

*S. Dir*

*INVALID.*  
*G. H. M. S. C. T.*

(3-077.)

**Department of the Interior,**  
**PENSION OFFICE,**

*Oct. 24<sup>th</sup>*, 1885.

*Sir:*

*In every claim to Invalid Pension it is necessary that the following information should be furnished by the claimant, if it does not appear in his declaration.*

- 1.—He should state under oath the nature and locality of the wound or injury, or the name or nature of the disease for which pension is claimed.
- 2.—He should state under oath *when* and *where* the alleged wound or injury was received, or the disease contracted, and the *circumstances* of the origin of each.
- 3.—He should state under oath whether he has been in the military or naval service since \_\_\_\_\_, 18 \_\_\_\_\_.
- 4.—He should state without oath the names or numbers and the localities of *all hospitals* (whether regimental, brigade, division, corps, post, or general hospital) in which he was treated while in the service, giving, as nearly as possible, the dates of treatment in each. If he was not treated in the service he should state that fact.
- 5.—His post office address (and in cities the street and number of his residence) should be stated without oath.

*In the claim, No. 549,018, of Mr. John W. Owens the information indicated by paragraph No. 4 has not been furnished and should be supplied*

*Very respectfully,*

*John C. Mack.*  
*Chief Clerk*



*Geo. E. Lenton*  
*City*

*A. K. E. T.*