

CLAIMANT'S STATEMENT IN COMPLIANCE WITH CIRCULAR NO. 62 OF THE PENSION OFFICE.

NOTICE. BEFORE ATTEMPTING TO FILL IN THIS BLANK, READ THE NOTES UNDER THE DOTTED LINES CAREFULLY. THEN TAKE A SHEET OF PAPER, WRITE OUT YOUR ANSWER TO EACH SUBJECT, EXAMINE IT CAREFULLY, AND, WHEN FULLY SATISFIED OF ITS CORRECTNESS, TRANSFER IT TO THE BLANK. THEN SIGN YOUR NAME TO YOUR STATEMENT IN THE PRESENCE OF TWO ATTESTING WITNESSES AND RETURN IT TO ME

To the Honorable Commissioner of Pensions.

SIR: In compliance with Circular No. 62 of your office, I respectfully submit the following statement:

I am 58 years of age. My present Post-office address is Chestertown Kent

County Maryland

(Give Town, County, and State, street, number of house, and number of Post-Office Box, if you have one.)

For five years immediately preceding my enlistment into the service of the United States on the

17 day of January, 1864, I resided in the following named places: 1. In Chestertown

Kent County Maryland, and my Post-Office address was Chestertown

(Give all the places in which you resided during the period above stated prior to your enlistment, and your several Post-Office

addresses.) ; 2. In _____ County _____, and my

Post-Office address was _____; 3. In

_____ County _____, and my Post-Office address was _____

My occupation during said period was that of a Laborer on a headcar

Since my discharge from said service on the _____ day of December, 1864, I have resided

in Chestertown, County of Kent, State of Maryland, from whence I

(Give the name of each place, with date of any change of residence.)

removed in the year of _____ to _____, County of _____ State of _____

from which place I removed in the year of _____ to _____, County of _____

State of _____; from whence I removed in the year of _____ to _____

County of _____, State of _____

(Continue here any further changes of place of residence.)

and my occupations during said period have been that of a laborer when
able to work

I further state that the disabilities for which I claim pension arise from Shrained Ankle

(Name each disease, wound, or injury for

which pension is claimed in your application now on file.)

which _____ contracted on or about the 16th day of August

(Was or were.)

(Here state time when, place where, and the circumstances under which the disability or disabilities for

1864 at or near Flusbeck mill Virginia by

which pension is claimed originated.)

slipping in a deep rut while marching in the
dark in muddy weather

From the date of my discharge to the present time I have received the following medical or surgical treatment

for said disabilities: 1. By Dr. Thomas Wheland of Chestertown

(Give the name and address of each physician employed, and the date when each commenced and ceased to treat you.)

who treated me for Shrained Ankle

from January 1864 to _____ 18____; 2. By Dr. Charles W Wheland

Chestertown from _____ 18____, to _____ 18____, for

_____; 3. By Dr. _____

_____, of _____, from _____ 18____

to _____ 18____, for _____

_____; 4. By Dr. _____

_____, of _____, from _____

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is Exclusively for his use.