

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Maryland, County of Baltimore, ss:

ON THIS 4 day of August, A. D. one thousand eight hundred and ninety

personally appeared before me, a

within and for the County and State aforesaid, Richard A. Harris

aged 45 years, a resident of the City of Baltimore

County of _____, State of Maryland, who, being,

duly sworn according to law, declares that he is the identical Richard A Harris

who was ENROLLED on the _____ day of Spring, 1863, in B 39 nsc 5
(Here state rank, company and

regiment, in Military service, or vessel, if in the Navy.)

_____ in the war of the rebellion, and served at least
ninety days, and was HONORABLY DISCHARGED at Balto, on the 12

day of December, 1864. That he is partially unable to earn a support by

reason of Paralysis of right side, disease of
(Here name the disease or injuries from which disabled.)

Lead, affection of feet, disease of eyes and ears,
disease of kidneys and affection of back all in
curved at the service

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That

he has not applied for pension under application No. _____. That he is a pensioner

under Certificate No. _____

(If a pensioner, the Certificate only need be given. If not, give the number of the former

application if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the
provisions of the Act of June 27, 1890. He hereby appoints

W. Parlett Lloyd of Baltimore, Md.

his true and lawful attorney to prosecute his claim, and he directs that the sum of ten dollars be paid him for his
services.

That his POST OFFICE ADDRESS is 1304 Smith Alley near Central Ave

County of Baltimore State of Maryland

R. A. Harris
(Signature of Claimant.)

(Two Witnesses who can write, sign here.)