2 M. G. And Son J. 1890 (1890)
[Two witnesses who write, sign here]

Act of June 27, 1890. DECLARATION FOR INVALID PENSION.

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.

State of Marylant, county of Dorchester, ss:
On this 23 hd day of July A. D. one thousand eight hundred and
ninety eight personally appeared before me. The A Mcallister
And state of the keace within and for the County and State aforesaid,
(Hout Stallord aged 65 years, a resident of the State
On this 23 MV day of July, A. D. one thousand eight hundred and ninety light, personally appeared before me, July a McAllister The personally appeared before me, within and for the Connty and State aforesaid, The the peace within and for the Connty and State aforesaid, years, a resident of the Male of Developster County of County of
State of, who, being daily sworn according to law, declares that he is
the identical Ralf Stafford who was enrolled on the 23 hop
State of who, being daly sworn according to law, declares that he is the identical of the identical who was enrolled on the 33 he day of 1863 in [Here state rank, company, and regiment in Military service, or name of
Was Discharge on account of Disability in the service of the vessel, if in the Navy.]
vessel, if in the Navy.] United States in the war of the rebellion, and served at least ninety days, and was HONORABLY DISCHARGED
at Ballinone Mo, on the 22 Th day of January, 186.6
That he has
That he was not employed in the Military or Naval service of the United States BEFORE the 23 ho
day of Sept 1863, or AFTER the 22 h day of January 1866.
Fre F 1 1 C final dicohorge]
must be in Apt much to earn a support by manual labor by reason of 15 lindus
Lost Sight and Verdillo Contracted diseases or injuries from which disabled and state WHEN, WHERE and UNDER WHAT CIRCUMSTANCES each
diseases or injuries from which disabled and state WHEN, WHERE and UNDER WHAT CIRCUMSTANCES each Ohil In The Survey disability first appeared as nearly as possible.]
disability first appeared as nearly as possible.]
in Desginnia in 1865 and has been giling
Posse ever Scene
That said disabilities are not due to
vicious habits, and are, to the best of his knowledge and belief, permanent. That he has
applied for pension under application No. 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.]
That he makes this declaration for the purpose of being placed on the pension-roll of the United States, under.
the provisions of the Act of June 27, 1890. 2 80 Act March 6, 1896.
He hereby appoints with full power of substitution and revocation,
W. W. DUDLEY EEE, OF WASHINGTON, D. C.,
his true and lawful attorneys to prosecute his claim, the fee to be TEN DOLLARS as prescribed by law. That
his post office address is toanstruty, County of
State of Many Christof
Colestature.] 49
1 Get 6, actions 1 25.

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