

Department of Homeland Security

FOR OFFICIAL USE ONLY

THE ATTACHED MATERIALS CONTAIN DEPARTMENT OF HOMELAND SECURITY INFORMATION THAT IS "FOR OFFICIAL USE ONLY," OR OTHER TYPES OF SENSITIVE BUT UNCLASSIFIED INFORMATION REQUIRING PROTECTION AGAINST UNAUTHORIZED DISCLOSURE. THE ATTACHED MATERIALS WILL BE HANDLED AND SAFEGUARDED IN ACCORDANCE WITH DHS MANAGEMENT DIRECTIVES GOVERNING PROTECTION AND DISSEMINATION OF SUCH INFORMATION.

AT A MINIMUM, THE ATTACHED MATERIALS WILL BE DISSEMINATED ONLY ON A "NEED-TO-KNOW" BASIS AND WHEN UNATTENDED, WILL BE STORED IN A LOCKED CONTAINER OR AREA OFFERING SUFFICIENT PROTECTION AGAINST THEFT, COMPROMISE, INADVERTENT ACCESS AND UNAUTHORIZED DISCLOSURE.

THE UNITED STATES DEPARTMENT OF

DEPARTMENT OF



No. A2346948

CITIZENSHIP

CIS Registration No. A71 714 982

• DUPLICATE •

Personal description of holder as of date of issuance of this certificate: Sex MALE; date of birth APRIL 10, 1996; country of birth KENYA; complexion ***; color of eyes ***; color of hair ***; height *** feet *** inches; weight *** pounds; visible distinctive marks NONE; Marital status SINGLE

I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me

(Complete and true signature of holder)



Seal

Be it known that DAHIR AHMED ADAN now residing at 2844 W. ST. GERMAIN ST. #202, ST. CLOUD, MN 56301 having applied to the Director of U.S. Citizenship and Immigration Services for a certificate of citizenship pursuant to Section 341 of the Immigration and Nationality Act, having proved to the satisfaction of the Director that (s)he is now a citizen of the United States of America, became a citizen thereof on MAY 3, 2007 and is now in the United States:

Now Therefore, in pursuance of the authority contained in Section 341 of the Immigration and Nationality Act, this certificate of citizenship is issued this 9TH day of APRIL TWO THOUSAND EIGHT and the seal of the Department of Homeland Security affixed pursuant to Section 343

Handwritten signature of the Director

Director, U.S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY

Oath of Allegiance

I hereby declare, on oath, (affirm) that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty of whom or which I have heretofore been a subject or citizen; that I will support and defend the Constitution and the laws of the United States of America against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by law;

and that I take this obligation freely without any mental reservation or purpose of evasion: SO HELP ME GOD.
In acknowledgement whereof I have hereunto affixed my signature.

John Adam

Subscribed and sworn (affirmed) to before me, a designated representative of U.S. Citizenship and Immigration Services, this 28th day of April 2008 at Bloomington, MN

(b)(6)

(Title)

I hereby certify that I have this day received original certificate of citizenship of which this is a duplicate.

John Adam

Underage 14

Department of Homeland Security
U.S. Citizenship and Immigration Services

**N-600, Application for
Certificate of Citizenship**

Print clearly or type your answers, using CAPITAL letters in black ink. Failure to print clearly may delay processing of your application.

Part 1. Information About You. (Provide information about yourself, if you are a person applying for the Certificate of Citizenship, or if you are a U.S. citizen parent applying for a Certificate of Citizenship for your minor child, provide information about your child).

If your child has an "A" Number, write it here:
A 0971714982

A. Current legal name
Family Name (Last Name) Adan
Given Name (First Name) Dahir Full Middle Name (If applicable) Ahmed

For USCIS Use Only	
Returned	Receipt
Date	<i>Fee waived Approved; processed to 8 APR 103 71e W/Track 9-1-07</i>
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	

B. Name exactly as it appears on your Permanent Resident Card (If applicable).
Family Name (Last Name) Adan
Given Name (First Name) Dahir Full Middle Name (If applicable) Ahmed

C. Other names used since birth
Family Name (Last Name) None Given Name (First Name) Middle Name (If applicable)

D. U.S. Social Security # (If applicable) **E. Date of Birth** (mm/dd/yyyy)
[Redacted] 4-10-1996

F. Country of Birth **G. Country of Prior Nationality**
Somalia Somalia

H. Gender **I. Height**
 Male Female [Redacted]

Remarks

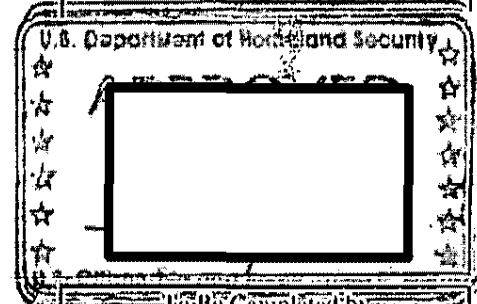
Part 2. Information About Your Eligibility. (Check only one).

- A. I am claiming U.S. citizenship through:**
- A U.S. citizen father or U.S. citizen mother.
 - Both U.S.
 - A U.S. citizen
 - An alien

- I am applying on behalf of
- I am applying on behalf of
- Other:

COB Kenya

ship on
ship on
9-10-07
[Redacted]



Completed by
 Attorney or Representative, if any.
Fill in box if G-28 is attached to represent the applicant.

ATTY State-License #

SPN073400006

Part 3. Additional Information About You. (Provide additional information about yourself, if you are the person applying for the Certificate of Citizenship. If you are a U.S. citizen parent applying for a Certificate of Citizenship for your minor child, provide the additional information about your minor child).

A. Home Address - Street Number and Name (Do not write a P.O. Box in this space) Apartment Number

2844 W - St-Germain St 202

City County State/Province Country Zip/Postal Code

St-Croix Stearns MN USA 56301

B. Mailing Address - Street Number and Name (If different from home address) Apartment Number

Same as Above

City County State/Province Country Zip/Postal Code

C. Daytime Phone Number (If any) Evening Phone Number (If any) E-Mail Address (If any)

(320) 654-8301 ()

D. Marital Status

Single, Never Married Married Divorced Widowed

Marriage Annulled or Other (Explain)

E. Information about entry into the United States and current immigration status

1. I arrived in the following manner:

Port of Entry (City/State) Date of Entry (mm/dd/yyyy) Exact Name Used at Time of Entry:

New York 6-1996 Farouk Ahmed Adan

2. I used the following travel document to enter:

Passport

Passport Number Country Issuing Passport Date Passport Issued (mm/dd/yyyy)

Other (Please Specify Name of Document and Dates of Issuance)

3. I entered as:

An immigrant (lawful permanent resident) using an immigrant visa

A nonimmigrant

A refugee

Other (Explain)

4. I obtained lawful permanent resident status through adjustment of status (if applicable):

Date you became a Permanent Resident (mm/dd/yyyy) USCIS (or former INS) Office where granted adjustment of status

12-1997 Nebraska

F. Have you previously applied for a certificate of citizenship or U.S. passport?

No Yes (Attach Explanation)

Part 3. Additional Information About You. (Provide additional information about yourself, if you are the person applying for the Certificate of Citizenship. If you are a U.S. citizen parent applying for a Certificate of Citizenship for your minor child, provide the additional information about your minor child). *Continued.*

G. Were you adopted? No Yes (Please complete the following information):

Date of Adoption (mm/dd/yyyy) Place of Final Adoption (City/State or Country)

Date Legal Custody Began (mm/dd/yyyy) Date Physical Custody Began (mm/dd/yyyy)

H. Did you have to be re-adopted in the United States? No Yes (Please complete the following information):

Date of Final Adoption (mm/dd/yyyy) Place of Final Adoption (City/State)

Date Legal Custody Began (mm/dd/yyyy) Date Physical Custody Began (mm/dd/yyyy)

I. Were your parents married to each other when you were born (or adopted)? No Yes

J. Have you been absent from the United States since you first arrived? (Only for persons born before October 10, 1952, who are claiming U.S. citizenship at time of birth; otherwise, do not complete this section.) No Yes

If yes, complete the following information about all absences, beginning with your most recent trip. If you need more space, use a separate sheet of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Place of Entry Upon Return to the United States

Part 4. Information About U.S. Citizen Father (or Adoptive Father). (Complete this section if you are claiming citizenship through a U.S. citizen father. If you are a U.S. citizen father applying for a Certificate of Citizenship on behalf of your minor biological or adopted child, provide information about yourself below.)

A. Current legal name of U.S. citizen father.

Family Name (Last Name) Given Name (First Name) Full Middle Name (If applicable)

B. Date of Birth (mm/dd/yyyy) **C. Country of Birth** **D. Country of Nationality**

E. Home Address - Street Number and Name (If deceased, so state and enter date of death) Apartment Number

City County State/Province Country Zip/Postal Code

(b)(6)

Part 4. Information About U.S. Citizen Father (or Adoptive Father). (Complete this section if you are claiming citizenship through a U.S. citizen father. If you are a U.S. citizen father applying for a Certificate of Citizenship on behalf of your minor biological or adopted child, provide information about yourself below.) *Continued.*

F. U.S. citizen by:

[Redacted]

G. Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?

[Redacted]

H. Dates of Residence and/or Physical Presence in the United States (Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad)

Provide the dates your U.S. citizen father resided in or was physically present in the United States. If you need more space, use a separate sheet(s) of paper.

[Redacted]

I. Marital History

1. How many times has your U.S. citizen father been married (including annulled marriages)?

[Redacted]

2. Information about U.S. citizen father's current spouse:

Family Name (Last Name) / Given Name (First Name) / Full Middle Name (if applicable)

[Redacted]

Date of Birth (mm/dd/yyyy) / Country of Birth / Country of Nationality

[Redacted]

Address (Street Name and Number) / Apartment Number

[Redacted]

City / County / State or Province / Country / Zip/Postal Code

[Redacted]

[Redacted]

Spouse's Immigration Status

3. Is your U.S. citizen father's current spouse also your mother?

[Redacted]

Part 5. Information About Your U.S. Citizen Mother (or Adoptive Mother). (Complete this section if you are claiming citizenship through a U.S. citizen mother (or adoptive mother). If you are a U.S. citizen mother applying for a Certificate of Citizenship on behalf of your minor biological or adopted child, provide information about yourself below).

A. Current legal name of U.S. citizen mother.

Family Name (Last Name) / Given Name (First Name) Full Middle Name (If applicable)

[Redacted]

B. Date of Birth (mm/dd/yyyy) C. Country of Birth D. Country of Nationality

[Redacted]

E. Home Address - Street Number and Name (If deceased, so state and enter date of death) Apartment Number

[Redacted]

City County State/Province COUNTRY ZIP/POSTAL CODE

[Redacted]

F. U.S. Citizen by:

[Redacted]

Date of Naturalization (mm/dd/yyyy) Place of Naturalization (Name of Court and City/State or USCIS or Former INS Office Location)

[Redacted]

Certificate of Naturalization Number Former "A" Number (If known)

[Redacted]

G. Has your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?

[Redacted]

H. Dates of Residence and/or Physical Presence in the United States (Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad)

Provide the dates your U.S. citizen father resided in or was physically present in the United States. If you need more space, use a separate sheet(s) of paper.

[Redacted]

I. Marital History

1. How many times has your U.S. citizen mother been married (including annulled marriages)?

1

2. Information about U.S. citizen mother's current spouse:

Family Name (Last Name) / Given Name (First Name) Full Middle Name (If applicable)

[Redacted]

Date of Birth (mm/dd/yyyy) Country of Birth Country of Nationality

[Redacted]

Part 5. Information About Your U.S. Citizen Mother (or Adoptive Mother). (Complete this section if you are claiming citizenship through a U.S. citizen mother (or adoptive mother). If you are a U.S. citizen mother applying for a Certificate of Citizenship on behalf of your minor biological or adopted child, provide information about yourself below). - Continued.

2. Information about U.S. citizen mother's current spouse: (Continued.)

Home Address - Street Number and Name

Apartment Number

City County State or Province Country Zip/Postal Code

Date of Marriage (mm/dd/yyyy) Place of Marriage (City/State or Country)

Spouse's Immigration Status:

3. Is your U.S. citizen mother's current spouse also your father?

Part 6. Information About Military Service of U. S. Citizen Parent(s). (Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad)

1. Has your U. S. citizen parent(s) served in the armed forces?

2. If "Yes," which parent?

3. Dates of Service. (If time of service fulfills any of required physical presence, submit evidence of service.)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

4. Type of discharge.

Part 7. Signature.

I certify, under penalty of perjury under the laws of the United States, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records, or my minor child's records, that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Printed Name

Date (mm/dd/yyyy)

Mother
[Redacted] *Darwin Adam* 6-28-07

Part 8. Signature of Person Preparing This Form, If Other Than Applicant.

I declare that I prepared this application at the request of the above person. The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above-named person in response to the questions contained on this form.

Preparer's Signature

Preparer's Printed Name

Date (mm/dd/yyyy)

Name of Business/Organization (if applicable)

Preparer's Daytime Phone Number

Preparer's Address - Street Number and Name

City

County

State

Zip Code

NOTE: Do not complete the following parts unless a USCIS officer instructs you to do so at the interview.

Part 9. Affidavit.

I, the (applicant/parent or legal guardian) Dahir Ahmed Adan do swear or affirm, under penalty of perjury laws of the United States, that I know and understand the contents of this application signed by me, and the attached supplementary pages number () to () inclusive, that the same are true and correct to the best of my knowledge, and that corrections number () to () were made by me or at my request.

Signature of parent, guardian or applicant

Date (mm/dd/yyyy)

Dahir Adan

April 28, 2008

Subscribed and sworn or affirmed before me upon examination of the applicant (parent, guardian) on

April 28, 2008 at

Bloomington, MN

Signature of Interviewing Officer

(b)(6)

Title

[Redacted Signature]

III

Part 10. Officer Report and Recommendation on Application for Certificate of Citizenship:

On the basis of the documents, records and the testimony of persons examined, and the identification upon personal appearance of the underage beneficiary, I find that all the facts and conclusions set forth under oath in this application are true and correct; that the applicant did derive or acquire U.S. citizenship on 05-03-2007 (mm/dd/yyyy), through (mark "X" in appropriate section of law or, if section of law not reflected, insert applicable section of law in "Other" block): section 301 of the INA section 309 of the INA section 320 of the INA section 321 of the INA Other _____ and that (s)he has has not been expatriated since that time. I recommend that this application be granted denied and that A or AI Certificate of Citizenship be issued in the name of Dahir Ahmed Adan

District Adjudication Officer's Name and Title

District Adjudication Officer's Signature

[Redacted Name]

[Redacted Signature]

(b)(6)

I do do not concur in recommendation of the application.

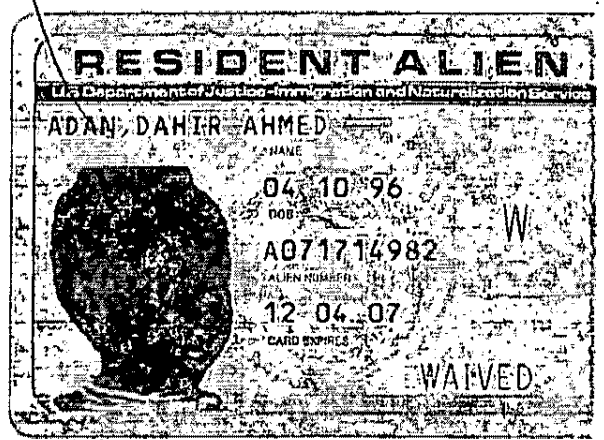
District Director or Officer-in-Charge Signature

Date (mm/dd/yyyy)

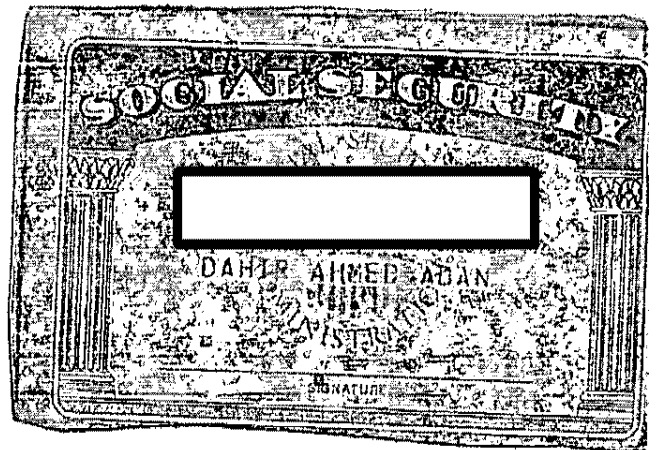
[Redacted Signature]

3-17-08

(b)(6)



(b)(6)



USCIS FEE WAIVER REQUEST

AFFIDAVIT OF N-600

I request a fee waiver of the U.S. Citizenship and Immigration Services (formally INS) application filing fees. I am making this affidavit to help explain why I cannot pay an application fee at this time.

I. Personal Information

A. My name on USCIS documents: [Redacted], Dahir, Adan
(Legal name, if different):

B. *A#: [Redacted] and A071714982

C. *Address: 2844 W. St. Germain St #202
St. Cloud, MN 56301

D. Telephone: 320-

E. SSN: [Redacted]

F. *Date of Birth: [Redacted] - 4-10-1996
(b)(6)

G. *Place of Birth: Kenya

H. *Date of Arrival in the United States: 6-1996

ii. Criteria to Help Demonstrate Inability to Pay (With Documents)

A. Within the last 180 days (6 months) I have received the following public assistance:

- MFIP (Minnesota Family Investment Program/TNAF);
- Food Stamps
- General assistance
- Medical Care
- Energy Assistance; and/or
- Other: _____

B. My family income before taxes is \$ [Redacted] which is less than 125% of the Federal Poverty Line for my family of 125% members (tax return is attached).

C. I cannot support myself and/or my family and also pay immigration fees because:

There are [Redacted] minor child (ren) residing with me.

My net (take home) monthly income is \$ [Redacted]

My spouses net (take home) monthly income is \$ [Redacted] (If any) SSI attached

Other household members net monthly income is \$ _____ (If any)

The source of my monthly income is _____

I pay \$ _____ per month in child care or support.

I pay the following regular monthly expenses:

\$ [redacted] rent/mortgage payment
 \$ [redacted] food/groceries
 \$ [redacted] clothing
 \$ [redacted] laundry
 \$ [redacted] transportation ^o insurance
 \$ [redacted] religious services
 \$ _____ other expenses (specify): _____

[redacted] electric
 Other [redacted] Cable [redacted] Phone

I own the following property:

Cash \$ [redacted]
 Checking, savings and credit union accounts: \$ [redacted]

Cars/vehicles - make, year and equity value (Market value minus unpaid loans) for each [redacted]

Real estate address: [redacted]

Other personal property (jewelry, stocks, bonds, etc.-list separately):
 [redacted]

I am presently \$ [redacted] in Debt. Proof of debt is attached.

I have no ability to work legally in the U.S. because I have no work permit (EAD).

For the above reasons, I am unable to pay the fees for this application or to give security for such

[redacted]

Signature

Date

PLEASE INCLUDE A PHOTOCOPY OF YOUR MOST RECENT INCOME TAX RETURN AND ANY OTHER SUPPORTING DOCUMENTS YOU WISH TO SUBMIT.

(b)(6)

Form **1040**

Department of the Treasury • Internal Revenue Service

U.S. Individual Income Tax Return

2006

(99)

IRS Use Only. Do not write or staple in this space.

[The main body of the form is a large, empty rectangular area, indicating that the tax return information has been redacted.]

(b)(6)

(b)(6)

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

- ▶ Do not send to the IRS. This is not a tax return.
- ▶ Keep this form for your records. See instructions.

OMB No. 1545-0074

2006

[Empty signature and authorization area]

Department of the Treasury - Internal Revenue Service

Form **9325**
(Rev. January 2007)

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

[Empty form area]

If You Owe Tax

If your e-filed return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card while e-filing your return, no voucher is needed. To use your credit card to pay by phone or Internet, you may call, toll free, 1-800-2PAY-TAX (1-800-272-9829) or 1-888-PAY-1040 (1-888-729-1040), or visit www.officialpayments.com or www.PAY1040.com. You may use a VISA Card, American Express Card, Discover Card or MasterCard. The service providers, based on the amount you are paying, will charge a convenience fee. The fees may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction.

SM

If you are not paying electronically, you may use the payment voucher, Form 1040-V, you will receive in the mail or you can obtain a payment voucher from your electronic filer. If the IRS doesn't receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can't pay the amount in full, please complete Form 9465, Installment Agreement Request. You may electronically file Form 9465. To obtain a paper Form 9465, you may call 1-800-829-3676 or visit www.irs.gov. Mail the paper form to the address in the form's instructions.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You can call 1-888-353-4537, toll-free, to inquire about the status of an electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You will need the social security number of the first person listed on the tax return, the payment amount and the bank account number. Cancellation requests must be received no later than 8:00 p.m. Eastern Time, two business days prior to the scheduled payment date.

Refund Anticipation Loans

A refund anticipation loan is a loan made to you based on the refund you expect to receive. This loan is a contract between you and a lender. The IRS is not involved in this contract, can't grant or deny the loan, and can't answer any questions about it. If you have any questions about a refund anticipation loan, contact your electronic filer or the lender.

Instructions to EROs

PINS (line 2a) - Check box 2a if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "1" or "2". Form 8879 is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used.

PINS (line 2b) - Check box 2b if the Acknowledgement File PIN Presence Indicator is NOT a "1" or "2." If box 2b is checked, Form 8453 must be completed and submitted to IRS by the ERO.

Exception Processing (line 3) - Check box 3 if the Acknowledgement File Acceptance Code equals "E."

Debt Indicator Code (line 4) - Check box 4 if the Acknowledgement File Debt Code equals "I", "F", or "B."

Electronic Funds Withdrawal (line 5) - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "PYMNT RQST RECD."

Electronic Funds Withdrawal (line 6) - Check box 6 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does NOT equal "PYMNT RQST RECD." If box 6 is checked, inform the taxpayer that he/she must pay by check, money order, or credit card.

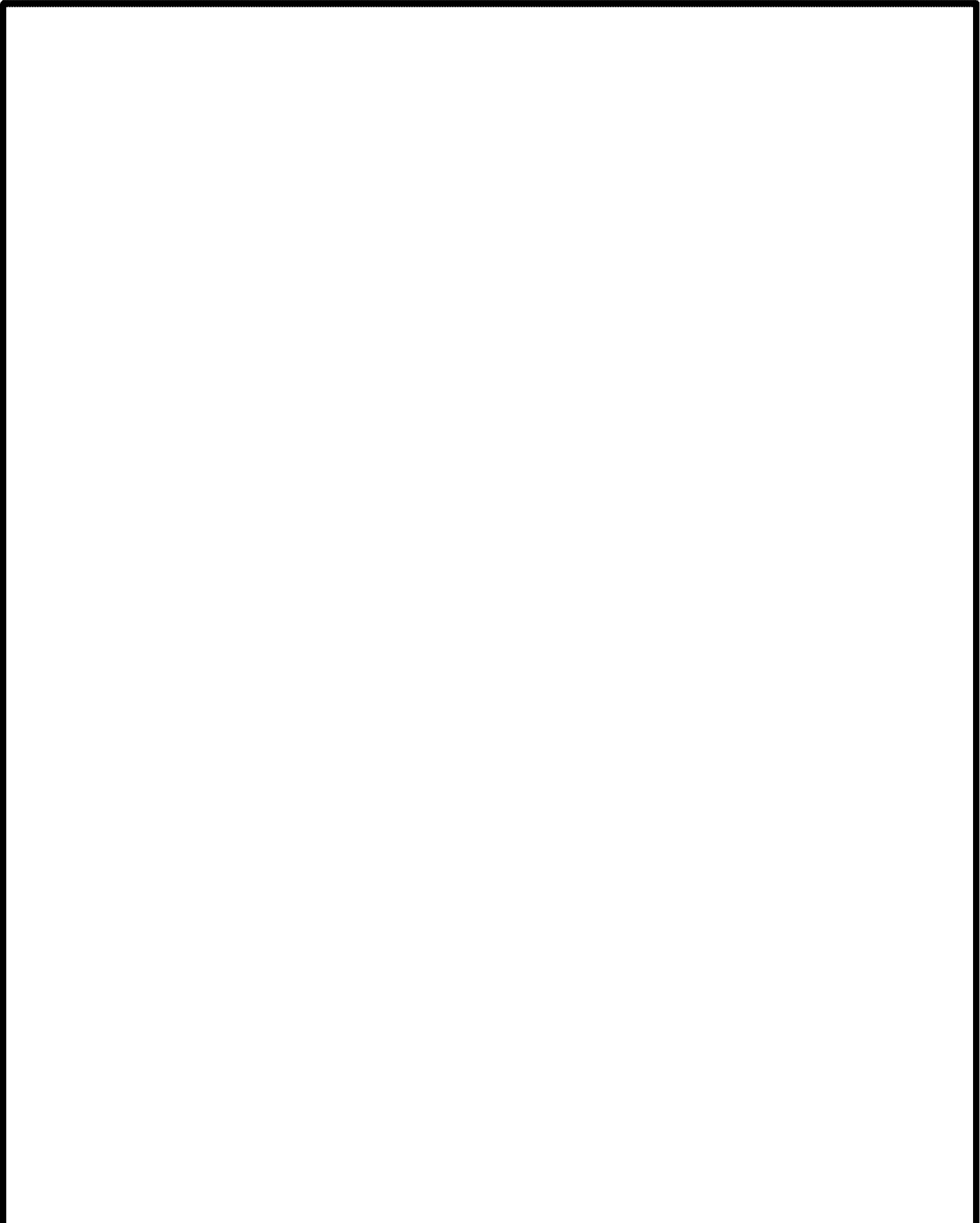
Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

M1 MINNESOTA REVENUE Individual Income Tax 2006

0611

Please print and leave unused boxes blank. **DO NOT USE STAPLES** on anything you submit.

(b)(6)



Include a copy of your 2008 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

I authorize the Minnesota Department of
Revenue to discuss this return with my
preparer or the third-party designed
indicated on my federal return.

I do not want my
preparer to file my
return electronically.

1121

CIMFTR
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CIS - FILE TRANSFER REQUEST (FTR)

09/05/07
15:29:33

A#: 071714982 NAME: ADAN

, DAHIR

DOB: 04101996

* A-NUMBER: 071714982

* PERSON/ACTION: EX/N600

* FCO REQUESTING TRANSFER: SPM

(* = REQUIRED FIELDS)

YOU MAY REQUEST TRANSFER OF ANOTHER A-FILE BY KEYING A DIFFERENT A-NUMBER.

CLEAR EXIT PF3 REFRESH PF4 FTS MENU PF5 HELP PF6 CIS MAIN MENU

UNABLE TO PROCESS. REQUESTING FCO ALREADY OWNS THIS FILE.

U.S. DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Memorandum of Creation of Record
of Lawful Permanent Residence

Place	SPM
File No.	A71 714 982

Status as a lawful permanent resident of the United States is accorded:

I94# 243553191 02

Name In Care Of Street Address Apt. No. City, State, Zip	Dahir Ahmed ADAN 1926 31st Ave. S. 58103 Fargo, ND 58103	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month/Day/Year) 04/10/96
		City of Birth Mombasa	Country of Birth Kenya
		Country of Nationality Somalia	Country of Last Residence Kenya

Marital Status <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Occupation STC	N/I Class at time of Adj. RE	Year Adm. to U.S. or Year of Change to Present N/I Class (whichever most recent) 96
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Priority Date (Month/Day/Year) NA	Preference (if any) NA	Country to Which Chargeable (if any) NA (b)(6)
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Section 212 (a) (14) Labor Certification <input type="checkbox"/> Applicable-Submitted <input checked="" type="checkbox"/> Not Applicable	Mother's First Name [Redacted]	Father's First Name [Redacted]
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Last NIV Issued at (U.S. Consulate Post) NA	Date of Issuance of Last NIV NA	Number of Last NIV NA	Classification of Last NIV NA
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Under the following provision of law

<input type="checkbox"/> Public Law 95-412	<input checked="" type="checkbox"/> Sec. 209 (a) of the I & N Act	<input type="checkbox"/> Sec. 249 of the I & N Act	<input type="checkbox"/> Other law (Specify)
<input type="checkbox"/> Public Law 96-212	<input type="checkbox"/> Sec. 209 (b) of the I & N Act	<input type="checkbox"/> Sec. 1 of the Act of 11/2/66	
<input type="checkbox"/> Private Law No. _____ of the _____ Congress _____ Session	<input type="checkbox"/> Sec. 244 () () of the I & N Act	<input type="checkbox"/> Sec. 13 of the Act of 9/11/57	
	<input type="checkbox"/> Sec. 245 of the I & N Act	<input type="checkbox"/> Sec. 214 (d) of the I & N Act	

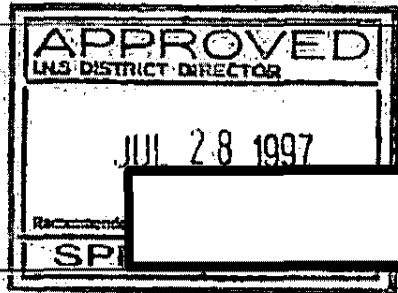
As of 06/12/96 at SPM

Class of admission (Paper Symbol) RE-6

PORT OF ENTRY FOR PERMANENT RESIDENCE

REMARKS

RECOMMENDED BY: (Immigration Officer) [Redacted] (Date) 07/28/97



Departure Number
243553191

ADMITTED AS A REFUGEE
PURSUANT TO SECTION 207 OF
THE INA FOR AN INDEFINITE
PERIOD OF TIME. IF YOU DEPART
THE U.S. YOU WILL NEED PRIOR
PERMISSION FROM INS TO
RETURN.
EMPLOYMENT AUTHORIZED.

NYC JFK DATE 6/12/91 IMM.OFF. 434

4. Family Name ADAN	16. Birth Date (Day/Mo/Yr) 10/04/96
5. First (Given) Name DAHIR AHMED	
7. Country of Citizenship SOMALIA	

CC: Page 3 ADI and Statistical report copy sent on

(Family name) ADAN	(First name) DAHIR	(Middle name) AHMED	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 04-10-96	NATIONALITY SOMALIA	FILE NUMBER A-71-714-982
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH MOMBASA KENYA		SOCIAL SECURITY NO. [REDACTED]	

FATHER (b)(6)	[REDACTED]				CITY AND COUNTRY OF RESIDENCE
MOTHER (Maiden name)	[REDACTED]				(b)(6)

HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
N/A						

FORMER HUSBANDS OR WIVES (if none, so state)					
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	
N/A					

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
1926 31 AVE S.	FARGO	N.D.	U.S.A.	12	96	PRESENT TIME	
1122 22nd St S #101	FARGO	N.D.	U.S.A.	9	96	12	96
814 Kennedy Court	FARGO	N.D.	U.S.A.	6	96	9	96
SWALEH NGURU CAMP	MOMBASA	COAST	KENYA	10	96	6	96

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
SWALEH NGURU CAMP	MOMBASA	COAST	KENYA	10	96	6	96

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	MONTH	YEAR	MONTH	YEAR	
N/A						

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:		SIGNATURE OF APPLICANT		DATE
<input type="checkbox"/> NATURALIZATION	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	X [REDACTED]	(b)(6)	5/21/97
<input type="checkbox"/> OTHER (SPECIFY):		IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:		
Are all copies legible? <input checked="" type="checkbox"/> Yes				

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
ADAN	DAHIR	AHMED	A-71-714-982

14. Political, professional or social organizations of which I am now or have been a member or with which I am now or have been affiliated since my 16th birthday (If you have never been a member of any organization, state "None.")

15. I have have not been charged with a violation of law. (If you have ever been charged with a violation of law, give date, place and nature of each charge and the final result.)

16. I have have not been in the United States. (If you have ever been in the United States, show the dates of entry and departure and the purpose of your entry (visitor, permanent resident, student, seaman, etc.).

File or Alien Registration Number: _____

17. I have the following close relatives in the United States:

Name	Relationship	Present address

18. I am being sponsored by (Name and address of United States sponsor):

Date: April 15, 1996 (b)(6) Signature of registrant: FATHER

DO NOT WRITE BELOW THIS LINE

I (b)(6) 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:

(Complete and true signature of registrant)

Subscribed and sworn to before me by the above-named registrant at Mombasa Kenya on April 15, 1996

(b)(6)

INTERVIEW

DATE April 15, 1996

AT Mombasa, Kenya

(b)(6)

APPROVED

APPROXIMATE DIRECTOR

DATE APR 16 1996

(b)(6)

INSPECTION STATION

NEW YORK #16

REFUGEE

PURSUANT TO SECTION 207 OF THE INA FOR AN INDEFINITE PERIOD OF TIME, IF YOU DEPART THE U.S. YOU WILL NEED PRIOR PERMISSION FROM INS TO RETURN.

EMPLOYMENT AUTHORIZED.

DATE 6/10/96 IMM.OFF. 2494

JFK

(b)(6)

INSTRUCTIONS

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.

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.

Public reporting burden for this collection of information is estimated to average 35 minutes per response. If you have comments regarding the accuracy of this estimate or suggestions for simplifying this form, you can write to both the U.S. Department of Justice, Immigration and Naturalization Service Policy Directives and Instructions Branch (HQPDIB), Washington, D.C. 20536 and to the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0057, Washington, D.C. 20503.

With PA A71-714 000

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0057
Registration for Classification as Refugee

Type or print the following information. (Read instructions on reverse)

A File No.: A71-714 982

1. Name: (First) DAHIR (Middle) AHMED (Last) ADAN

2. Present address: SWALEH Nguru Refugee Camp

3. Date of birth: (month/day/year) April 10, 1996 Place of birth: (city or town) Refugee Camp - SN (Province) Coast (Country) Kenya Present nationality: Benadir

4. Country from which I fled or was displaced: On or about (month/day/year):

5. Reasons (State in detail):
BORN IN
KENYA

6. My present immigration status in (country in which residing)

Evidence of my immigration status is:
(Describe)

7. Name of spouse: 8. Present address of spouse (if different): 9. Nationality of spouse:

10. My spouse will will not accompany me to the United States.

11. Name of child (ren)	Date of birth	Place of birth	Present address (if different)

Place a mark (x) in front of name of each child who will accompany you to the United States.

12. Schooling or education	Name and location of school	Dates attended	Title of degree or diploma
			no school
			illiterate
			No English

13. Military service	Country	Branch and organization	Dates	Serial No.	Rank attained

U.S. Department of Homeland Security
2901 Metro Drive, Suite 100
Bloomington, MN 55425



**U.S. Citizenship
and Immigration
Services**

Refer to this File No. A71714982 (Info Hold)

Date: April 14, 2008

DAHIR AHMED ADAN
2844 W. ST. GERMAIN STREET #202
ST. CLOUD, MN 56301

APR 28 2008

You are scheduled for an appointment to have your oath administered and receive your certificate of citizenship, as indicated below:

Place: U.S. CITIZENSHIP AND IMMIGRATION SERVICES
2901 METRO DRIVE
INFORMATION OFFICE
BLOOMINGTON, MINNESOTA 55425

Date: **MONDAY, APRIL 28, 2008** Time: **9:45 AM**

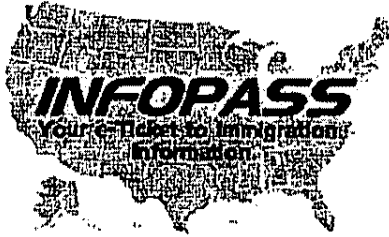
Reason for interview: To complete your Form N-600, APPLICATION FOR CERTIFICATE OF CITIZENSHIP.

What to bring: This letter, InfoPass appointment letter(s) (attached), identification and your alien registration card, if applicable. If you are over the age of twenty, you do not need to bring your U.S. citizen parent. However, if you are under the age of twenty, you must bring your U.S. citizen parent with you to this appointment.

This will be the final stage of the citizenship process. On the date of the appointment, you will receive your certificate of citizenship. If you cannot attend this date, you will need to make an InfoPass appointment through the www.uscis.gov website within 30 days of your scheduled appointment. Failure to appear at your scheduled appointment or within 30 days of your scheduled appointment may result in a delay in the issuance of your certificate.

Please note that the U.S. Citizenship and Immigration Service does not have the legal authority to approve a name change in this proceeding. You will need to contact your local county government center prior to your appointment. If you wish to have your new name appear on your certificate, send a copy of the approved name change to the address above. Include your alien registration number with all correspondence.

Denise M. Frazier
Field Office Director



Name: Dahir Ahmed Adan
Appointment Type: ADIT Processing
Confirmation No.: SPM-08-5948 **Authentication Code:** ddbc
Appointment Date: April 28, 2008
Appointment Time: 9:45 AM
Location: 2901 METRO DR, SUITE 100, Bloomington, MN 55425;
LOBBY

**This is your Confirmation
Number:**



**If you wish to cancel this appointment, you will need the
following Personal Identification Number:
29791**

**Please be on time. Failure to show up on time will result in the cancellation of
your appointment. You will then need to reschedule your appointment. You will
not be admitted more than 15 minutes before your scheduled appointment time.**

- **You must appear in person and bring photo identification along with this appointment letter.**
- **Acceptable forms of identification are any of the following: Government issued identification, passport, valid driver's license, I-94, Work Authorization Card, or Permanent Resident Card. (Green Card)**
- **In order that we may serve you more efficiently, we recommend that you bring all applicable immigration forms, letters, receipts and supporting documents. If translations are used, they should be certified. Please bring the original documents as well.**

U.S. Department of Homeland Security
2901 Metro Drive, Suite 100
Bloomington, MN 55425



**U.S. Citizenship
and Immigration
Services**

Refer to this File No. A71714982 (Info Hold)

Date: April 14, 2008

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2901 METRO DRIVE
INFORMATION OFFICE
BLOOMINGTON, MINNESOTA 55425

Date: MONDAY, APRIL 28, 2008

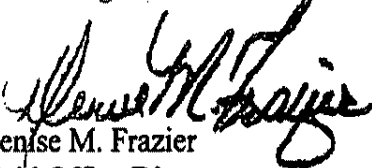
Time: 9:45 AM

Reason for interview: To complete your Form N-600, APPLICATION FOR CERTIFICATE OF CITIZENSHIP.

What to bring: This letter, InfoPass appointment letter(s) (attached), identification and your alien registration card, if applicable. If you are over the age of twenty, you do not need to bring your U.S. citizen parent. However, if you are under the age of twenty, you must bring your U.S. citizen parent with you to this appointment.

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Denise M. Frazier
Field Office Director

Cheat Sheet

Refugee Docs

1. Photos? Y N
2. Were the parents married when the child was born? Y N Marriage cert in file? Y N Divorce Decree? Y N
3. What was the status of each parent when the child was born? Mom _____ Dad _____
4. What's the child's date-of-birth? 4-10-96 BIRTH Cert in File? Y N *Refugee Dec*
5. When did bene become LPR? 6-12-96 Card in file? Y N
6. If yes to #2, and either parent was a USC, then first check Chart #1 (INA § 301)
 - a. There are varying degrees of residence or physical presence depending on the child's date of birth and each parent's status. A.) PROOF OF LEGITIMATION? Y N B.) PROOF OF RESIDENCE? Y N
7. If no to #2, and either parent was a USC, then first check Chart #2 (INA § 309)
 - a. If only dad was a USC, legitimation or acknowledgement and physical presence is required.
 - b. If only mom was a USC, she only needed to reside in the U.S. or outlying possession (before 12/24/1952)
 - c. If only mom was a USC, she only needed one year of continuous physical presence in the U.S. or outlying possession (after 12/24/1952) PROOF OF LEGITIMATION? Y N
8. If neither parent was a USC or unable to transmit USC then, first check Chart #3 (former INA § 321 (before 2/27/2001) or new INA § 320 (after 2/27/2001). Child must be under 18, when the last of the two actions occurred.
 - a. How old was the child on 2/27/2001? 5
 - b. Who had/has custody of the child? Mom OR Dad OR Both EVIDENCE: Address same on Apr
 - c. When did mom Naturalize? (b)(6) Cert. in File? Y N
 - d. When did Dad naturalize? (b)(6) Cert. in File? ~~Y~~ N
 - e. When did the child become an LPR? 6-12-96
 - f. Date of Mom's death? _____
 - g. Date of Dad's death? _____
 - h. Date of Divorce or legal separation? _____
 - i. * Final Adoption decree Submitted/signed? _____ Date of Physical Custody? _____
Date of legal Custody? _____ Requires two (2)-years of custody and residence with parent if adopted (nm orphans only)
 - j. Date of award of custody (for divorced/separated or adoptive parents)? _____
9. Determine which event was the **LAST ACTION** required to qualify the child to derive USC.
10. If the child is NOT an LPR AND was not born a USC (Charts #1 and #2), then s/he MUST appear for interview and oath prior to reaching the age of 18 (see chart #4) relocate to District Office indicated (INA § 322).

- Baptismal Cert - Y N
- Church Records - Y N
- School Records - Y N
- Census Records - Y N
- Affidavits - Y N
- SSI Records - Y N

* Requires two (2) years of custody and residence with parent if adopted. (When applicant enters as IR3 or IR4, query Claims to see if an I-600 has been approved. If approved, then NO 2-year req. If none found, 2-year req. still in effect.)

Record of IBIS Query (ROIQ)

A-Number or Receipt Number: A71 714 982

#	Last Name, First Name	DOB	NO MATCH	DNR	RELATES	Resolution Memo Completed?
1	Adan, Dahir	04/10/96				<input type="checkbox"/>
	<input checked="" type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check				<input type="checkbox"/>
2						<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	Child under the age of 14 at the time of application adjudication		(b)(7)(c) 2-14-08		<input type="checkbox"/>
3						<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check				<input type="checkbox"/>
		3rd Check				<input type="checkbox"/>
4						<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check				<input type="checkbox"/>
		3rd Check				<input type="checkbox"/>
5						<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check				<input type="checkbox"/>
		3rd Check				<input type="checkbox"/>
6						<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check				<input type="checkbox"/>
		3rd Check				<input type="checkbox"/>

Properly annotate IBIS results on the ROIQ:
 *Include the date of query in the appropriate box (NO MATCH, DNR or RELATES).
 *Include the initials or identifying number of the USCIS personnel conducting the query in the same box as the date.
 *If the hit was a RELATES and a resolution memo was completed, check the Resolution Memo Completed Box in the last column.

NO MATCH - No information found in IBIS

DNR - Information found in IBIS but does not relate to the subject

RELATES - Information found in IBIS that relates to the subject, case referred for resolution

A = Applicant
 B = Beneficiary

P = Petitioner
 D = Derivative/Household Member

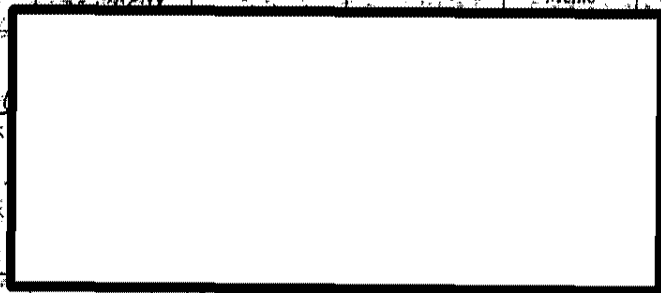
Do Not Distribute Beyond DHS without Prior Authorization from the Originator

Record of IBIS Query (ROIQ) (b)(7)(c)

(b)(7)(e)

A-Number or Receipt Number: 71-714-982

#	Last Name, First Name	DOB	NO	DNR	RELATES	Resolution Memo
	1 Adan, Dahir	4-10-91				
	<input checked="" type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check 3rd Check				
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check 3rd Check				<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check 3rd Check				<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check 3rd Check				<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check 3rd Check				<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check 3rd Check				<input type="checkbox"/>
	<input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> D	2nd Check 3rd Check				<input type="checkbox"/>



Properly annotate IBIS results on the ROIQ:
 * Include the date of query in the appropriate box (NO MATCH, DNR or RELATES)
 * Include the initials or identifying number of the USCIS personnel conducting the query in the same box as the date.
 * If the hit was a RELATES and a resolution memo was completed, check the Resolution Memo Completed Box in the last column.

NO MATCH - No information found in IBIS
 DNR - Information found in IBIS but does not relate to the subject
 RELATES - Information found in IBIS that relates to the subject, case referred for resolution
 A = Applicant P = Petitioner
 B = Beneficiary D = Derivative/Household Member

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION & NATURALIZATION SERVICE

Refugee Processing Sheet

Application or Petition Form No. SEC 209(a) File No. A 71 714 982

CLASS OF ADMISSION

DOCUMENTS OR ACTION REQUIRED	REQUESTED	RECEIVED
G-325A (only need original for file)		6-11-97
Sheet 4 to Not applicable		
Birth Certificate not required unless name problem needs to be resolved.		
Marriage Certificate - Not req'd unless name change		
Photos		6-11-97
Employment letter OR I-134 not required		
G-153 not required		
Medical not required		
Interview		6-11-97
FD 258		WAIVED
I-643 (Refugees)		6-11-97
FILE - If no service file must wait two months before approval		6-11-97

G-2b in file _____ 45 days for prints Post Audit
 G-153 sent _____
 I-94 to C.O. _____ 60 days for Consular Check Post Audit

REMARKS:

(b)(6)

RECOMMENDATION

GRANT/DENY

DATE

07/28/97

SIGNATURE OF OFFICER



RECEPTION AND PLACEMENT PROGRAM ASSURANCE FORM

DFMS
815 SECOND AVENUE
NEW YORK, NEW YORK 10017
(212) 922-5218

(b)(6)

Placement code: 3/3
Immigration Status: REF
Present Location: KENYA

DATE: 96-04-16 File ID No. KE3711000

The following persons have been accepted for resettlement under our auspices:

	Name	A Number	DOB	MC	Sex	POB
1						
2						
3						
4						
5						
6						
7						

8. ADAN DAHIR AHMED 96-04-10 M1 M KE

9.

10.

11.

ND DPMS OI

Affiliate Local Co-Sponsor

EPISCOPAL MIGRATION MINISTRIES

Lutheran Social Services

P.O. Box 389

Fargo, ND 58107

Contact Person: (b)(6)

Telephone: 701-235-7341

AMENDED

Relative (if applicable)

Airport of Final Destination: FAR
Placement Location (city, state): FARGO, ND
Special Instruction:

The affiliate has an agreement with the national agency to provide, or ensure the provision of, reception and placement services to the above named refugee(s) in accordance with the U.S. Department of State Cooperative Agreement:

Signature: (b)(6)
Aut ative

REFUGEE DATA CENTER 200 PARK AVENUE SOUTH NEW YORK, NEW YORK 10003

SENT TO RDC
4-17-96

APR 17 1996

RDC

Refugee Doc

Joint Voluntary Agency Representative / KENYA

UNITED STATES REFUGEE RESETTLEMENT PROGRAMME

Office:
MAUA CLOSE
WESTLANDS

Tel: 471333-4013,
471322

Administered through Church World Service

P.O. Box 14176
NAIROBI, Kenya
Tel. 745311; 743032
Fax 254-2-742035

DATE: APRIL 16, 1996

LOCATION: HOMBASA, KENYA

NAME OF PA
ACCOMPANYING
DEPENDENTS:

[Redacted Name]

(b)(6)

[Redacted A#]

DANIK ALIYEV

A# _____
A# 71 714 9 82
A# _____
A# _____
A# _____
A# _____
A# _____
A# _____
A# _____

DEAR APPLICANT:

THE U.S. IMMIGRANT AND NATURALIZATION SERVICE HAS DETERMINED THAT YOU ARE ELIGIBLE FOR RESETTLEMENT IN THE UNITED STATES AS A REFUGEE UNDER SECTION 207 OF THE U.S. IMMIGRATION AND NATIONALITY ACT.

YOU WILL NEED TO MAKE YOUR OWN ARRANGEMENTS TO TRAVEL TO NAIROBI FOR YOUR MEDICAL EXAM AND DEPARTURE ARRANGEMENTS. YOU SHOULD REPORT TO THE INTERNATIONAL ORGANIZATION FOR MIGRATION (I.O.M.) ON _____ THEY ARE LOCATED ON AMBOSELI ROAD, OFF (GITANGA ROAD) AND HAVE OFFICE HOURS FROM 8:30 AM TO 12:30 PM. I.O.M. WILL MAKE ARRANGEMENTS FOR YOUR PHOTOGRAPHS, MEDICAL EXAM, AND CULTURAL ORIENTATION CLASSES. THIS IS ALL FREE OF CHARGE. THESE ARE ALL REQUIREMENTS FOR YOUR CLEARANCE TO ENTER THE UNITED STATES OF AMERICA. YOU WILL HAVE FOUR PHOTOGRAPHS TAKEN OF EACH PERSON, WHICH SHOULD BE GIVEN TO THE MEDICAL DOCTOR. THE DOCTOR WILL NOT EXAMINE YOU WITHOUT THE PHOTOGRAPHS.

WHEN ALL ADMISSION REQUIREMENTS ARE COMPLETED, AND THIS OFFICE HAS RECEIVED AUTHORITY TO DO SO, TRAVEL TO THE UNITED STATES WILL BE ARRANGED FOR YOU. YOUR NAME WILL THEN APPEAR ON A TRAVEL LIST POSTED AT THE J.V.A. OFFICE.

SINCERELY,


OFFICER IN CHARGE

1/95

PLEASE TURN OVER FOR PHOTO IDENTIFICATION

Ref 7096



KENYA RED CROSS SOCIETY

Patron: H. E. Daniel T. arap Moi, CGH, MP
President of the Republic Of Kenya

Governor: J. S. Muriu

PROJECT OFFICE:

Refugee Relief Operation
(Links Road) Off Main Road next to Kenol Petrol Station

Tel.: 486487/8/9

Fax: 471345

All correspondence to Project Coordinator
P.O. Box 34099 Mombasa, Kenya

BIRTH NOTIFICATION FORM

MCH DEPARTMENT

NAME OF CHILD: DAHIR AHMED ADHAN

FATHER'S NAME



(b)(6)

MOTHER'S NAME

SEX

MALE (M)

BIRTH WEIGHT

4165

DATE OF DELIVERY

10.4.96

TIME OF DELIVERY

10 P.M

STATE OF CHILD AT BIRTH

GOOD

ADDRESS

SINGURU

ZONE

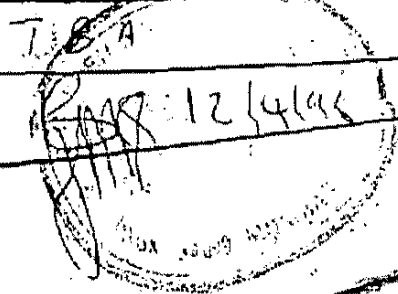
C

TENI NO

92

BIRTH CONDUCTED BY

NURTO SHEKHU



SIGNATURE