

DECLARATION FOR THE INCREASE OF AN INVALID PENSION.

TAKE NOTICE.—If this declaration is executed before a Justice of the Peace or a Notary Public, the certificate 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 } ss.

On this 17th day of June A. D. one thousand eight hundred and eighty one
personally appeared before me, Deputy Clerk Superior Court within and for the City and State
aforesaid, William Wells, aged 47 years, a resident of
Baltimore, County 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 Washington Pension Agency at the rate of 4
dollars per month, certificate No. 186,109, by reason of disability from Gunshot
(Here name the disability for which pension was granted.)

wound of right wrist

incurred in the military service of the United States while Co C 19 U.S.C.
(Military or Naval.) (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 increased disability
The hand has become useless. Being
(Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be de-
drawn more now than when pension
scribed, if on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the time, place,
cold setting into it making it numb
and circumstances of its origin, and the names of hospitals, where treated in the service, should be fully stated. The dates of treatment
& painful
should be given as nearly as possible.)

that he hereby appoints with full power of substitution and revocation
W. Reynolds & Co of Baltimore
his true and lawful attorney, to prosecute his claim
His Post Office address is 136 Orchard St Baltimore Md

William Wells
(Signature of Claimant.)

(Two witnesses who can write sign here.)