

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 7 day of April A. D. one thousand eight hundred and eighty three

personally appeared before me, a Deputy Clerk of Court within and for the County and State

aforesaid, Benjamin Malone aged 56 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 Four

dollars per month. Certificate No. 63,082 by reason of disability from Gummat

wound in left wrist (Here name the disability for which pension was granted.)

incurred in the military service of the United States, while serving as a Private

Co G 19 Regt U. S. C. I. (Here state rank, company and regiment, if in the army; vessel if in the Navy.)

That he believes himself to be entitled to an increase of pension on account of Increased
disability arising from wounds in left wrist and left side
(Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place

The wound in the wrist effects the
arm to that degree as to render it
almost useless.

The wound in side affecting the
left leg and side almost to the
same extent.

that he hereby appoints with full power of substitution and revocation
of

his true and lawful attorney, to prosecute his claim.

His Post Office address is 45 Leadenhall St. Baltimore
d. d.

Res. Powell
B. H. Hobbs

Benjamin Malone
[Signature of Claimant.]
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