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3106

Military Archives



Military Service  
Pensions Collection

DEPARTMENT'S ALLOWANCE

C & E  
27.12.22

TO CLAIM INVESTIGATION

Military Archives

The following particulars are an abstract of the

STATEMENT OF CLAIM in respect of Application No. 5/4321

Army No. 9215 Rank \_\_\_\_\_ Grade Roche Cornet

Unit 3rd Tipp Station Killed in Action 16th Aug '22

HOME ADDRESS Bridge Street  
Cahir  
60 Tipp

Particulars of Dependents:-

Name Johanna Roche Relationship Mother

Wholly or partially dependent Entirely

Is Father alive no Age \_\_\_\_\_ If working (ages) \_\_\_\_\_

Special circumstances in case (if any) \_\_\_\_\_

Inspector's Report \_\_\_\_\_

Investigator's decision and (if favourable) \_\_\_\_\_

Authorization to Pay y/pw

RETURNED TO ARMY  
PAY CORPS  
12 JAN 1923

RECEIVED IN CLAIMS  
INVESTIGATION BRANCH  
22 DEC 1922

Yes  
M/I

DATE 8.1.23

SIGNATURE

Seamus O'Connell

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ABSTRACT  
FROM ATTESTATION FORM

APPLICATION NO. S/4321

Serial No. \_\_\_\_\_

Army No. 9215 Rank \_\_\_\_\_ Name Roche Cornelius

Unit or Dept 3<sup>rd</sup> Tipp Station Silkenny Bks.

Age 20 Occupation Labourer Religion Catholic Married Single

Birth Place Bridge Street, Cahir Co Tipp.

Home Address Bridge Street, Cahir, Co Tipp.

Previous Service 3 yrs. Rank \_\_\_\_\_ Coy H Batt 6<sup>th</sup> Bde 3<sup>rd</sup> Tipp

If Married Name of wife \_\_\_\_\_

Home address \_\_\_\_\_

Name & ages of children under 14 years.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

If single; Name and relation of dependent Mrs. Joe Roche (Mother)  
Address as above

Period for which enrolled \_\_\_\_\_ Date of attestation 27-5-22

Rank at Attestation \_\_\_\_\_ Unit \_\_\_\_\_

Subsequent Units (if any) \_\_\_\_\_

Rate of Allowances at Attestation:-

Personal \_\_\_\_\_ per day.

Particulars of other pay and allowances.

Abstract taken by Thos Reid Date 6/12/22

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### Declaration to be made each month by a Claimant for Dependants' Allowance, and forwarded to 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.

\* Insert wife, mother, &c., as the case may be.

I declare that I am the\* Mother (Widow)

\*\* Insert number, name and rank of the soldier.

of \*\* Cornelius Roche Volunteer (Killed in action 16<sup>th</sup> Aug<sup>t</sup> 22

† Insert name of unit of the Army in which the soldier is serving.

of † 3<sup>rd</sup> Lip. Brigade

and I claim dependants' allowance for the month of June

†† In the case of wives insert here the particulars of any children.

The Christian names and ages of my children are as follows:—††

	Age	Yrs	Months
Patrick J. Roche	15	4	
Edith Roche	10	4	
E. Wangelist Roche	8		
William Roche	6		

Signature of Claimant Johanna Roche

Full Address of Claimant Bridge St Caher  
Co Lip.

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 M J O'Connell

Profession MBR

Address The Square Caher

Date 14/5/23



**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 Pay Officer.

