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FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

6 JAN 25

34 MOLESWORTH STREET,



DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.

Military Service
Pensions Collection

DEPARTMENT. PENSIONS ARMY

CERTIFICATE. LIFE

NOTICE. This Certificate is Government Property. It is no security whatever for debt.

| No further payment of $\frac{H}{G}$ | Pension or 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 the persons mentioned in the margin; and until the completed form has been received in |
| the Army Pensions Department. | |
| | Name (in full, Surname first). Number of Award Certificate. Rate of Gratuity or Pension and Allowances. Award granted in respect of Wound to Gratuity of Allowances as a relative of a deceased soldier state deceased whilst serving as in Volunteers Received Whilst serving as Color of Volunteers (insert rank) Volunteers (insert month) (year) |
| (2). Insert in full occupations of adults, and ages and occupations of children. | Particulars of Adults (other than claimant) included in Pension/Gratuity or and Allowances 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 enatled to the Pension or Allowances specified, I having been notified by the Secretary, Army Pensions Department, that such Pension or Gratuity and declare that those persons mentioned in (2) above are alive on this the day of Signature (in full). Signature (in full). Full Postal Address. |
| | I hereby certify that I have seen the person who signed the above Declaration, alive |

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 Barristerat-Law, a Solicitor, or a Commissioner for Oaths. Oaths.

I further certify that I know those persons mentioned in (2) above to be alive on the date stated against my name.

Signature Mary O'Connor Date 6 Jan 25

Rank or Profession Postmestress Full Postal Address Ballinamore Bridge

payable.

Ballin askl

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

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."

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

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,



A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.



No further payment of

ARMY PENSIONS DEPARTMENT.

LIFE GERTIFICATE.

NOTICE.—This Certificate is Government Property. It is no security whatever for debt.

Allowances will be made until the following Declaration has been filled in,

 $\frac{\text{Pension} \quad \text{or}}{\text{Gratuity and}}$

| and signed, by the person to form has been signed by one of the Army Pensions Department | 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 the persons mentioned in the margin; and until the completed form has been received in . |
|---|---|
| (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). Rate of Gratuity or Pension and Allowances. Award granted in respect of Allowances 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 Allowance with the Citizen Army, 1916, in National Forces (insert month) (year) |
| (2). 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." | 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, Arr Pensions Department, that such Pension or Gratuity and declare that those persons mentioned in (2) above are alive on this the day of Signature (in full). Signature (in full). Full Postal Address. |
| 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 Barristerat-Law, a Solicitor, or a Commissioner for | 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 |

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

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."