

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of Maryland, County of Baltimore, ss:

ON THIS 21st day of July, A. D. one thousand eight hundred and ninety

personally appeared before me, a Notary Public

within and for the County and State aforesaid, Robert Barnes,

aged 48 years, a resident of the City of Baltimore

County of _____, State of Maryland, who, being

duly sworn according to law, declares that he is the identical Robert Barnes,

who was ENROLLED on the _____ day of _____, 1864, in _____

C. K., 19 U. S. C. T., _____
(Here state rank, company and regiment, in Military service, or vessel, if in the Navy.)

_____ in the war of the rebellion, and served at least

ninety days, and was HONORABLY DISCHARGED at Balt., on the _____

day of _____, 1866 That he is partially unable to earn a support by

reason of rhumatism, affection of stomach & back and
(Here name the disease or injuries from which disabled.)

chest, piles & disease of eyes and shortness
of breath.

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent. That

he has never applied for pension under application No. _____ That he is a pensioner

under Certificate No. _____

(If a pensioner, the Certificate only need be given. If not, give the number of the former

application if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the Act of June 27, 1890. He hereby appoints

Charles Lloyd of Baltimore Md

his true and lawful attorney to prosecute his claim, and he directs that the sum of ten dollars be paid. For his services.

That his POST OFFICE ADDRESS is 123 Selman St.

County of Baltimore State of Md.

Sam. Watkins White Robert (X) Barnes

(Signature of Claimant.)

(Two Witnesses who can write, sign here.)

SC 4126-401-62