DECLARATION FOR ORIGINAL INVALID PENSION

☞ MUST be executed before a COURT OF RECORD, or some officer thereof having custody of its seal.

STATE OF Maryland }
COUNTY OF Cecil } ss:

On this ~~Aug~~ 1st day of August, A. D. one thousand eight hundred and eighty 85 personally appeared before me Clerk, of the Circuit Court of Cecil Co, a court of record within and for the County and State aforesaid, John W. Owens (Name of Claimant.) aged 40 years, a resident of Winchester (Give Town, County, and State; and if you reside in a city where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles from nearest Post-Office.) County of Cecil State of Maryland, who, being duly sworn according to law, declares that he is the identical John W. Owens who entered service under the name of John W. Owens (Name of claimant.) (Name of claimant.) on or about the 4th day of Mch. 1864 as (Give rank.) in company "G" of the "4" regiment of Md. Inf Vols commanded by Cap Meeks (Name of Company's Commander. If upon any General's Staff, state that fact.) and was U.S. Army DISCHARGED at Baltimore, on or about the 1 day of May, 1865 by reason of Close of war; that his personal description is as follows: Age, 21 years; height, 5 feet 3 inches; complexion, dark; hair, black; eyes, dark. That while a member of the organization aforesaid, in the service and in the line of his duty at near Petersburg, in the State of Va, on or about the 30 day of July, 1864, he received (Here state name or nature of disease, or the location of the wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.) a gunshot wound of left thigh in action

That he was treated in hospitals as follows: U.S. Genl Hospital Fortress Monroe, Va. (Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.) Summit House, Philadelphia, Penn.

That he has not been employed in the military or naval service otherwise than as stated above (Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since the day of May, A. D. 1865, he has not been employed in the military or naval service of the United States. That since leaving the service ~~this applicant has~~ resided in the Town of ~~Port~~ Perryville, in the State of Maryland (Town or City.) and his occupation has been that of a Labor That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Labor That he is now partly disabled from obtaining his subsistence by manual labor by reason of his (Wholly or in part.) injuries above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation.

GEORGE E. LEMON,

of Washington, D. C., his true and lawful Attorney, to prosecute his claim. That he has never previously received ~~or~~ applied for a pension. That his Post-office Address is Winchester (If previous application has been made, give number of claim, if possible.) County of Cecil, State of Md

his
John W X Owens
(Claimant's Signature.)
mark

Two witnesses to Claimant's Signature sign here:

(1) I C Warner

(2) William J Sinnott