Date, place, cause, and extent of disablement:

Date and place of admission into hospital, and where and when discharged from hospital; amount and date of Government pension or gratuity, stating which:

If assistance has already been given, state by which fund and to what extent:

If married, state ages of wife and children, if any, and if earning anything. State if father, mother, or any other near relatives alive, and if able to assist applicant:

Present means of existence, stating how applicant proposes to make a livelihood:

Present address of applicant:

Applicant's signature:

Date of application:

Signature and address of person verifying, who is requested to state shortly what he knows of applicant's character, habits, &c.

Approximate Cost of Paper.—Preparation, not given; printing (1,375 copies), £1 0s. 6d.

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