

# DECLARATION FOR ORIGINAL INVALID PENSION

MUST be executed before a COURT OF RECORD, or some officer thereof having custody of its seal.

STATE OF Maryland  
COUNTY OF Cecil } ss;

On this Aug 1<sup>st</sup> day of August, A. D. one thousand eight hundred and eighty 85 personally appeared before me clerk, of the Circuit Court of Cecil Co, a court of record within and for the County and State aforesaid, John W Owens (Name of Claimant), aged 40 years, a resident of Winchester (Give Town, County, and State; and if you reside in a city

where streets are named and houses are numbered, give name of street and number of house. If you reside in the country, state about how many miles from nearest Post-Office.) State of Maryland who, being duly sworn according to law, declares that he is the identical John W Owens (Name of claimant.) who entered service under the name of John W Owens (Name of claimant.)

on or about the \_\_\_\_\_ day of \_\_\_\_\_ 1864 as Y in company \_\_\_\_\_ of the 4<sup>th</sup> regiment of Ms. Col commanded by Cap Miles (Name of Company's Commander. If upon any General's Staff, state that fact.) and was

DISCHARGED at Baltimore on or about the 1<sup>st</sup> day of May, 1865 by reason of Close of War;

that his personal description is as follows: Age, 21 years; height, 5 feet 3 inches; complexion, dark; hair, black; eyes, dark. That while a member of the organization aforesaid, in the service and in the line of his duty at near Petersburg, in the State of Va, on or about the 30 day of July, 1864, he received a gunshot wound of left thigh in action (Here state name or nature of disease, or the location of the 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: St. Ann's, Va. (Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.) Summit House, Philadelphia, Penn.

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 the May day of 1865, A. D. 1865, he has not been employed in the military or naval service of the United States. That since leaving the service this applicant has resided in the Town of Perryville in the State of Maryland and his occupation has been that of a Laborer.

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Laborer. That he is now partly 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 substitution and revocation, **GEORGE E. LEMON,**

OF WASHINGTON, D. C., his true and lawful Attorney, to prosecute his claim. That he has never received or applied for a pension. That his Post-office Address is Winchester county of Cecil, State of MD.

John W Owens  
(Claimant's Signature)  
mark

Two witnesses to Claimant's Signature sign here:  
(1) Mc Warner  
(2) William J. ...

This Blank is prepared by GEORGE E. LEMON, of Washington, D. C., and is exclusively for his Use.