

A. DECLARATION FOR ORIGINAL INVALID PENSION. A.

To be executed before a court of record or some officer thereof having custody of its seal.

State of Maryland }
County of Washington } ss:

On this February day of February, A. D. one thousand eight hundred and eighty-
personally appeared before me, a of the Notary Public, a court of record
within and for the county and State aforesaid, Joseph Cole, aged 49 years,
a resident of the town of Hagerstown, county of Washington
State of Maryland, who, being duly sworn according to law, declares that he is the
identical Joseph Cole who was ENROLLED on the 9th day
of September, 1863, in company F of the Second regiment of U. S. Col. Inf
commanded by Charles T. Ames, and was honorably DISCHARGED at
Washington, D.C. on the 16th day of January, 1866; that his
personal description is as follows: Age, 49 years; height, 5 feet 8½ inches; complexion, Black;
hair, Black; eyes, Black. That while a member of the organization aforesaid, in the
service and in the line of his duty at Fort Taylor, in the State of Florida
on or about the 16th day of September, 1865, he was severely
injured by a cannon ball falling upon his right
foot whilst loading a boat under orders, and that
the injury remains to the present time
(Here state name or nature of disease, or the location of wound or injury. If disabled by disease, state fully its causes; if by wound or injury, the precise manner in which received.)

That he was treated in hospitals as follows: at the regimental hospital
at Fort Taylor, where he remained for thirty days
(Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.)

That he has not been employed in the military or naval service otherwise than as stated above
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)

That since leaving the service this applicant has resided in the town of Hagerstown
in the State of Maryland, and his occupation has been that of a labourer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when
enrolled a labourer. That he is now partially 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 there-
fore 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 substitution and revocation,
of _____, State of _____, his true and lawful attorney
to prosecute his claim. That he has _____ received _____ applied for a pension. That his Post
Office Address is Hagerstown, county of Washington
State of Maryland,

Claimant's signature: Joseph Cole
his mark

Attest: James H. Green
W. B. Brown