

Declaration for Case of an Invalid Pension.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the signature of the Clerk of the Court, 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 Baltimore, City of Baltimore, 55: 55:

ON THIS 4 day of June, 1904, personally appeared before me, a Justice of the Peace for the County and State of Maryland, aforesaid, William McKee McKee aged _____ years, a resident of _____ City of Baltimore, 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. H69, 13; by reason of disability from _____ (Here name the disability for which pension was granted.)

at his residence, _____ City of Baltimore, 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. H69, 13; by reason of disability from _____ (Here name the disability for which pension was granted.)

incurred in the _____ service of the United States, while serving as a _____ (Here state rank, company, and regiment, if in the army; vessel if in the navy.)

That he believes himself to be entitled to an increase of pension on account of _____ (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If he performs manual labor & because he thinks the rate allowed him unreasonable 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.)

of his disability to serve and with the degree of his disability that he believes himself to be entitled to an increase of pension on account of _____ (Here state reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If he performs manual labor & because he thinks the rate allowed him unreasonable 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.)

that he hereby appoints, with full power of substitution and revocation, _____ (Signature of Claimant.)

His Post Office address is _____ (Signature of Claimant.)

his true and lawful attorney, to prosecute his claim. _____ (Signature of Claimant.)

Maryland. _____ (Signature of Claimant.)

(Two witnesses.)