

Application No.

S/3985

"Please fill up and return to:—
Asst, Chief Pay Officer,
Portobello,
Dublin"

Claim No.

Declaration to be made by a Claimant for Dependents' Allowance in respect of an Unmarried Soldier and forwarded to Asst. Chief Pay Officer, Portobello Barracks, Dublin.

Unless this form is duly completed in respect of each Claimant, each month, no issue of the allowance will be made.

The Claimant must in every case get the Certificate at the bottom of the Form completed by the local Clergyman or Doctor, Approved Society, Trade or Friendly Society Secretary.

I declare I am the (Relationship) Mother
of Name Volunteer Patrick M^cEllin Army No. 32122
Rank Private Unit North Mayo Brigade
At present stationed at Westport (No 5 Post)
and I claim Dependent's Allowance for the month of since he attested last May
on the grounds that I am mostly dependent upon him. He contributed the
sum of £1. 4. 0 (Employed by Conquest D. Bd.) Shillings per week to me before enrolling.
my husband is (state whether alive or dead) dead
(if alive) and earns _____ shillings per week.

The other members of my family are:—

Name	Age	Earning per week	Amt. of support given
<u>John M^cEllin</u>	<u>15</u>	<u>nil</u>	
<u>Michael "</u>	<u>33</u>	<u>working on my farm (6 acres ST)</u>	

RECEIVED

18 NOV 1922

Signature of Claimant Mary M^cEllin
Full Address of Claimant Mark W. Ruane, Greyfield, Kiltinagh, Rosmoy.

Certificate to be signed by the local Clergyman or Doctor, Approved Society, Trade or Friendly Society Secretary.

I certify that I have this day seen the Claimant referred to above. I believe the above declaration by the Claimant to be correct in every particular.

Signature John T. Ruane (See Kiltinagh Branch N.T.O.)
Profession National Teacher
Address Kiltinagh Rosmoy.
Date 15th November 1922

NOTE.—Casualties occurring after the rendering of this form, and before the end of the month to which the form relates, should be immediately reported to the Asst. Chief Pay Officer, Portobello Barracks, Dublin.

Application No. S/3985

Claim No. _____

Military Archives

ABSTRACT FROM ATTESTATION FORM.

Army No. 32122 Rank _____ Name (Surname) McEllin Patrick
first.

Unit or Dept. 1st. Midland Station _____

Age 21 Occupation Farmer Religion Catholic Married or Single Single

Birth Place: Greyfield, Kiltinagh, Co. Mayo

Residence Address: Same

Previous Service 4 yrs. Rank _____ Coy. A. Bttn. III Bde. 5. Mayo

If Married Name of wife _____

Home Address _____

Name & Ages of Children under 14 years of age.

- 1. _____
- 2. _____
- 3. _____

If Single, Name and relation of Dependent _____

Address: _____

Period for which applied 1 year Date of Attestation 19. 5. 22

Place of Attestation _____ Unit _____

Regiment Units (if any) _____

Rate of Allowances at Attestation: -

Personal _____ per day.

Particulars of other Pay and Allowances. _____

Military Service Pensions Collection

Abstract taken by Wm. Hogan Date 23. 11. 22

Military Archives

*2066
18.12.22* X

DEPENDENT'S CLAIM FORM

TO CLAIM INVESTIGATION

The following particulars are an abstract of the Statement of Claim in respect of application No 3/3985

Army No. 32122 Rank Pte. Name Mc. Ellin Patrick
Unit NORTH MAYO Station Westport
Home Address Greyfield
Hillinagh
Co. Mayo

Particulars of Dependents:-

Name Mary Mc. Ellin Relationship Mother
Wholly or Partially Dependent Partially
Is Father alive no If working (wages) _____

PASSED FOR PAYMENT.
RETURNED TO ARMY
PAY CORPS
20 JAN. 1923

Special Circumstances in Case (if any) _____

Inspector's Report _____

Investigator's Decision and (if favourable) _____

Authorization to Pay 14/psw. Continue for a period n.e 6 months after colon's death

RECEIVED IN CLAIMS INVESTIGATION BRANCH
DATE
12 DEC. 1922

19.1.23
Mr K19

SIGNATURE *Seamus de Chinnery* X

Military Archives

Appln NUS/3985.

Mr. Elhin joined up last May at
Athlone, & was attached with Mayo
Brigade.

J. F. Ruane

Military Service
Pensions Collection

CI. 1.

Application No. *S/3985*

AN AIREACHT CHOSANTA: ROINN AN AIRGID.

ARMY DEPENDENTS' CLAIMS.

INVESTIGATION BRANCH.

Form of inquiry to be filled by Officer making investigation. To be used only in case of Single men with Dependents.

Army No. *52122* Unit. *10th Mayo* Rank. *Vol.* Name. *McEllin Patrick*

Home Address. *Greyfield, Kiltinagh, Comragh.*

Name and Address of Dependent named in Application. *Mary McEllin*

Relationship. *Mother*

Whether Total or Partial Dependence Claimed. *Partial*

If Father living. *no* Name. *-* Earnings. *-*

If any other members of family live at home, give particulars as follows:—

Name.	Earnings per Week.	Amount of Weekly contribution to upkeep of home.	Estimated Cost of Board.
<i>Michael McEllin</i>	<i>nil at present</i>	<i>works farms of his rough land</i>	
<i>John McEllin (age 18)</i>	<i>nil at school</i>	<i>nil</i>	<i>10/- per week</i>
<i>(The work of farm was done by soldier as Michael returned from England to carry on after Patrick enlisted.)</i>			

Occupation of Soldier before Enlistment. *working farm + employed by C D Board.*

Was he in regular employment? *Yes* Amount of Wages. *24/-* Verified? *See note*

Amount contributed to home before Enlistment. *24/-* Estimated cost of Board. *12/-*

Any other members of family in Army? *No* If so, give names and units. *-*

(Note re earnings: on enquiry of Foreman C D Board deceased was employed from 27 Mar 22 for 34 days @ 4/- per day - any work done previous to that under the direction of C D B was unpaid - as it was breaking up land by tenants for their own use.)

Have claims for Dependents' Allowance been made in respect of any other such members of the Family who are Soldiers? *-*

Is any Dependence whatever established in this case? *Yes*

If so, is it full or partial? *Partial* * If partial, can any indication be given as to the extent. *sent about 20/- per fortnight while in Army*

This soldier was killed at *24 Nov 1922 at Newport.*
Signed by Officer making inquiry. *M. Feely*

Dated. *12/1/23*

NOTE.—The Maximum Allowance in the case of an unmarried Soldier is 4s. a day or 28s. a week.

* The Investigating Officer is only required to answer this question when he is in possession of any special local information which would affect the degree of dependency.

*Martin
Cunniff
Foreman
C.D.B.
John
McNicolas
D'gealor*

*Sub-Commissioner of
Westport*



Claim No. *Rs.u. 3.444*

DEPENDANTS' ALLOWANCE, LIFE CERTIFICATE.

NAME *Mary M^{rs} Keon*

ADDRESS *Crowenstown, Dublin Co. Westmeath.*

Is requested to complete and sign the following declaration and return this form to the Officer in Charge, Dependants' Allowance Branch, Portobello Barracks, Dublin.

IF THIS FORM, DULY COMPLETED, IS NOT RECEIVED BY THE OFFICER I/C DEPENDANTS' ALLOWANCE BRANCH WITHIN 14 DAYS FROM DATE OF ISSUE OF THIS FORM, PAYMENT OF THE ALLOWANCE WILL BE STOPPED PENDING THE RETURN OF THE FORM DULY CERTIFIED.

ANY FALSE STATEMENT KNOWINGLY MADE IN FILLING UP THIS DECLARATION WILL RENDER THE PERSON MAKING IT LIABLE TO PROSECUTION AND FORFEITURE OF ALL ALLOWANCE.

DECLARATION.

I hereby solemnly declare that I am the person entitled to the allowance of £ *14* per fortnight which is paid to me as

the *Mother* of *Michael*
(Relationship to Soldier) (Name of Soldier)

Crowenstown, Dublin Co. Westmeath
(Home Address of Soldier)

who is on this date serving in the Army, and that all the dependants for whom the above allowance is drawn are alive and benefitting from it; and that I am not aware of any reason why the payment should be reduced or stopped.

The following children are still *living* and *in my care*.

	Full Name of Child	Date of Birth	Relationship to Soldier
Insert particulars of all children in respect of whom an allowance is being paid, who are <i>living</i> and in <i>your care</i> .	<i>Mary Elizabeth - M^{rs} Keon</i>	<i>—</i>	<i>Sister</i>

Insert here particulars of any of the soldiers' children *not* in your care, stating where now living.

Military Archives

Date.....

Signature.....

Full Address.....
.....

Relationship
to Soldier.....

Certificate to be signed by the local Clergyman or Doctor, Approved Society, Trade or Friendly Society Secretary.

I certify that I have this day seen the person who signed the above declaration and I believe it to be correct in every particular.

Signature..... *Pahret Tuite*
top

Profession.....

Address..... *Delvon*

Date..... *1 Nov 23*

Military Service Pensions Collection

Signed,

R. UA MAOLCATA,
Aire Chosanta.

Date of Issue.....