

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 9 day of August, A. D. one thousand eight hundred and ninety

personally appeared before me, a

within and for the County and State aforesaid,

aged 57 years, a resident of the

County of _____, State of Md., who, being

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

who was ENROLLED on the _____ day of _____, 1864, in C. F. 39 U.S.C.T.

transferred to U.S.S. "Alleghany" (Here state rank, company and

Navy 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 Balt., on the

day of Aug, 1865. That he is partially unable to earn a support by

reason of rheumatism, and asthma, affecting eyes,

and weak backed kidneys. (Here name the disease or injuries from which disabled.)

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

he has _____ applied for pension under application No. 14685. That he is a pensioner

under Certificate No. and believe said claim to be

complete and established. (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

Wm. Lloyd of Baltimore, Md.

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

services.

That his POST OFFICE ADDRESS is 1120 Brewer's alley

County of Baltimore State of Md.

B. B. Lewis Wm. Lloyd

H. Ric Wm. Lloyd

(Two Witnesses who can write, sign here.)

(Signature of Claimant.)