

# JAMAICA LEGION B.C.E.L.



## APPLICATION FORM

Date received:-..... From:-..... File No:-.....  
(Name of Branch)

**N.B. MEDICAL CERTIFICATES MUST ACCOMPANY APPLICATIONS WHERE A MONTHLY CASH ALLOWANCE IS ASKED FOR SICK APPLICANTS. EVERY QUESTION SHOULD BE ANSWERED.**

1. Surname:-..... Christian Names:-.....  
(In Block Capitals) (In Block Capitals)

2. Address:-.....  
(Give Name of Street & House No. Name of District, Post Office or Postal Agency)

3. Year of Birth:-..... Service or Regimental No:- } Rank:-.....

4. Unit Served In:-..... Dated Enlisted:-.....  
(Ship, Regiment, Squadron)

Date Discharged:-.....

5. Where did you serve?.....  
(Give names of countries overseas: if Local "Jamaica" will suffice)

6. Marital Status (Indicate thus  ) Single  Married  Widower   
Divorced  Separated

7. { Number and Ages of Dependent Children:- Male..... Female.....

8. What is your trade or calling?.....

9. Are you now employed?..... Give name of Employer.....

10. How much do you earn weekly.....

11. What Rehabilitation Benefits did you receive after discharge?.....  
(If land give name of property, Parish and Acreage)

Property:-..... Parish:-..... Acreage:-.....

12. (a) Have you received Title for this land?.....

(b) Was it forfeited?.....

13. Do you own land other than that allotted you under a Rehabilitation Scheme?.....  
(State location and acreage)

14. Do you lease or rent land?..... Acreage;...../Yearly.....  
Rent paid

15. Who works on lands owned, leased or rented by you?.....

16. If land is tenanted what annual rented do you get?.....

17. If land owned is not being worked by you or tenanted to other persons, say why land is allowed to lie idle?.....

18. Do you own a house?..... is it on owned or leased land?.....

19. If you rent a house or room(s) what rental do you pay monthly?.....

20. How much monthly Pension or Allowances do you receive from sources named below?:-

Disability Pension \$..... W.I.R. Special Campaign Pension \$..... Any other Pension \$..... Poor Relief \$.....

21. What assistance do you need?.....

.....  
.....

**I UNDERSTAND THAT FALSE STATEMENTS  
OF ANY KIND WILL PREJUDICE MY CASE**

Applicant's }  
Signature } .....  
Date.....

Witness to Signature:.....  
(For use where an applicant is unable to sign his name)

**FOR USE OF BRANCH SECRETARY OR BRANCH CHAIRMAN ONLY.**

**Proof of identity as an Ex-Serviceman must accompany a first Application and must be supported by a Medical Report. Applicant's identity as an Ex-Serviceman must be proven.**

**Send in under REGISTERED COVER.**

- (a) With whom does applicant live?.....
- (b) Who looks after him?.....
- (c) Does he have grown up children? If so how many and what help does he get from them?.....
- (d) Is he sick or disabled? If so give details.....
- (e) Is this applicant able to work – even light work?.....  
What work does he do now?.....
- (f) If not working, why not?.....
- (g) Why is his land not being cultivated?.....
- (h) Comments:.....

I certify that the above information is from my own personal investigation/investigation made by  
....., a member of the Branch and information given me by the applicant.  
(Name)

(Delete what does not apply).

Branch Chairman.....  
Branch Secretary.....  
Date:.....

**LEGION SERVICE IS FREE**