

Name _____

(Christian name in full)

Occupation _____ Fishermans Book No. _____

Former occupation _____

Born at _____ on _____ day of _____

P. O. address _____

Height _____ Complexion _____ Hair _____ Eyes _____

Naturalized? _____ Date _____

Are you in good health? _____

Any infirmities? _____ Any scars? _____

Are you married? _____ How many children living? _____

Names and dates of birth _____

Give full name of person or persons to whom you desire your benefit paid _____

(If wife give christian name)

Address of beneficiary _____

What relation is beneficiary to you? _____

Is your mother living? _____ Is your father living? _____

Mother's name and address _____

Father's name and address _____

Number of sisters living _____ Number of brothers living _____

Names and addresses of sisters and brothers _____



If benefit is left to dependent other than wife, children, mother or father cause of dependency must be shown.

How much do you contribute to the support of the dependent? _____

How often do you make contributions? _____

OVER