

Declaration for the Increase of an Invalid Pension.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate of the CLERK OF THE COURT, as to the official character and genuineness of the signature of such officer must be attached. Neglect to comply with this requirement will cause trouble and DELAY.

State of Maryland, County of Baltimore, ss.

ON THIS 8 day of April A. D. one thousand eight hundred and eighty five

personally appeared before me, a _____ within and for the County and State
aforesaid, Benjamin Nicholas aged 62 years, a resident of
Baltimore County of Baltimore State of

Maryland, who, being duly sworn according to law, declares that he is a pensioner of the
United States, enrolled at the Washington Pension Agency at the rate of 5-13

dollars per month, Certificate No. 71.912, by reason of disability from eye wound
(Here name the disability for which pension was granted.)

of ankle joint secured while cutting wood
near Wildon R. B. F. Co.

incurred in the Military service of the United States, while serving as a Private
(Military or Naval.) (Here state rank, company, and regiment, if in the army; vessel
Co "E" 30 26 S. C. T.
if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of wound of
ankle for which he now draws
(Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described.
pension, the disability from
on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place
wound preventing him from
and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment
following his usual occupation,
should be given as nearly as possible.)
Seamster

that he hereby appoints with full power of substitution and revocation,
W. T. Adreon of Baltimore
his true and lawful attorney, to prosecute his claim

His Post Office address is 86 Sarah Ann St

Baltimore Md
W. T. Adreon Benjamin Nicholas
[Claimant's]

[If claimant signs]