

SAORSTÁT ÉIREANN.

36935

B. DEPENDENT'S FORM.

FOR USE BY THE DEPENDENTS OF PERSONS WHO DIED AS THE RESULT OF INJURIES SUSTAINED.

Éin-fhreagra ar an litir seo, is mar seo ba chóir é stiúradh :

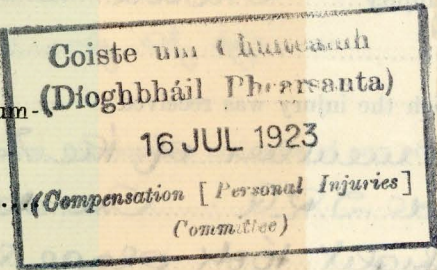
(Any reply to this communication should be addressed to) :

An Rúnaidhe, fé'n uimhir seo : (and the following number quoted) :

COISTE UM CHÚITEAMH (DÍOGHBHÁIL PHEARSANTA) (Compensation (Personal Injuries) Committee),

125 Sráid Bhagóid Íoch (125 Lower Baggot Street),

Baile Átha Cliath.



.....19.....

A CHARA,

I am directed by the Compensation (Personal Injuries) Committee to forward herewith a Form of Application for Compensation ; and to request you to return this form, by post, with your replies as soon as possible to this Office.

I am to inform you that answers to the queries on the Form will constitute the basis of your application and if, on investigation, any of the statements are ascertained to have been falsely made within your knowledge, the Committee may recommend that no compensation shall be awarded.

On receipt of this Form, with particulars of the claim set out therein, the Committee, if it is considered necessary, will inform you of the time and place fixed for the hearing of the case.

Extracts from the terms of reference to the Committee, showing the classes of cases with which it will deal, are enclosed.

Mise, le meas,

D. P. SHANAGHER,

Rúnaidhe.

To/ James O'Riordan.....

.....Louisa.....

D. Casey, 72, St. Michael's Street

1. Name of Applicant in full..... James V. Riordan.....
2. Present postal address of applicant..... Buncane Knockanerin Kelfuane Co. Sligo.....
3. If a woman, whether married woman, widow or spinster.....
4. Name of the deceased in full..... William V. Riordan.....
5. Address of the deceased at time of injury..... Buncane Knockanerin Kelfuane Co. Sligo.....
6. Full particulars of the injury sustained by the deceased, setting out clearly :
- (a) The date of the injury..... 2nd May 1921.....
- (b) The place where the injury was received..... Sackeely Co. Sligo.....
- (c) The person or persons who caused the injury..... Brown forces.....
- (d) The circumstances in detail under which the injury was received :
 Deceased was a member of the East
 Sligo Brigade I.R.A. On date
 mentioned a fight took place between
 the Brigade and Brown forces.
 Deceased was shot and died
7. The date of the death (attaching herewith a certified copy of the registration of the death).....
 2nd May 1921.....
8. Was the injury the immediate cause of the death? If not, what other causes supervened?.....
 Yes
 See para
9. Give full particulars :
- (a) Of the nature and extent of the injury.....
 See paragraph 6 (d).....
- (b) And of the medical and/or hospital treatment received.....
10. Has the applicant certificates of medical gentlemen showing the nature of the injury and the cause of death? If so, please attach the certificates.....
11. Under which sub-paragraph (1, 2 or 3) of paragraph 1 of the Terms of Reference does the applicant ask to be paid compensation? Give particulars of the circumstances which bring the applicant within the particular sub-paragraph.....
 See paragraph 2.....
12. Give the following particulars as to the deceased :
- (a) Age of deceased?..... About 28 years.....
- (b) Was he (or she) married or single?..... Single.....
- (c) Names, present addresses and ages of any children who now survive :

13. State the relationship of the applicant to the deceased *father*

14. Give particulars of the way in which and the extent to which the applicant was dependent on deceased.

Applicant was a farmer. Deceased then helped him in the management and working of farm.

15. Names, addresses, relationship and ages of any other dependents of the deceased :

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

16. Give particulars of the dependency of the above persons to the deceased :

see reply to No. 14

17. Give particulars of the occupations at the time of the injury and at the present time of the applicant and of the above dependents :

see No. 14

18. Name and address of the deceased's employer at the time of the injury :

I R a

19. Wages or salary of the deceased at the time of the injury

20. Amount and nature of deceased's income from other sources at the time of the injury

21. Give particulars of the compensation or other monies paid to the deceased after the injury and before the death, or to any other person in consequence of the injury :

(a) By the employer or anyone on his behalf under the Workmen's Compensation Act.....

none

(b) By any Society under the National Insurance Act or by any Club or Society otherwise

None

(c) By the White Cross or other relief organisation... *Got some from White Cross*

None

(d) By any other person or body... *Some from Mr Hayes J.D.*

22. (a) Was the deceased person insured? *no*

(b) If so, give particulars of the name or names of the company or companies and amount paid by same in respect of the death.

None

23. Is the applicant or any of the above dependents eligible for any award under any law making provision for army pensions.

no

24. Did the deceased or the applicant or any other person obtain a decree under the Criminal Injuries Acts in respect of the injury? If so, give date and other particulars of the decree.

no

25. Has the British Government undertaken liability in respect of the injury and death?

no

26. Amount of compensation applied for, with particulars of how the total is made up.

Five thousand pounds for loss and benefit

27. Names and addresses of the witnesses (if any) whom the applicant desires to be called to bear out the above statement. (The Committee reserves to itself the right of determining whether the applicant or any of the witnesses shall be called or not.)

*General O'Mahony
Sands Office Dept. of Agriculture Dublin*

Signature of Applicant's *Solr Daniel Casey*

Dated this *12th* day of *July* 1923.

**Military Service
Pensions Collection**