



STATE OF MAINE  
OFFICE OF THE ADJUTANT GENERAL  
AUGUSTA

**ALIEN REGISTRATION**

.....*Lewiston*....., Maine

Date *June 28, 1940*

Name *Joël Carrier*

Street Address *358 Russell*

City or Town *Lewiston*

How long in United States *24* How long in Maine *24* *18 yrs*

Born in *St Francis P.Q. Canada* Date of Birth *Dec 25, 1887*

If married, how many children *3* Occupation *Carpenter*

Name of employer *H. Mary's Hospital*  
(Present or last)

Address of employer *Lewiston, Maine*

English ..... Speak *yes* ..... Read *yes* ..... Write *no* .....

Other languages *French* ..... *yes* .....

Have you made application for citizenship? *no*

Have you ever had military service? *no*

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

Signature *Joël Carrier*

Witness *Lucille Dulac*

RECEIVED A.G.O. JUL 2 1940