

3-1031

NOTE.—This form must be used instead of the form of deposition of two witnesses, in vouchers for Any Ward and for Wives and Guardians of Minor Children under the Act of August 8, 1882, when the guardians or committees and wards, or wives and pensioners do not reside in the same neighborhood. This form MUST NOT BE USED in the cases of minor or helpless children pensioned in their own right.

DEPOSITION OF TWO WITNESSES.

(To be securely attached to voucher before execution.)

WE, the undersigned witnesses, do solemnly swear that the contents of the accompanying voucher executed by Nathaniel S. Grady have been made known to us; that the pensioner James P. Slaughter therein named and declared to be living is personally known to us to be now living and residing (or confined) Crownsville State Hospital Here state place of residence and to the best of our knowledge or name and location of institution in which confined. Crownsville Maryland and belief ~~and believe~~ and believe the instructions in the footnote.*

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and observation as Employee in the institution; that our knowledge as above set forth is derived from personal acquaintance Here state whether neighbors of the pensioner, or officers or employees of the institution in which pensioner is confined.

One person who writes, other than magistrate, must attest the signature of one or both witnesses, if by mark. Witnesses must not attest each others' signatures.

Witness' signature.

Post-office address.

Witness' signature.

Post-office address.

State of _____, County of _____, ss:

Personally appeared before me this _____ day of _____, 19____ the witnesses whose signatures and post-office addresses appear above, whom I believe to be credible persons, and made oath in due form of law to the truth of the foregoing statement subscribed by them.

[L. S.]

(If the magistrate uses a seal, this deposition and the voucher should be sealed with one impression of the seal.)

Magistrate's signature.

Official character.

Post-office address.

NOTE.—Magistrate must certify over his signature to any erasures or alterations.

*State, in the case of an invalid pensioner: "Was not employed or paid in the Army, Navy, or Marine Corps of the United States during any part of the period covered by"

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