

FOR THE AFFIDAVIT OF AN OFFICER, ORDERLY SERGEANT OR COMRADE, As to Incurrence of Claimant's Disability or Disabilities.

The person making affidavit on this blank should be careful to fill in *all* the blank spaces *as fully as possible*. The paper may be sworn to before any officer authorized to administer oaths, whether he uses a seal or not.

State of Maryland County of St. Marys

In the Pension Claim No. _____ of Josiah Briscoe

late a _____ in Co. 7 of the _____ Reg't. of U.S.C.T. Vols.,

personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths John P. Waters aged _____ years, a resident of

Affiant's Name here.

Age.

Near California in the County of St. Marys and

Affiant's place of residence here.

County here.

State of Maryland who being duly sworn, according to law, states that he was a

in Co. 7 of the _____ Reg't. of U.S.C.T. Vols.,

and was well acquainted with Josiah Briscoe this applicant for Pension, and

Here affiant should state claimant's name.

know him to be the identical person of that name who served as a _____ in Company 7

_____ Regiment of U.S.C.T. Vols.

Here name the State to which Reg't. was accredited, and whether Infantry, Cavalry or Artillery.

THAT THE SAID Josiah Briscoe while in the line of duty,

Claimant's Name here.

incurred fracture in leg

Here state the wound, injury or disease claimant first incurred.

at or near Jacksonville State of Fla. on or about

State at or near what place claimant incurred his disability.

Name of State.

the _____ day of June year of 1864 under the following circumstances:

Day.

Month or season.

Year.

Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you can. from hard and fast marching.

CLAIMANT ALSO INCURRED _____

Here state the second disability claimant incurred, if he incurred more than one.

at or near _____ State of _____ on or about

State at or near what place claimant incurred his disability.

Name of State.

the _____ day of _____ year of _____, under the following circumstances:

Day.

Month or season.

Year.

Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

THIRD DISABILITY _____

Here state the third disability claimant incurred, if he incurred more than two.

incurred at or near _____ State of _____ on or about

State at or near what place claimant incurred his disability.

Name of State.

the _____ day of _____ year of _____, under the following circumstances:

Day.

Month or season.

Year.

Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

FOURTH DISABILITY _____

Here state the fourth disability claimant incurred, if he incurred more than three.

incurred at or near _____ State of _____ on or about

State at or near what place claimant incurred his disability.

Name of State.

the _____ day of _____ year of _____, under the following circumstances:

Day.

Month or season.

Year.

Here state all of the circum-

stances under which claimant incurred the disability. Write them out as fully as you possibly can.

That claimant's disabilities existed up to and at the date _____

Here state "of discharge," if you know his disabilities existed at that

time, and if you do not know it, state why you have no knowledge of that fact.

fracture in leg.

