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 a CLERK OF A COURT OF RECORD, 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** Cecil, **ss.**

ON THIS 20 day of August A. D one thousand eight hundred and eighty.... personally appeared before me a Notary Public within and for the County and State aforesaid; John W. Owens aged ✓ years, a resident of Winchester County of Cecil State of Maryland who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the ✓ Pension Agency at the rate of ✓ dollars per month, Certificate No. 356.127 by reason of disability from ✓ Gun Shot (Here name the disability for which pension was granted.) ✓ Wounds

incurred in the Military (Military or Naval.) service of the United States, while serving as a ✓ (Here state rank, company and regiment, if in the Army: vessel if the Navy.) "G" 4th Regt U. S. C. T. Vols

That he believes himself to be entitled to an increase of pension on account of the disability above stated and hereby makes application therefor. (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, and circumstances 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.)

He further requests, if it be found that he is entitled thereto, that his pension be re-rated and more allowed from the commencement thereof, as he believes the rates allowed have been unreasonably low, and disproportionate to rates granted others for similar or equivalent disabilities.

that he hereby appoints with full power of substitution and revocation W. H. WILLS ~~& CO.~~, of Washington, D. C., his true and lawful attorney~~s~~, to prosecute his claim. His Post-Office address is Winchester Cecil Co. Maryland

John T. Owens
Claimant's Signature

B. J. Caldwell

Two witnesses who can write sign here.