

DECLARATION FOR AN ORIGINAL INVALID PENSION.

This must be Executed before a Court of Record or some Officer thereof having custody of the Seal.

State of Maryland, County of Anne Arundel SS:

On this 1st day of January, A. D. one thousand eight hundred and eighty-nine.

personally appeared before me [Name] of the [County] a Court

of Record, [Name] for the county and State aforesaid

aged 43 years, who, being duly sworn according to law, declares that he is the identical

who was ENROLLED on the 22nd day of

1864, in company of the 6th Regiment of

commanded by Col. [Name] and was honorably DISCHARGED at

on the 22nd day of December 65 That

his personal description is as follows. Age 43 years; height 5 feet 6 inches; complexion

hair Black; eyes Brown That while a member of the organization aforesaid in the

service and in the line of his duty at [Location] in the State of

on or about the 18th day of August 1864, he

was disabled by disease, state fully its cause; if by wound or injury, the precise manner in which received.

which was Rheumatism was contracted

about December 1864 from exposure

at Camp, and on patrol duty at [Location]

at [Location] on the line of his

service and in the line of his duty at [Location] in the State of

That he was treated in hospitals as follows: [Name] who was treated for

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

near [Location] during the month of [Month] 1864

That he has not been employed in the military or naval service otherwise than as stated above

service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.

That he has not been in the military or naval service of the United States since the

day of [Date] 1864

December 65 That since leaving the service this applicant has resided in the

in the State of [State] and his occupation has been

that of a [Occupation] That prior to his entry into the service above named he was a man of

good, sound physical health, being when enrolled a

That he is now

disabled from obtaining his subsistence by manual labor by reason of his

injuries above described, received in the service of the United States; and he therefore makes this declaration for the

purpose of being placed on the invalid pension roll of the United States. He hereby appoints, with full power of sub-

stitution and revocation,

[Name] of Washington, D. C.,

his true and lawful attorney to prosecute his claim. That he has received [Amount]

applied for

a pension; that his residence is No. 15 [Address] street

and that his post office address is

the same

[Signature of Claimant] Anne Arundel

[Signature of Witness] James H. [Name]

[Two witnesses who can write sign here.]