOCATION/Dia diem: _____	MY KNOWLEDGE. I ALSO PROMISE TO INFORM THE U.S. IF MY MARITAL STATUS CHANGES BEFORE I LEAVE VIETNAM.		
DUTIES/Nhiem vu: _____	Toi, xin kac nhien day la nhung loi khai dung va day du nhat theo su biu hiet cua toi. Toi cong xin hu se bau tin cho dai dien cua U.S. neu tinh trạng hon-nhan cuatoi thay doi truoc khi toi roi Viet-Nam.		
NAME OF EMPLOYER/Ten cong ty: _____	SIGNED/Ky ten: <i>Luc</i>	DATE: 12 JAN 1990	

		DATE
STATEMENT OF MARRIAGEABLE AGE APPLICANT		
(Name in English)		
<p>This form is to be completed and signed in duplicate. Attach original to the immigrant visa issued. The duplicate is to be attached to the consular office file copy of the visa issued.</p> <p>I, <u>VOONG PHAT LINH</u>, the undersigned, fully understand that I shall lose my special, immediate relative or preference status or right to benefit from the immigrant status of my accompanying parent if I marry prior to my application for admission at a port of entry into the United States and that I would then be subject to exclusion therefrom. <i>(Please, when necessary, shall translate the English text into the local language in the following space.)</i></p> <p>Giấy xác-nhận của người dùng-dồn trong tuổi kết-hôn (Chiếu-Khán nhập-canh cho người dộc-thân)</p> <p>Tôi ký tên dưới đây là <u>VOONG PHAT LINH</u> hiểu rõ rằng nếu tôi kết-hôn trước khi tôi vào nước Hoa-Kỳ tôi sẽ mất quyền-lợi đặc-bié特 và ưu-tiên về liên-hệ gia-dinh với thân-nhân tại Hoa-ky hoặc quyền được hưởng theo diện di-dân của cha mẹ mà tôi di cùng và về sau tôi sẽ không được hưởng những quyền-lợi trên</p> <p style="text-align: right;"><u>linh</u></p>		
(Chu ký người khai) (Signature of Applicant)		

50257-101

* GPO : 1981 O - 341-526 (6651)

OPTIONAL FORM 237 MARCH 1975
(FORMERLY FS-548) DEPT. OF STATE

Name

VOONG PHAT LINTI

A 21450681

APPLICANTS MUST ESTABLISH THAT THEY ARE ADMISSIBLE TO THE UNITED STATES, EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES:

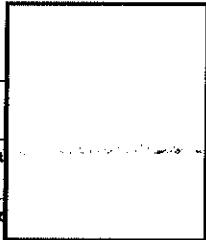
1. Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations);
2. Aliens who have been engaged in or who intend to engage in any commercialized sexual activity;
3. Aliens who are or at any time have been, anarchists, or members of or affiliated with any communist or other totalitarian party, including any subdivision or affiliate thereof;
4. Aliens who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (i) opposition to organized government, (ii) the overthrow of government by force or violence, (iii) the assaulting or killing of government officials because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States;
5. Aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature;
6. Aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marijuana, or who have been illicit traffickers in narcotic drugs or marijuana;
7. Aliens who have been involved in assisting any other aliens to enter the United States in violation of law;
8. Aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service;
9. Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity;
10. Aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism, or dangerous contagious disease;
11. Aliens who have a physical defect, disease or disability affecting their ability to earn a living;
12. Aliens who are paupers, professional beggars or vagrants;
13. Aliens who are polygamists or advocate polygamy;
14. Aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense;
15. Aliens who have procured or attempted to procure a visa by fraud or misrepresentation;
16. Aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency.

Do any of the foregoing classes apply to you? Yes No

(If answer is Yes, explain on reverse)

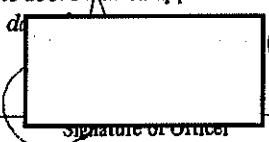
Further, I have never ordered, assisted or otherwise participated in the persecution of any person because of race, religion or political opinion.

I understand all the foregoing statements, having asked for and obtained a translation or explanation of every point which was not understood or clear to me.



(COMPLETE & TRUE SIGNATURE OF APPLICANT)

Subscribed and sworn to (Affirmed) by the above named applicant before me
this
19 at HO CHI MINH



(b)(6)

12 JAN 1990

Signature of Officer

T.D.

(b)(6)

Signature

Name of Interpreter

Signature of Interpreter

Name of Interpreter (Print)

**MEDICAL EXAMINATION OF APPLICANTS
FOR UNITED STATES VISAS**

PLACE T.A.H. CHO RAY HOSPITAL
DATE OF EXAMINATION 18 JAN 90

At the request of the American Consul at	CITY HO CHI MINH CITY	COUNTRY VIETNAM
I certify that on the above date I examined	NAME (Last in CAPS) (First) (Middle) NGOON PHAT LINH HOC-A-12	DATE OF BIRTH 08 DEC 57 SEX M WHO BEARS PASSPORT NO. ISSUED BY UN

GENERAL PHYSICAL EXAMINATION

I examined specifically for evidence of the conditions listed below. My examination revealed:

- No apparent defect, disease, or disability
 The conditions listed below were found (Check boxes that apply).

CLASS A CONDITIONS (Give pertinent details under Remarks)			CLASS B CONDITIONS
<input type="checkbox"/> Chancroid	<input checked="" type="checkbox"/> Hansen's Disease (Leprosy)	<input type="checkbox"/> Lymphogranuloma Venereum	<input type="checkbox"/> Tuberculosis, Active
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Syphilis, Infection	<input type="checkbox"/> Human Immunodeficiency Virus (HIV) Infection	<input type="checkbox"/> Hansen's Disease, Not Infectious
<input type="checkbox"/> Granuloma Inguinale	<input type="checkbox"/> Mental Defect	<input type="checkbox"/> Other Physical Defects, If Any	<input type="checkbox"/> Other Physical Defects, If Any
<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Previous Occurrence of One or More Attacks of Insanity	<input type="checkbox"/> Narcotic Drug Addiction	<input type="checkbox"/> Chronic Alcoholism
<input type="checkbox"/> Insanity	<input type="checkbox"/> Psychopathic Personality		
<input type="checkbox"/> Sexual Deviation			

EXAMINATION FOR TUBERCULOSIS

CHEST X-RAY REPORT

Normal Abnormal Not Done Film No. 581

Describe findings:

TUBERCULAR SKIN TEST (See USPHS Instructions)

- No reaction
 Reaction _____ mm
 Not Done

DOCTOR'S NAME (Please print)

DOCTOR'S NAME (Please print)

DATE READ
18 JAN 90

DATE READ

SEROLOGIC TEST FOR SYPHILIS

Reactive Titer (Confirmatory test performed - Indicate treatment under Remarks)

- Nonreactive
 Not Done

TEST TYPE:

VDRL

SEROLOGIC TEST FOR HIV ANTIBODY

Positive (Confirmed by Western Blot or equally reliable test)
 Negative
 Not Done

TEST TYPE:

ELISA (WELCOME)

98515

DOCTOR'S

DATE READ
19 JAN 90

DOCTOR'S NAME (Please print)

DATE READ
26 JAN 90

OTHER SPECIAL REPORT(S) (When needed)

DOCTOR'S NAME (Please print)

REMARKS

checked by IOM/BKK
03 JUL 90 A.K.

APPLICANT CERTIFICATION

I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed. The information on this form refers to me: *line*

18 JAN 90

Signature

Date

DOCTOR'S NAME (Please type or print clearly)

DOCTOR'S SIGNATURE

(b)(6)

DATE

20 JAN 90

VIỆT-NAM CỘNG-HOA

TỈNH GIA-ĐỊNH

XÃ TÂN SƠN HÒA

BẢN TRÍCH LỤC

BỘ KHAI-SANH

Năm 1967

Số hiệu: 1943

Món, họ, tên của	VOONG Phat Duong
Họ	VOONG
Sinh	ngay 19, tháng 12 năm 1943 ngàn chín trăm sáu mươi bảy
Tại	Tân Sơn Hòa
Chú	Võng Phát Dương
(tên, họ)	Quan nhân
Nghề	Phú Thọ Hòe
Cử trú tại	Thòng Cun Mui
Mẹ	Nội trợ
(tên, họ)	Phú Thọ Hòe
Nghề	Vợ chính
Cử trú tại	
Vợ	
(chánh hay thứ)	

Chứng thật chữ ký bên đây là của Ông Chủ, Tịch
kiêm Ủy viên Hộ-tịch Xã Tân Sơn Hòa

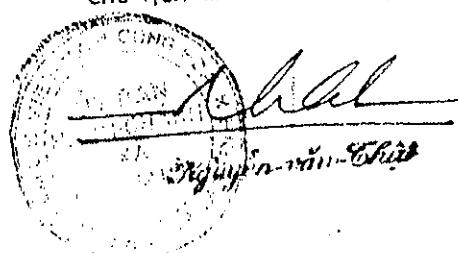
TÂN-BÌNH ngày 19 tháng 12 năm 1967

Trưởng Phòng Hộ-Tịch



Trích ý bản chính - BTL KS

Tân Sơn Hòa ngày 19 tháng 12 năm 1967
CHỦ TỊCH kiêm ỦY VIÊN HỘ TỊCH,



CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập — Tự do — Hạnh phúc

TỜ CAM KẾT

(Thay cho giấy chứng nhận độc thân)

Kính gửi: Ủy Ban Nhân Dân Phường (Xã): 11

Quận (Huyện): TÂN BÌNH Thành phố (Tỉnh): Hồ Chí Minh

Tôi tên là: VOONG PHAT LINH

Sinh ngày: 22/12/1962 tại: Phú Mỹ

Gia đình: Chưa có

Cấp tại: TÂN BÌNH ngày: 6 - 10 - 1984

Nghề nghiệp: Thợ lầu lít

Hiện cư ngụ tại: 444

Tổ dân phố: 4X đường: Hồ Chí Minh

Phường: 11 Quận: TÂN BÌNH

Thành phố (Tỉnh): Hồ Chí Minh

Tôi xin cam kết rằng: Hiện nay tôi không có lập hôn thú với ai và hiện đang sống độc thân.

Tôi xin hoàn toàn chịu trách nhiệm về những điều cam kết trên.

TÂN BÌNH, ngày 4 tháng 1 năm 1990
Ký tên

05/90

UBND Phường (Xã): 11

Quận (Huyện): Tân Bình

Thành phố (Tỉnh): Hồ Chí Minh

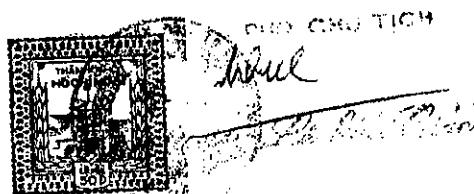
Nước CHXHCN Việt Nam chứng nhận:

Ông/bà: Võ Trọng Phát Linh

bịen đang sống độc thân

Ngày 4 tháng 1 năm 1990

Ủy Ban Nhân Dân Phường (Xã)





CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM
Độc lập - Tự do - Hạnh phúc
GIẤY CHỨNG MINH NHÂN DÂN
Số: 020020612

Họ tên: VŨ KHÔI PHÁP LINH

Nguyễn quan Phap Quốc

Original Seen & Returned
Nơi thường trú: 444, P22, Phường 22,
Bình Thạnh, Hồ Chí Minh.

Dân tộc	hoa	Tổng số	không
Việt		ĐAU VẾT RIÊNG HOẶC ĐI HÌNH	
		Sẹo cung dài 2cm tách 3cm trên đầu mày trái.	
		6 tháng 10 năm 1984	
		ỦY QUYỀN TRƯỞNG CỤC CÔNG AN	
			
		Phạm Văn Khoa	
		Phạm Văn Khoa	

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

--PETITION FOR NAME CHANGE--

INSTRUCTIONS TO THE PETITIONER: Under section 336 of the Immigration and Nationality Act, an applicant for naturalization may elect to have his name legally changed by decree of the naturalization court which administers the oath of allegiance. The Certificate of Naturalization will be issued in the changed name. If you wish to have a legal change of name as part of the naturalization proceeding, furnish the information requested below.

I hereby petition this court to change my name. In support of my petition, I truthfully state the following:

(1) My full and correct name is

Linh Voong

(2) My place of residence is

(b)(6)

(3) My country of birth is Viet Nam

(4) My date of birth is 12. 8. 67

(5) My INS registration number is A 71 430 681

I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

I petition the court to change my name to:

Jiverly Antares Wong

10 2 95

DATE

Linhvoong

SIGNATURE OF PETITIONER

CERTIFICATION OF NAME CHANGE

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON

[Signature]
Clerk of Court

(By) Deputy Clerk

11/12/95
Date