SAORSTÁT ÉIREANN.

## AIREACHT CHOSANTA

 (Ministry of Defence).OIFIG AIRM AIRGID
(Army Finance Office).
Register Number


## ARMY PENSIONS ACT, 1923.

CLAIM FOR DEPENDANTS' ALLOWANCE OR GRATUITY.

Applicant's Name.........Mr......Jahn...Riordan.
Address...............Bawnmore. ...Macroom, . Co..............

Name of Deceased..............John.....Riordan,
Rank of Deceased private.
*Force to which Deceased belonged $\qquad$ Na.t.ionez. Army.
$\qquad$
Date of Death of Deceased...............16th...Se.p.t... 1922
Relationship of Applicant to Deceased. $\qquad$ Father


Particulars of Payments made from Army Funds to Applicant since death of
Nil.

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

Report as to dependency of |Applicant or of the motherless children upon Deceased at the time of his death.

Givic Guard Report states that the Applicant was partially dependdent on the Deceased at the time of his death. He is a small farmer and had no private means prior to the death of hăs son, He is fairly old and dependent to some extent on the Deceased for the necessary work on the farm.

The Applicant is over sixty years of age.
I consider that he was partially dependent upon his son at the time of the latter's death.

## Further Report.

The applicant who is aged about 65 years is the owner of a farm of about 30 acres of arable land.

He has a family of 3 girls and 3 boys whose ages range from 12 to 23 years.

All the members of the family who are of age work on the farm.

## Further Report.

The Applicant is the possessor of a farm of about 30 acres. The P.I. Valuation of which is 216.10 . per year. There are six

Particulans-of- Etaim- mate-in respect of educativirat experctiture-withir the more members of tho fami. $y$ whose ages range from 24 to 15 years. past-1응nthons.

They all work on the holding and have no other source of income. The deceased was his main help at the time of his death as he was
the eldest son and worked on the farm for his father.

Particulars of any Payment received in compensation from person responsible for the act which caused death of Deceased. (Section 13 (a) of The Army Pensions Act, 1923).

## 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 $\frac{\text { Section 7, }}{\text { Section } 8_{*}}$ .... $3 x d . . . . .$. Schedule, para...... $8 \ldots . . . . .$. of the Act, there shall be granted to $\qquad$ Mr. . ...John ... Rụofach. a Gratuity of $\quad$ £40. (Forty pounds). an_ allowance af $\qquad$ .per $\qquad$ in respect of ..hi.s...̣กn.......hn,


## The-AHewartoo-to-be-prict ats from


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Minister of Defence,

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5 \text { July, 1924. Submitted and recommended. Char Son }
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/NI.

To/

## The Secretary,

Ministry of Finance.

Subject to the consent of the Minister of Finance I propose to grant
$\frac{\text { pension }}{\text { allowance in accordance with the foregoing recommendations of the Army }}$ allowance gratuity
Pensions Board.


July, 1924.

To/
S/82/663/24.

Army Finance Officer.
The Minister for Finance consents to the grant by the Minister for Defence under Section $r$ of the Army Pensions Act, 1923, of a gratuity of 240 to Mr . John Riordan, Bawnmore, Macroom, Co. Cork.

(9461).Wt.5493-20.2.1000.3/24.A.T.\&Co.,Ltd.


## 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, Gratuity and and signed, by the person to whom the $\frac{\text { Pension or }}{\text { Gratuity and }}$ Allowances $\frac{\text { is }}{\text { are }}$ 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).....Rịordan. John . Number of Award Certificate... $2 / \mathrm{p} / 143$.

Award granted in respect of...................................................................
(If you are the Pensioner give particulars of wounds, or if you are receiving allowance as a relative of a deceased soldier state
(If you are the Pensioner give particulars of wounds, or if you are receiving
deceased's name and relationship).

Received
Killed whilst serving as......
Killed (insert rank)

## Volunteers



Particulars of Adults (other than claimant) included in Pension/Gratuity or $\frac{\text { ard }}{\text { and }}$ Allowances Hannah Riordan Bawnore Co. Cork daughter of Applicant


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


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 Office, a BarristerOaths.

I hereby declare that I am the person named in (1) above, and that I am en ${ }^{-\mathrm{l}}$ ed to the Resin Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such $\frac{\text { PO Now, or or }}{\text { Gratuity and }}$ Allowances has/have been granted to me. I further declare that those persons mentioned in (2) above are alive on this the.... 30 .th..........day of . .July

## CERTIFICATE.

I hereby certify that I have seen the person who signed the above Declaration, alive on the date stated against my name; that hesse was in possession of the Award Certificate bearing the number entered in (1) above; that he/ske 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
Date....30th. July . 1.984.
Rank or Profession
Savor

Full Postal Address
macron
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."

