



STATE OF MAINE
OFFICE OF THE ADJUTANT GENERAL
AUGUSTA

ALIEN REGISTRATION

Lewiston Falls, Maine

Date *June 28. 1946*

Name *Dorothea V. Brown*

Street Address *Park St.*

City or Town *Lewiston Falls.*

How long in United States *17 yrs.* How long in Maine *6 yrs.*

Born in *U.S.* *Canada.* Date of birth *March 16. 1915*

If married, how many children *2.* Occupation *housewife.*

Name of employer
(Present or last)

Address of employer

English..... Speak *yes* Read *yes* Write *yes*

Other languages.....

Have you made application for citizenship? *yes.*

Have you ever had military service?.....

If so, where?..... When?.....

Signature *Dorothea V. Brown*

Witness *M. Allen*