



STATE OF MAINE
OFFICE OF THE ADJUTANT GENERAL
AUGUSTA

ALIEN REGISTRATION

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

Date *June 27 - 1940*

Name ~~*Joseph J. Leclerc*~~ *Geraphine Fontaine*

Street Address *Hopital St Marie*

City or Town *Lewiston Me*

How long in United States *33 years* How long in Maine *33 years*

Born in *Canada* Date of Birth *25 Feb*

If married, how many children *no* Occupation *General Housework
H opital St Marie*

Name of employer *St. Maries Hospital*
(Present or last)

Address of employer *Lewiston*

English *no* Speak _____ Read _____ Write _____

Other languages *French*

Have you made application for citizenship? *no*

Have you ever had military service? *no*

If so, where? *no* When? *no*

Signature *Mrs Geraphine Fontaine*

Witness *Joseph J. Leclerc*

RECEIVED A.G.O. JUL 2 1940