

A



STATE OF MAINE
OFFICE OF THE ADJUTANT GENERAL
AUGUSTA

ALIEN REGISTRATION

Name *Allen Clark Allen* *ALLEN*
 Street Address *2015 Washington Ave*
 City or Town *Portland Maine*
 How long in United States *38 yrs.* How long in Maine *23 years*
 Born in *New Brunswick* Date of Birth *Aug 17th*
 If married, how many children *Widow* Occupation *Farmer*
 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 - not completed*
 Have you ever had military service? *No*
 If so, where?..... When?.....
 Signature *Allen Clark Allen*
 Witness *Myself J. J. J. J.*