

## SAORSTÁT ÉIREANN.

PENSIONS.

## AIREACHT CHOSANTA

(MINISTRY OF DEFENCE).

## OIFIG AIRM AIRGID

(ARMY FINANCE OFFICE).

Register Number	From whom, number, and date	Officer or Soldier
P.B. A159		Name <i>Browne William</i>
		Rank <i>officer</i> Unit <i>I. Vols</i>
		Army No. .... Date of Death .....
		Address <i>112 Capell St</i>
		<i>Dublin</i>
		Date of Discharge .....

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
-------------	------	-------------	------	-------------	------	-------------	------	-------------	------	-------------	------

*See 27/7*  
*A.P. 1916 See 25/6/26*

Military Service  
Pensions Collection



Noted Regy. Lupt. Charge  
of 200/-  
22.1.25

11/2/731



A. Bricin's  
Hospital  
ct 2, Ward

Dear Sir.

Would you be  
so kind as to let me <sup>know</sup>  
my application for a Wound  
Pension was Bar Before  
the Board of Assessors. and  
with the Result of same  
as I am a Patient in the  
Above Hospital after under  
going an Operation for the  
Removal of Shrapnel.  
from my left Leg which

Military  
Pensions

Military Archives

I Received in action. in  
1916. I am in Hospital  
since 17/4/25 and is still  
under treatment for same  
Thanking you for  
a reply.

I remain  
Dear Sir.

William Browne

my home address  
is 112 Chapel St  
Dublin

Military Service  
Pensions Collection

Ref. No. 1.P.731



Ref. No. 1/P/731.

A.P. 19.

A159.

# Military Archives

## ARMY PENSIONS ACT, 1923.

### CLAIM FOR WOUND PENSION OR GRATUITY.

Applicant's Name..... Mr. William Browne,

Address..... 112 Capel Street,

..... Dublin.

Army No..... Rank..... Officer.

\*Force in which served..... Irish Volunteers.

Unit..... 3rd Batt. Dublin Bde.

Married or single at date of Injury..... Single.

Date of Discharge Medically Unfit.....

Particulars of Payments made from Army Funds to Applicant since his  
discharge from the Forces.

Military Service  
Pensions Collection

NIL.

\*Irish Volunteers, Irish Citizen Army, 1916, or National Army.



Particulars of any Payments received in compensation from the person responsible for the wound or injury.

# Military Archives

NIL.

Medical Board Report :

20% (Twenty) 3 months.

## Military Service Pensions Collection

/EK.



RECOMMENDATION OF ARMY PENSIONS BOARD.

Army Finance Officer.

I am to request that you will place before the Minister for Defence the recommendation of the Army Pensions Board that in accordance with Section 1,  
Section 3,  
First Schedule, para.....of the Act, there shall be granted to

.....Mr. William Browne,.....

a pension of £40 (Forty pounds). ~~weekly~~  
~~gratuity~~ per annum

that in accordance with Section 2 of the Act a ~~further~~ pension  
of weekly  
per annum

the pension ~~and further pension~~ to be payable from

.....1/4/1922.....to.....31/7/1925. ....

Re-examination 7/7/1925.

20 May, 1925.

.....*L. Horgan*.....Runaidhe.

The Minister for Defence.

Submitted and recommended,

*W. K.*  
May, 1925.

.....*V. Gahy*.....  
by Army Finance Officer.



To/

The Secretary,  
Ministry of Finance.

Subject to the consent of the Minister of Finance I propose to grant  
pension  
a allowance in accordance with the foregoing recommendations of the Army  
gratuity  
Pensions Board.

..... S. Mac Inerall

for Minister for Defence.

To/

Army Finance Officer.

S. 82/310/25.

The Minister for Finance consents to the grant by the  
Minister for Defence, under Section 3 of the Army Pensions Act,  
1923, of a Pension of £40, per annum, from the 1st April, 1922,  
to the 31st July, 1925, to Mr. William Browne, 112, Capel  
Street, Dublin.

Enrill

26 May, 1925.

Military Service  
Pensions Collection





# Military Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

GRIFFITH BARRACKS  
34 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.

Military Service  
Pensions Collection



## ARMY PENSIONS DEPARTMENT.

### LIFE CERTIFICATE.

**NOTICE.**—This Certificate is Government Property. It is no security whatever for debt.

No further payment of Pension or Allowances will be made until the following Declaration has been filled in, and signed, by the person to whom the Gratuity and Pension or Allowances is to be paid; until the Certificate at foot of this form has been signed by one of the persons mentioned in the margin; and until the completed form has been received in the Army Pensions Department.

(1).

To be filled in by the person claiming Pension, or, if that person is unable to write, by someone on his/her behalf.

Name (in full, Surname first).....*Browne Williams*  
Number of Award Certificate.....*1 / P / 731*  
Rate of Gratuity or Allowances.....*£ 40-0-0* per ~~week~~ annum.  
Pension and  
Award granted in respect of.....*Gunshot Wounds in Both Legs*  
(If you are the Pensioner give particulars of wounds, or if you are receiving allowance as a relative of a deceased soldier state deceased's name and relationship).  
Received Killed whilst serving as.....*Private* in Volunteers Citizen Army, 1916, in.....*April*.....19*16*.  
(insert rank) (insert month) (year)  
National Forces

(2).

Insert in full occupations of adults, and ages and occupations of children.

Particulars of Adults (other than claimant) included in Pension/Gratuity or Allowances and  
.....  
Particulars of Children included in Pension/Gratuity or Allowances and  
.....

(3).

To be signed, in the presence of the person who signs the Certificate hereunder, by the person making the Declaration. If he/she is unable to write he/she must affix his/her mark thus "X."

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Gratuity and Pension or Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the.....*4th*.....day of.....*June*.....19.....*25*.  
Signature (in full).....*Williams Browne*  
Full Postal Address.....*112 Capel St Dublin*

#### CERTIFICATE.

This Certificate MUST be signed by one of the following:—A District Justice or Divisional Magistrate, a Peace Commissioner, an Official of the Civic Guard or D.M.P. not below the Rank of Inspector or Station Sergeant, a Postmaster or Postmistress in actual charge of a Post Office, a Barrister-at-Law, a Solicitor, or a Commissioner for Oaths.

I hereby certify that I have seen the person who signed the above Declaration, alive on the date stated against my name; that he/she was in possession of the Award Certificate bearing the number entered in (1) above; that he/she signed the above Declaration in my presence; and that he/she appears to be the person to whom the sums mentioned above are payable.  
I further certify that I know those persons mentioned in (2) above to be alive on the date stated against my name.  
Signature.....*James H. Regan*.....Date.....*4/6/25*.  
Rank or Profession.....*Sergeant Major Divisional Civil Guard*.  
Full Postal Address.....*Indeville Str. Dublin*.



Ref. No. 1/P/731.

A.P. 19.

A159

Military Archives

ARMY PENSIONS ACT, 1923.

CLAIM FOR WOUND PENSION OR GRATUITY.

Applicant's Name..... WILLIAM BROWNE.

Address..... 112 Capel Street, Dublin.

Army No..... Rank..... Officer.

\*Force in which served..... Irish Volunteers.

Unit..... 3rd Batt. Dublin Bde.

Married or single at date of Injury..... Single

Date of Discharge Medically Unfit.....

Particulars of Payments made from Army Funds to Applicant since his discharge from the Forces.

Military Service Pensions Collection  
NIL.

\*Irish Volunteers, Irish Citizen Army, 1916, or National Army.



Particulars of any Payments received in compensation from the person responsible for the wound or injury.

**Military Archives**

NIL.

Medical Board Report :

20% (Twenty) 3 months.

**Military Service  
Pensions Collection**



RECOMMENDATION OF ARMY PENSIONS BOARD.

Army Finance Officer.

I am to request that you will place before the Minister for Defence the recommendation of the Army Pensions Board that in accordance with ~~Section 1,~~ Section 3, First Schedule, para.....<sup>8</sup>.....of the Act, there shall be granted to

.....William Browne,.....

a pension of £40 (Forty Pounds) ~~weekly.~~  
~~per annum~~ per annum

that in accordance with Section 2 of the Act ~~xxxxxxxxxx pension~~

~~xx~~ ~~xxxxxx~~ ~~xxxxxx~~

the pension ~~xxxxxx~~ to be payable from

.....1/9/1925.....to.....31/10/25.....

Re-examination 1/10/25.

*The Minister has furnished the certificate required by Section 3 of the Act.*

<sup>nd</sup>  
22 July, 1925.

.....*Runaidhe.*

The Minister for Defence.

Submitted and recommended.

<sup>th</sup>  
23 July, 1925.

.....*Army Finance Officer.*



To/

The Secretary,  
Ministry of Finance.

Subject to the consent of the Minister of Finance I propose to grant  
pension  
a allowance in accordance with the foregoing recommendations of the Army  
gratuity  
Pensions Board.

*S. MacDonnell*

*for Minister for Defence.*

S. 82/310/25.

To/

Army Finance Officer.

The Minister for Finance consents to the grant by the  
Minister for Defence, under Section 3 of the Army Pensions Act,  
1923, of a Pension of £40, per annum, from the 1st August, 1925,  
to the 31st October, 1925, to Mr. William Browne, 112, Capel  
Street, Dublin.

*S. MacDonnell*

28th July, 1925.





# Military Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

34 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

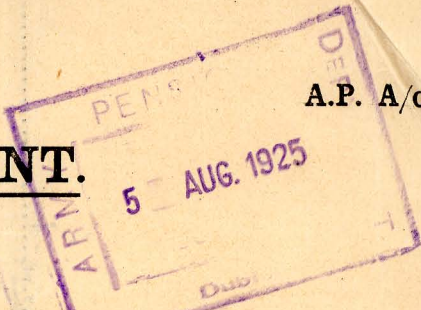
FOLD ALONG THIS LINE.

# Military Service Pensions Collection





**ARMY PENSIONS DEPARTMENT.**  
**LIFE CERTIFICATE.**



**NOTICE.**—This Certificate is Government Property. It is no security whatever for debt.

No further payment of Pension or Allowances will be made until the following Declaration has been filled in, and signed, by the person to whom the Gratuity and Pension or Allowances is to be paid; until the Certificate at foot of this form has been signed by one of the persons mentioned in the margin; and until the completed form has been received in the Army Pensions Department.

(1).

To be filled in by the person claiming Pension, or, if that person is unable to write, by someone on his/her behalf.

Name (in full, Surname first)..... *Browne William* .....

Number of Award Certificate..... *1/P/1731* .....

Rate of Gratuity or Allowances..... *£ 40 - 0 - 0* ..... per Pension and ~~year~~ annum.

Award granted in respect of..... *Gunshot Wounds in Legs* .....

(If you are the Pensioner give particulars of wounds, or if you are receiving Allowance as a relative of a deceased soldier state deceased name and relationship).

Received whilst serving as..... *Private* ..... in Volunteers *Citizen Army*, 1916, in..... *April* ..... 19*16*.....

~~Killed~~ (insert rank) National Forces (insert month) (year)

(2).

Insert in full occupations of adults, and ages and occupations of children.

Particulars of Adults (other than claimant) included in Pension/Gratuity or Allowances and

.....

Particulars of Children included in Pension/Gratuity or Allowances and

.....

(3).

To be signed, in the presence of the person who signs the Certificate hereunder, by the person making the Declaration. If he/she is unable to write he/she must affix his/her mark thus "X."

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Gratuity and Pension or Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the.....*4*.....day of *August*.....19*25*.....

Signature (in full)..... *William Browne* .....

Full Postal Address..... *112 Capel Street Dublin* .....

**CERTIFICATE.**

This Certificate MUST be signed by one of the following:—A District Justice or Divisional Magistrate, a Peace Commissioner, an Official of the Civic Guard or D.M.P. not below the Rank of Inspector or Station Sergeant, a Postmaster or Postmistress in actual charge of a Post Office, a Barrister-at-Law, a Solicitor, or a Commissioner for Oaths.

I hereby certify that I have seen the person who signed the above Declaration, alive on the date stated against my name; that he/she was in possession of the Award Certificate bearing the number entered in (1) above; that he/she signed the above Declaration in my presence; and that he/she appears to be the person to whom the sums mentioned above are payable.

I further certify that I know those persons mentioned in (2) above to be alive on the date stated against my name

Signature..... *D. Cotton* ..... Date..... *4/8/25* .....

Rank or Profession..... *Ration Sergeant* .....

Full Postal Address..... *Bridewell Ration Dublin* .....

Extract from Army Pensions Act, 1923, Section 12 (1).

N.B.—“ If any person with a view to obtaining a grant or payment of a pension, allowance, or gratuity under this Act makes, signs, or uses any declaration, application, or other written statement knowing the same to be false, such person shall be guilty of an offence and shall be liable, on conviction under the Summary Jurisdiction Acts, to a fine not exceeding five pounds.”



# Military Archives

FOLD ALONG THIS LINE.

SAORSTAT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

ARMY PENSIONS BRANCH,

ARMY FINANCE OFFICE,

DEPARTMENT OF DEFENCE,

GRIFFITH BARRACKS,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.

# Military Service Pensions Collection



Army Finance Office.

Army Pensions Branch.

LIFE CERTIFICATE.

NOTICE.—This Certificate is Government Property. It is no security whatever for debt.

No further payment of Pension or Gratuity and Allowances will be made until the following Declaration has been filled in, and signed, by the person to whom the Pension or Gratuity and Allowances is to be paid; until the Certificate at foot of this form has been signed and attested by one of the persons mentioned on the back of the form; and until the completed form has been received in the Army Finance Office.

(1).

To be filled in by the person claiming the Pension Allowances or Gratuity, or, if that person is unable to write, by someone on his/her behalf.

Name (in full, Surname first).....Browne William.....  
Residing at.....112 Capel Street Dublin.....  
Year of Birth.....1892.....  
Number of Award Certificate.....1/P/731.....  
Rate of Gratuity or Allowances.....£40-0-0.....per ~~week~~ annum.  
Award granted in respect of.....Gunshot Wounds in Both Legs.....  
(If you are the Pensioner give particulars of wounds, or if you are receiving allowance as a relative of a deceased soldier state deceased's name and relationship).  
Received whilst serving as.....Private.....Volunteers in Citizen Army, 1916, in.....April.....1916  
~~Killed~~ (insert rank) National Forces (insert month) (year)

(2).

Insert in full occupations of adults, and ages and occupations of children.

Particulars of Adults (other than claimant) included in Pension/Gratuity or Allowances  
.....  
Particulars of Children included in Pension/Gratuity or Allowances.....  
.....

(3).

To be signed, by the person making the Declaration, in the presence of the person who attests the Certificate hereunder. If he/she is unable to write he/she must affix his/her mark thus "X."

I hereby declare that I am the person named in (1) above, and that I am entitled to the Pension or Gratuity and Allowances specified, I having been notified by the Army Finance Officer, that such Pension or Gratuity and Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the 24<sup>th</sup> day of September 1925  
Signature (in full).....William Browne.....  
Full Postal Address.....112 Capel St Dublin.....

CERTIFICATE.

I hereby certify that I have seen the person who signed the above Declaration, alive on the date stated against my name; that he/she was in possession of the Award Certificate bearing the number entered in (1) above; that he/she signed the above Declaration in my presence; and that he/she appears to be the person to whom the sums mentioned above are payable.

I further certify that I know those persons mentioned in (2) above to be alive on the date stated against my name.

Signature.....James H. Beggs.....Date.....24/9/25.....  
Rank or Profession.....Interp. Cncl. f.o.....  
Full Postal Address.....Brideville Dublin.....

This Certificate must be attested by one of the persons mentioned on the back of this form.

Extract from Army Pensions Act, 1923. Section 12 (1).

N.B.—“ If any person with a view to obtaining a grant or payment of a pension, allowance, or gratuity under this Act makes, signs, or uses any declaration, application, or other written statement knowing the same to be false, such person shall be guilty of an offence and shall be liable, on conviction under the Summary Jurisdiction Acts, to a fine not exceeding five pounds.”



**THE PERSONS BEFORE WHOM THE DECLARATION OF PENSIONERS  
MAY BE SUBSCRIBED ARE AS BELOW. THE QUALIFICATION  
WHICH ENTITLES THEM TO ATTEST SHOULD BE STATED FULLY  
ON THE FORM OF ATTESTATION.**

---

(1) In the Irish Free State.

Officers appointed to examine vouchers for non-effective payments in the offices of the Minister for Finance, the Minister for Posts and Telegraphs, and the Minister for Defence.

Postmasters and Postmistresses actually in charge of Post Office. (The name of the Post Office is to be given on the form of attestation).

Head Teachers of National and Secondary Schools. (The name of the School is to be given on the form of attestation).

Secretaries of Friendly Societies registered under the Friendly Societies Acts.

District Justices and Peace Commissioners.

Any of the persons mentioned in paragraph (2) below.

(2) In the British Empire.  
Commissioners for Oaths.

Ministers of religion habitually officiating at a place of worship within 10 miles of the place where the pensioner resides for the time being. (The denomination and the address of the place of worship to be given).

Physicians or Surgeons registered as such under the law of the country and regularly practising within 10 miles of the place where the pensioner resides for the time being.

Managers, Secretaries, Chief Cashiers, and Accountants of Banks registered under the law of the country, and other officials of such Banks who are authorised by their Banks to sign documents on their behalf, and officials of such Banks for the time being in charge of Branch Banks. (The qualification of the official and the name of the Bank or Branch Bank is to be given on the form of attestation).

Actuaries and Secretaries of Savings Banks registered under Act of Parliament.

Police Officers in actual charge of the nearest Police Station to the place where the pensioner resides for the time being.

(3) In Foreign Countries.

Irish Free State or British Diplomatic or Consular Officers empowered by law to administer oaths.

Notaries Public and other persons competent by the law of the country to administer such declarations. (The law must be quoted sufficiently for verification).



Ref. No.....L/P/731....

P.B.17.

A.P. 19.

A159

ARMY PENSIONS ACT, 1923.



CLAIM FOR WOUND PENSION OR GRATUITY.



Applicant's Name.....WILLIAM BROWNE.....

Address.....112, Capel St.,.....

.....Dublin.....

Army No.....Rank.....Officer.....

\*Force in which served.....Irish Volunteers.....

Unit.....3rd Battn., Dublin Brigade.....

Married or single at date of Injury.....Single.....

Date of Discharge Medically Unfit.....

Particulars of Payments made from Army Funds to Applicant since his discharge from the Forces.

Military Service  
Pensions Collection

\*Irish Volunteers, Irish Citizen Army, 1916, or National Army.



Particulars of any Payments received in compensation from the person responsible for the wound or injury.

Nil. **Military Archives**

Medical Board Report :

< 20% (Less than twenty) **Low**

/NM.

**Military Service  
Pensions Collection**



RECOMMENDATION OF ARMY PENSIONS BOARD.

Army Finance Officer.

I am to request that you will place before the Minister for Defence the recommendation of the Army Pensions Board that in accordance with Section 1,  
Section 3,  
First Schedule, para.....of the Act, there shall be granted to  
.....Mr. William Browne,.....

a pension of weekly  
gratuity £25. (Twenty-five Pounds) --per annum--

that in accordance with Section 2 of the Act a--further--pension  
of weekly  
per annum

the pension and further pension to be payable from

.....to.....

26<sup>th</sup> June, 1926.

.....Runaidhe.

The Minister for Defence.

Submitted and recommended,

28 June, 1926.

.....  
Army Finance Officer.



To/

The Secretary,

Ministry of Finance.

Subject to the consent of the Minister of Finance I propose to grant  
a pension  
allowance in accordance with the foregoing recommendations of the Army  
gratuity  
Pensions Board.

*[Signature]*

Minister for Defence.

*29/6/26*

To/

Army Finance Officer.

S.82/310/25.

The Minister for Finance consents to the grant by the Minister for  
Defence under Section 3 of the Army Pensions Act, 1923, of a gratuity  
of £25 per annum to Mr. William Browne, 112 Capel Street, Dublin.

*[Signature]*

7 July, 1926.

