REPRODUCED AT THE NATIONAL ARCHIVES

A If you desire to apply for Re-rating of your Pension fill up and execute both forms, A and B.

Declaration for the Increase of an Invalid Pension.

State of Maryland, **County of** Calvert, **ss:**

On this 2nd day of June, A. D. one thousand eight hundred and ninety- personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Basil Dell, aged 59 years, a resident of Mallville, county of Calvert State of Maryland, who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the Baltimore Md, Pension Agency at the rate of G. S. W. dollars per month, Certificate No. 176,858, by reason of disability from Rheumatism and rupture of + Testicles as heretofore alleged.

(Here state the name of the disease, wound, or injury for which you are pensioned, as it appears on your certificate.)

incurred in the military service of the United States while serving as a Private (State your rank.) in company G" regiment 7" U.S.C. Infty vols. That he believes himself to be entitled to an increase of pension on account of disability resulting from cause aforesaid.

Fill up these spaces only when you claim on some disease resulting from that for which pensioned.

He also claims increase of pension by reason of disability

result of disability for which now pensioned,

And further claims additional invalid pension by reason of disability from Rheumatism and rupture of + Testicles as heretofore alleged.

Fill up these spaces only when a new disability is alleged.

contracted while serving as Private in company G. regiment 7" vols., on or about 15 day of August 1864 at or near Jacksonville State of Flor.

He feels that the rate of pension which he now receives is not commensurate with the degree of his disability. He, therefore, files this application and requests a medical examination by the board of examining surgeons at Baltimore Md. to whom special instructions may be issued, so that the full extent of his disability may be ascertained. He hereby appoints, with full power of substitution and revocation, **L. C. WOOD, Washington, D. C.,** his true and lawful attorney to prosecute his claim.

His Post-office address is Mallville, Calvert Co Md, (State your address in full.)

Geo. T. Turner.

D. P. Turner.

(If claimant signs by mark, two witnesses must sign here.)

Basil his X Dell

(Claimant's Signature.)

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