## For an Increase of Invalid Pension. UNDER ACT OF JUNE 27, 1890.

STATE OF MALLAND.
COUNTY OF
On this
before me a Just and for the County and
State aforesaid. It Island Contain the provide Co. O. of the The
Reg't. of Claimant's name should be written here.  Rank. Letter of Cor No. of Reg't.  No. of Reg't. of Vols., aged years, a resident of the County of No. of Reg't.
State of, who being duly sworn, according to law, deposes as follows, to wit:
I am a pensioner of the United States, duly enrolled at the Washington
agency, at the rate of June 27, 1890, and my present physical
condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for
State here the disability or disabilities for which you are pensioned, just as they are written in your Pension Certificate.
I also suffer from the following disabilities for which I do not draw pension
If you have any disability or disabilities for which you are not pensioned, no matter whether they were incurred in the service or since your
discharge therefrom, write them on above lines.
IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. CRALLE & CO.,
OF WASHINGTON, D. C., my true, and lawful Attorneys, to prosecute my claim: and do hereby agree to
allow said attorneys the sum of \$ if they succeed in securing me an increase of my rate; but no portion of
this amount is to be paid unless said attorneys are successful. My Postoffice address is
Attest two witnesses. With I shall be the Claimant's Signature.]
Also personally appeared to redit and who being duly sworn say that they were present and
a certify to be respectable and engined to credit, and who being duty swear say that they were present and
"saw
declaration, and that they have every reason to believe from the appearance of said claimant, and from their
acquaintance with him, that he is the identical person he represents himself to be, and they have no interest,
direct or indirect, in the prosecution of this claim.
Signature of Witnesses:
Sworn to and subscribed before me this 30 day of Authority,
and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to
the applicant and witnesses before swearing, including the words "10" erased,
and the words and that I have no interest, direct or indirect, in
the prosecution of this claim.
Signature.)
official Character.
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