

Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date	Referred to	Date
 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,

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 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} _{are} 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)..... Swift James.....
Number of Award Certificate..... 4 P/123.....
Rate of Gratuity or Pension and Allowances..... £60 (Sixty Pounds) a week..... per annum.....
Award granted in respect of..... Wound.....
(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..... Batt O'Mahony..... in Volunteers.....
Killed..... Citizen Army, 1916..... in..... May 1915..... 1921.....
(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.....

(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 Gratuity and Allowances specified, I having been notified by the Secretary, Army Pensions Department, 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..... 10th..... day of..... July..... 1921.....
Signature (in full)..... James Swift.....
Full Postal Address..... County Donegal Ballyshannon.....

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..... John J. Ballin..... Date..... 10-7-21.....
Rank or Profession..... Peace Commissioner for County Donegal.....
Full Postal Address..... Ballyshannon.....

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.

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.”

Ref. No.....1/P/123....

A.P. 19.

Military Archives

ARMY PENSIONS ACT, 1923.

CLAIM FOR WOUND PENSION OR GRATUITY.

Applicant's Name.....Mr. James Swift.....

Address.....County Home.....

Castlebar, CO., MAYO.

Army No.....Rank.....Lieut.....

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

Unit.....No. 1. A.S.U. West Mayo Bde.....

Married or single at date of Injury.....Not married.....

Date of Discharge Medically Unfit.....

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

NIL.

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

MH/

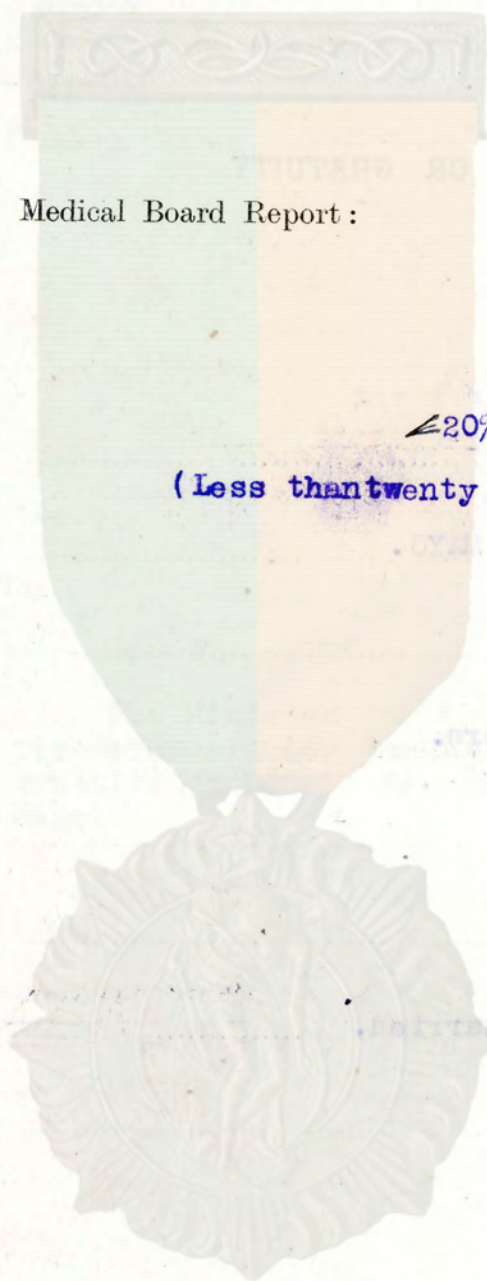
Particulars of any Payments received in compensation from the person responsible for the wound or injury.

NIL.

Medical Board Report:

≤20%.

(Less than twenty per cent).



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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. James Swift......

a ~~pension of~~ gratuity £60 (sixty pounds). ~~weekly-~~
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.....

4 June, 1924.

J. J. Horgan
Runaidhe.

The Minister of Defence.

Submitted and recommended.

6 June, 1924.

Charles German
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.

L. T. Mac Cosgair

Minister for Defence.

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 gratuity of £60 to Mr. James Swift, Thomas Street, Castlebar, Co. Mayo.

John Hamilton

21st June, 1924.

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