

Act Approved May 1, 1920.

# DECLARATION FOR PENSION.

Number Gert. 1,019,179

Claimant John Morrall

Service Quartermaster Sergeant

U. S. Col. Troops

*[Signature]*

This form is only to be used by or in behalf of one who desires to claim original pension or under section 2 of the act of May 1, 1920, because he requires the regular personal aid and attendance of another person. The declaration and testimony in support thereof should be executed before some officer authorized to administer oaths for general purposes.

**FILED BY**

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Section 2 reads as follows: That every person who served ninety days or more in the Army, Navy, or Marine Corps of the United States during the Civil War, and who has been honorably discharged therefrom, or who, having so served less than ninety days, was discharged for a disability incurred in the service and in the line of duty, or is now upon the pension rolls as a Civil War veteran, and every person who served sixty days or more in the War with Mexico, or on the coasts or frontier thereof, or en route thereto, during the war with that nation, and was honorably discharged therefrom, and who is now, or hereafter may become, by reason of age and physical or mental disabilities, helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, shall be entitled to and shall be paid a pension at the rate of \$72 per month.

### INSTRUCTIONS.

If the applicant claims that, by reason of age and physical or mental disabilities, he is helpless or blind, or so nearly helpless or blind as to require the regular personal aid and attendance of another person, he should file with his application:

The sworn statement of the attending or family physician, describing the disabilities which require the regular personal aid and attendance of another person, and giving the date from which such aid and attendance has been required; or, if the claimant is unable to procure such statement,

The sworn statement of the claimant's attendant showing the character and frequency of the aid and attendance required, and from what date; whether the claimant is confined to the house or to his bed and, if so, whether for the whole or only a portion of the time; and the relationship existing between the attendant and the claimant.

Compliance with these instructions will expedite the adjudication of the claim.

(Signature of claimant.)

No. 5. Have you any children under 16 years of age living? If so, state their names and the dates of their birth. *Answer:*

No. 4. Were you previously married? *Answer:* If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. *Answer:*

No. 3. What record of your marriage to her exists? *Answer:*

No. 2. When, where, and by whom were you married to your present wife? *Answer:*

No. 1. Are you a married man? If so, state your wife's full name and her maiden-name. *Answer:*

Claimant should answer fully the following:

*Widowed  
Wife deceased  
April 22-1896*

MSA-SC-4126-292-145