SAORSTAT ÉIREANN.

AIREACHT CHOSANTA (MINISTRY OF DEFENCE).

ROINN NA bPINSEAN AIRM
(ARMY PENSIONS DEPARTMENT).

| Register Number | | | From whom, number, and date | | | Officer or Soldier | | | | | | |
|-----------------|------|-------------|--------------------------------------|---------------------------------------|------|--|----------------|------|--------------|------|-------------|------|
| | | | mu | chael I | fave | ele | Nam | e | avelle. | nuc | hael | _ |
| E. 194. | | | Muchael Lavelle Corry Westport | | | Name Javelle Michael Rank Dle Unit N.A. Army No. Date of Death | | | | _ | | |
| | | | | | | | Addı | ess | broy estport | Di | scharge | |
| Referred to | Date | Referred to | Date | Referred to | Date | Referred | | Date | Referred to | Date | Referred to | Date |
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Willitary Archives

FOLD ALONG THIS LINE.

SAORSTÁT ÉIREANN.

(A STAMP IS NOT REQUIRED.)

THE PAY OFFICER,

MINISTRY OF DEFENCE,

ARMY PENSIONS DEPARTMENT,

34 MOLESWORTH STREET,

DUBLIN.

A.P. A/cs 4.

NOT TO BE PLACED IN AN ENVELOPE.

FOLD ALONG THIS LINE.



Reference No. 6 1914

ARMY PENSIONS DEPARTMENT.

LIFE CERTIFICATE.

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

| AAAIII | |
|---|--|
| No funther necessary of | Pension or Allowances will be made until the following Declaration has been filled in, |
| | Gratuity and |
| 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). Lastelle Michael |
| | Number of Award Certificate. 40 4 9 6 3 2 |
| | |
| (1). | Rate of Gratuity or Allowances 2 10 . 0 . 0 per week annum. |
| To be filled in by the person claiming Pension, or, if that person is unable to write, | to about 100 and in broth locate |
| by someone on his/her behalf. | 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 |
| | deceased's name and relationship). |
| | Received whilst serving as Two in Citizen Army, 1916, in 23 Och 1922 |
| | Killed (insert rank) National Forces (insert month) (year) |
| | Contraction of Alleganian or A |
| | Particulars of Adults (other than claimant) included in Pension/Gratuity or and Allowances |
| | |
| (2). Insert in full occupations of adults, and < | or All |
| ages and occupations of children. | Particulars of Children included in Pension/Gratuity or and Allowances |
| | |
| | |
| | I hereby declare that I am the person named in (1) above, and that I am entitled to |
| | |
| (3). | the Pension or Gratuity and Allowances specified, I having been notified by the Secretary, Army Pensions |
| To be signed, in the presence of the person | Department, that such Pension or Gratuity and Allowances has/have been granted to me. I further |
| who signs the Certificate hereunder, by the person making the Declaration. If he/she is unable to write he/she must affix his/her | declare that those persons mentioned in (2) above are alive on this theday of |
| mark thus "X." | |
| | Signature (in full). Muchael Lavelle |
| | Full Postal Address Croy West front Co Maya |
| | |
| | CERTIFICATE. |
| | 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 |
| This Certificate MUST be signed by one of the following:—A District Justice or | payable. I further certify that I know those persons mentioned in (2) above to be alive on the |
| Divisional Magistrate, a Peace Commissioner, an Official of the Civic Guard or D.M.P. not below the Rank of Inspector or Station | date stated against my name. |
| Sergeant, a Postmaster or Postmistress in actual charge of a Post Office, a Barrister- at-Law, a Solicitor, or a Commissioner for | Signature James Juddy Date 16 2 Dept 192 |
| Oaths. | Rank or Profession Feach Commissioner, Mayo |
| | Full Postal Address Shap St, Westport |
| | Full Tostal Address. |
| | |

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."

Military Archives

ARMY PENSIONS ACT, 1923.

CLAIM FOR WOUND PENSION OR GRATUITY.

| Applicant's Name. MICHAEL | LAVELLE, |
|-------------------------------------|---------------------|
| AddressCroy, | Westport, Co. Mayo. |
| | REPORT RANGER |
| Army NoRan | k Private. |
| *Force in which served | ational Army. |
| | |
| Unit | Battalion. |
| Married or single at date of Injury | Single. |
| Date of Discharge Medically Unfit | 11-3-24. |
| | |

Particulars of Payments made from Army Funds to Applicant since his discharge from the Forces.

Military Service Pensions Collection

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

Particulars of any Payments received in compensation from the person responsible for the wound or injury.

Military Archives

Medical Board Report:

20% (less than twenty) - Low.

Military Service
Pensions Collection

P.B.81.

RECOMMENDATION OF ARMY PENSIONS BOARD.

| Army Fin | ance Officer. | | |
|--------------------|--|-------------------------------|-------------|
| I am | to request that you will place | before the Minister for Defen | ice the re- |
| | edule, paraof t | ard that in accordance with | |
| •••• | Michael Lavelle, | | |
| a pension gratuity | The second of th | weekly- per annum | |
| that in | accordance with Section 2 | of the Act a further | pension |
| σ f | CCC1 (4) :0 | weekly per annum | |
| , blo pe | ension and further pension to b | e payable from | |
| | to | al leadeld, wot Olilo | to grand by |
| | | | |
| 3 5 | ent 1924. | m Jur | Aunaidhe. |
| Mini s | ter of Defence. | | |
| | Submitted and recomm | mended. | |
| 5 ch & | plinbe 1924 Military | Army Finan | Ulwan |
| | ensions (| | |

Ministry of Finance.

Subject to the consent of the Minister of Finance I propose to grant

a allowance in accordance with the foregoing recommendations of the Army

Pensions Board.

2. C. me Gragoer

Minister for Defence.

To/

lak.

Army Finance Officer.

S.82/1253/24.

The Minister for Finance consents to the grant by the Minister for Defence under Section 1 of the Army Pensions Act, 1923, of Croy, a gratuity of £10 to Mr. Michael Lavelle, Westport, Co. Mayo.

DEFENCE DEFENCE & CELP. OLA BURNING & CO. S. C. S. C.

Swedl It September, 1924.

Military Service Pensions Collection