

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 26 day of June A. D. one thousand eight hundred and eighty nine

personally appeared before me, a Notary Public within and for the County and State

aforsaid, Joshua Wallace aged 54 years, a resident of

Baltimore County of _____ 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 Ten

dollars per month, Certificate No. 119674; by reason of disability from Shell wound of

back.
(Here name the disability for which pension was granted.)

incurred in the military service of the United States, while serving as a Pvt. Co. E. 19th

Regt. U. S. C. Troops.

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 an increased disability and his rate, above named, being unjustly and unreasonably low and disproportionate to the rate drawn by other pensioners for similar (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If or equivalent disabilities.

on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place and circumstances

Also asks a re-rating as he does not believe
he is receiving the full rate to which he is
entitled under existing laws.
of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.)

HARRISON ADDRESS

his true and lawful attorney, to prosecute his claim.

His Post Office address is 210 N. Calvert St. Balto. Md.

W. H. Bradford
W. H. Bradford
(Two witnesses who can write, sign here.)

Joshua Wallace
(Signature of Claimant.)