



STATE OF MAINE
OFFICE OF THE ADJUTANT GENERAL
AUGUSTA

ALIEN REGISTRATION

..... *Sauford*, Maine
Date *July 1-1940*
Name *Marie Crabbe Allaire*
Street Address *17 Cottage St.*
City or Town *Sauford, Maine*
How long in United States *6 yrs.* How long in Maine *5 yrs.*
Born in *Quebec, N.B. Canada* Date of Birth *May 12-1915*
If married, how many children *None* Occupation *Nurse*
Name of employer *Henrietta C. Goodrich Hospital*
(Present or last)
Address of employer *Sauford, Maine*
English..... Speak *Yes*..... Read *yes*..... Write *yes*.....
Other languages *None*.....
Have you made application for citizenship? *Yes. Has first papers.*
Have you ever had military service? *No*
If so, where?..... When?.....
Signature *Marie Crabbe Allaire*
Witness *Marie Greenman*