

(3-145.)

Increase INVALID PENSION.

Claimant,

P. O.,

County,

State,

Rank,

Company,

Regiment,

Rate, \$

per month, commencing

Disabled by

RECOGNIZED ATTORNEY:

Name,

P. O.,

Fee \$

Agent

to pay.

Articles filed

, 18

APPROVALS:

Submitted for

Approved for

Approved for

Examiner.

Legal Reviewer.

Medical Referee.

Discharged

Pensioned from

Original declaration filed

Arrears allowed from

PRESENT CLAIM.

Declaration filed