## OIFIG AIRM AIRGID <br> (Army Finance Office).

| Register Number | From whom Dumber, and date $\qquad$ Mayec. | Officer or Soldier in respect of |
| :---: | :---: | :---: |
|  | Considine Andrew <br> Ardhemus. <br> isdoonvarna Co clare | Name Considine MI. |
|  |  | Unit. Volurnteers <br> Army No. $\qquad$ Date of Death $26: 8: 22$ |
| F.P. $R 3$. |  | Address _ Discharge |


| Referred to | Date | Referred to | Date | Referred to | Date | Referred to | Date | Referred to | Date | Referred to | Date |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

## THE PAY OFFICER, <br> MINISTRY OF DEFENCE,

(A STAMP IS NOT REQUIRED.)

## ARMY PENSIONS DEPARTMENT,

## 34 MOLESWORTH STREET,

## DUBLIN.

A.P. A/cs 4.

FOLD ALONG THIS LINE.

ARMY PENSIONS DEPARTMENT.
LIFE CERTIFICATE.
NOTICE. This Certificate is Government Property. It is no security whatever for debt.

No further payment of $\frac{\text { Pension or }}{\text { Gratuity and Allowances will be made until the following Declaration has been filled in, }}$ and signed, by the person to whom the $\frac{\text { Pension } Q r \text { Allowances } \frac{\text { is }}{\text { Gratuity and }} \text { to be paid; until the Certificate at foot of this }}{\text { at }}$ 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.


This Certificate must be signed by one of the following :-A District Justice or Divisional Magistrate, a Peace Commissioner, below the Rank of Inspector or Station Sergeant, a Postmaster or Postmistress in actual charge of a Post Ole, a Barrister-at-Law, a Solicitor, or a Commissioner fo
Oaths.

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

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/se 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.

Rank or Profession...
Full Postal Address..
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."

