

Form of Application for an Artificial Limb, or for Commutation for the same; to be forwarded to the Surgeon General, Washington, D. C.

I, *John Johnston*, being duly sworn, do declare that I am the identical *John Johnston* who was a *Private* in Co. *A* *1st* Reg't *U.S.C. Troops* and that I lost my *left arm* by reason of a *gun* *shot wound* received at *Front Fort Harrison Va* on or about the \_\_\_\_\_ day of \_\_\_\_\_ 18*64*, that I *never* received from the United States an artificial *limb* made by

\_\_\_\_\_ , and that I am in receipt of a pension on Certificate No. *81,512* which is paid to me by the Pension Agent at *Baltimore City*

And I now make application for *Commutation* *Money* under the provisions of the Act approved June 17, 1870; and I desire to have the *same sent to me*

at my post office address - *Test J B Gaither* *John Johnston* Applicant's Signature.  
Post Office Address, Town, *Easton* County, *Talbot* State, *Maryland*

Sworn to and subscribed before me, in the *Office* *Clerk of the Superior* Court of *Baltimore* *City* this *Eleventh* day of *March*, 187*4*.

SEAL

*J B Gaither*  
Dep't. Clerk Superior Court Notary Public.