

# DECLARATION FOR ORIGINAL INVALID PENSION.

MUST be executed before a COURT OF RECORD, or some officer thereof having custody of its seal.

STATE OF Maryland  
COUNTY OF Baltimore } ss:

On this 9th day of July, A. D. one thousand eight hundred and eighty 6  
personally appeared before me Deputy Clerk, of the Superior Court  
States, a court of record within and for the County and State aforesaid, Church  
States, aged 42 years, a resident of Baltimore  
(Give Town, County, and State; and if you reside in a city  
County of Baltimore

where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles  
State of Maryland, who, being duly sworn according to law, declares that he is the  
from nearest Post Office.)  
identical Church States who entered service under the name of  
(Name of claimant.)  
Church States

on or about the 26th day of Nov  
(Name of claimant)  
1863 as Priv in company "A" of the 19th regiment of U.S.C.  
(Give rank)  
commanded by Capt J. S. Stewart and was  
(Name of Company's Commander. If upon any General's Staff, state that fact.)

DISCHARGED at Brownsville, on or about the 15th day of  
Jan, 1867, by reason of muster out of Regt.

that his personal description is as follows: Age 42 years; height, 5 feet 4 inches; complexion,  
black; hair, black; eyes, black. That while a member of the organization  
aforesaid, in the service and in the line of his duty at Brownsville, in the State of  
Texas, on or about the 8 day of November, 1865, he incurred  
rupture of left side from carrying  
nature of disease, or the location of the wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in  
heavy loads.  
which received.)

That he was treated in hospitals as follows:  
(Here state the names or numbers and the localities of all hospitals in which treated, and  
the dates of treatment.)

That he has not been employed in the military or naval service otherwise than as stated above  
(Here state  
what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since the 15th day of Jan, A. D. 1867, he has not been employed in the military  
(Give date of last discharge from the service.)  
or naval service of the United States. That since leaving the service this applicant has resided in the  
of \_\_\_\_\_, in the State of \_\_\_\_\_

and his occupation has been that of a Labourer. That prior to his entry into  
the service above named he was a man of good, sound, physical health, being when enrolled a Farmer

That he is now \_\_\_\_\_ disabled from obtaining his subsistence by manual labor by reason of his  
(Wholly or in part.)  
injuries above described, received in the service of the United States; and he therefore makes this declaration  
for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation,

## GEORGE E. LEMON,

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has never  
received any applied for a pension. That his Post-office Address is 25 Commans St  
(If previous application has  
been made, give number of claim, if possible.)  
county of Baltimore, State of Maryland

Church States  
(Claimant's Signature.)

Two witnesses to Claimant's Signature sign here:  
(1) J. D. Gaither  
(2) John Turner

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.