

State of Maine
Office of the Adjutant General
Augusta

ALIEN REGISTRATION

.....*Portland*.....Maine

Date*4/29*.....1940

Name*Thomas Foley*.....

Street Address*245 B Spring St*.....

City or Town*Portland*.....

How long in United States*15 yrs*.....How long in Maine*15 yrs*.....

Born in*Co Galway Ireland*.....Date of Birth*6-23-1900*.....

If married, how many childrenOccupation*Laborer*.....

Name of employer*Winslow Parsons*.....
(Present or last)

Address of employer*Deering*.....

EnglishSpeak*Yes*.....Read.....*Yes*.....Write.....*Yes*.....

Other languages

Have you made application for citizenship?.....*Yes*.....

Have you ever had military service?.....*No*.....

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

Signature*Thomas Foley*.....

Witness*Reuben Lynch*.....