

DEPARTMENT OF DEFENSE BIOGRAPHIC REPORT



GENERAL INFORMATION			
1. COUNTRY GUATEMALA	2. DATE OF IMMIGRATION (Yr, mo, day) 1988 August 12	3. DATE OF BIRTH 1988 Aug	
4. NAME a. FULL NAME (Give full name in Roman letters, in natural order, and with natural capitalization. Underline surname, or, if his other than surname, underline same. Use phonetic pronunciation of name as appropriate.) Juan Valencia Osorio			
b. NAME OR NAMES BY WHICH INDIVIDUAL PREFERS TO BE ADDRESSED (1) IN OFFICIAL CORRESPONDENCE: Juan Valencia (2) ORALLY AT OFFICIAL GATHERINGS: Juan			
5. FULL NAME IN NATIVE ALPHABET Juan Valencia Osorio			
6. VARIANTS, ALIASES, OR NICKNAMES None			
7. POSITION a. PRESENT POSITION Weapons Systems Instructor, Center of Military Studies		b. DATE ASSUMED POSITION Year, month, day 1987 January 01	
c. RANK/TITLE (In English and Native language) Mayor (O-4)		d. DATE OF RANK (Yr, mo, day) 987 January 01	
e. SERVICE Army		f. BRANCH OF SERVICE FA	
8. DATE AND PLACE OF BIRTH (Town, State, Province, County) 1951 October 24, Guatemala City, Guatemala			9. SEX
10. PRESENT ADDRESS (Including unit location if applicable) [REDACTED]		TELEPHONE NO. [REDACTED] B6	
11. NATIONALITY Guatemalan	12. RACE CAU	13. PHOTOS OMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
14. CITIZENSHIP (Indicate dual citizenship where applicable) Guatemala		15. RELIGION Evangelist <input checked="" type="checkbox"/> PRACTICING <input type="checkbox"/> NONPRACTICING	
16. TITLES AND HONORIFICS (Prince, Doctor, Pandit, etc.) None		17. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
PHYSICAL DESCRIPTION			
18. AGE 37	19. BLIND <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MUSTACHE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20. TEETH (Natural) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21. PROMINENT OR UNUSUAL FEATURES (Scars, scars, etc.) Scars on left side forehead, nose, right side collar bone and right side of groin			
22. COLOR EYES Brown	23. COLOR HAIR Black	24. HAIR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	25. HEIGHT 5'10"
26. WEIGHT 167 lbs.	27. BUILD (Small, medium, large) Medium		28. POSTURE Good
29. PHYSICAL DEFECTS None		30. GENERAL STATE OF HEALTH Good	
31. HARD OF HEARING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. GLASSES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PERSONAL BACKGROUND			
33. EDUCATION (List with: a. Institution, major course, degree or honors, and inclusive dates (3 or 4 month, day) Grammar School - Central American Schooler Group No. 1/Public School "Republic of France" Secondary School - Rafael Aqueche Institute (3 yrs)			
34. LANGUAGE PROFICIENCY (Include dialects, degree of fluency, and ability to act as translator/interpreter) English - Good Spanish - Good			
35. TRAVEL (List countries, dates, and purpose) El Salvador - Tourism and Official TDY Guatemala - Military Studies (6th Artillery Course), Off. Rel TDY and Tourism 1984-1985, 1988			

18. List events and decorations together with circumstances surrounding any unusual award or decoration.

1012

- 1LT Military Academy (Escuela Politecnica)
- 2LT Topographic Survey, Military Brigade, Zacapa
Artillery Instructor, Military Academy
Platoon Leader, 4.2 Mortar Bn, Military Zone, Quiche
- 1LT 4th Platoon Leader, 2d Rifle Co, Presidential Guard
- CPT 1st Rifle Company Commander, 2d Bn, Military Zone, Coban
Rifle Company Commander, Military Academy
Commander, 3rd Cadet Company, Military Academy
S-2 Assistant, Security Tactical Group, Guatemalan Air Force
Heavy Weapons Company Commander, 2d Infantry Bn, Military Zone, San Marcos
Section Assistant, Guatemalan Army General Staff
Chief of Section, Guatemalan Army General Staff
S-2, Military Zone, Quiche
S-2, Security Tactical Group, Guatemalan Air Force
- MAJ Weapons Systems Instructor, Military Center of Studies

34. EMPLOYMENT OTHER THAN MILITARY SERVICE: (Give employer's name, address, dates, and nature of duty. Year, month, day.)

35. MEMBERSHIP IN ORGANIZATION: (Professional, academic, literary, etc., give inclusive dates. Year, month, day.)

Name, position or occupation of relative, domicile, nature and duration of relationship. Include U.S. military or other U.S. official acquaintances (relatives under this item.)

Name

[Empty section for name and relationship details]

41. PREFERENCES (Personal interests, e.g. food, drink, tobacco, entertainers, sports, hobbies.)
Unk

42. BOOKS, PAPERS, ETC. (List titles, dates, publishers, etc. in appropriate order, date published, publisher.)
None

43. NAME OF SOURCE (If known) (If not known, state source of information)
44. NAME OF SOURCE (If known) (If not known, state source of information)
[Empty fields]

45. DATE (Year, month, day, and PLACE OF BIRTH)
1942 [Empty]

46. NATIONALITY (and date of citizenship where applicable)
Subsidiary

47. RACE
C/C

48. RELIGION Catholic
 PRACTICING
 NONPRACTICING

49. BACKGROUND (Education, languages, preferences in food and drink, hobbies, pastimes, etc. in entertainment, special interests; professional societies.)
Unk.

50. CHILDREN (Name, sex, age, marital status, other than of interest such as school, health, military service.)
Juan Francisco Valencia Giron, son, 15 yrs old, [Empty]
Carmen Maria Valencia Giron, 10 yrs old, [Empty]
Diana Antonia Valencia Giron, 8 yrs old, [Empty]