



STATE OF MAINE
OFFICE OF THE ADJUTANT GENERAL
AUGUSTA

ALIEN REGISTRATION

..... *Skowhegan*, Maine
Date *June 27, 1940*
Name *Flourance J. Earle*
Street Address *P. F. D # 1*
City or Town *Skowhegan, Maine*
How long in United States *13 years* How long in Maine *13 years*
Born in *New Brunswick* Date of Birth *Aug 10, 1909*
If married, how many children *2* Occupation *Housewife*
Name of employer
(Present or last)
Address of employer
English *X* Speak *X* Read *X* Write *X*
Other languages *none*
Have you made application for citizenship? *Have second papers + have applied for final*
Have you ever had military service?
If so, where? When?
Signature *Flourance Jane Earle*
Witness

RECEIVED A. G. O. JUN 28 1940