Act of June 27, 1890.

DECLARATION FOR INVALID PENSION.

Note.—To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate is already on file in the Pension Office, when such fact should be stated.

State of Maryland	County of Dirchesler, 55:
On thisday o	of A. D. one thousand nine hundred and
one, personally appeared before me.	Element Enlivaire, à Mistice 06
the Peace	, within and for the County and State aforesaid, , aged 6 years, a resident of the County of Dry chester
obert Stafforo	aged 6 5 years, a resident of the trun
of Cambridge	County of Dry chester, State of
30 al	who, being duly sworn according to law, declares that he is the identical
Kobert Stafford	who, being duly sworn according to law, declares that he is the identical who was enrolled on the 23 day of Betternber
18 63, in Co. "O"	7- 15. (C. O. in the
	and regiment in Military Service, or name of vessel, if in the Navy.)
	of the rebellion, and served at least ninety days, and was HONORABLY, Mrd., on the 22 day of January,
1866 That he has Wort	been employed in the military or naval service otherwise than as stated
	rior or subsequent to that stated above, and the dates at which it began and ended.)
That he was not employed in the Milita	ary or Naval service of the United States BEFORE the 22
day of bylumbes 1863,	or AFTER the 22 day of January 1866.
[Note.—Insert date of first enlistmen	nt and final discharge.]
That he is nathally unable t	o earn a support by manual labor by reason of disease If the
erges, heari brinke,	and kirchney bronble
diseases, injuries, or wounds from which dise	abled, and state WHEN, WHERE, and UNDER WHAT CIRCUMSTANCES each wound
or injury was incurred as nearly as possible.)	***************************************
***************************************	***************************************
***************************************	Th42.1 121-2142
	That said disabilities are not due to
	is knowledge and belief, permanent. That he has
applied for pension under application?	That he is a pensioner under Certificate No.
(If a pensioner, the Certificate number only	need be given. If not, give the number of the former application, if one was made.)
//	purpose of being placed on the pension-roll of the United States, under
the provisions of the Act of June 27, 1	1890, as amended by the Act of May 9, 1900.
That he hereby appoints, with f	full power of substitution and revocation,
W. W. DUDLEY	& CO., OF WASHINGTON, D. C.,
his true and lawful attorneys to prosec	eute his claim, the fee to be TEN DOLLARS as prescribed by law. That
his POST-OFFICE ADDRESS is	
Dyselyster	(Give sereet and number if resident of city of town.)
1 / 1 / 1 / 1 · ·	State of Maryland.
1 Ashur Ar Mul	By State of Muryland. Rebent X & Cafford (Clamant's Signature-FULL name)
1 Ashund Mile 2 Ab Shanna	Bistopf Mryland. Robert X Stafford Clamant's Signature—FULL name.)

AD

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