

DECLARATION FOR ORIGINAL INVALID PENSION.

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

STATE OF Maryland }
COUNTY OF Stent } SS:

On this 21st day of February, A. D. one thousand eight hundred and eighty 9 personally appeared before me W. H. H. H., of the Circuit Court for Stent County, a court of record within and for the County and State aforesaid, Thomas Carmichael (Name of Claimant.)
Carmichael, aged 56 years, a resident of Chestertown (Give Town, County, and State; and if you reside in a city
County of Stent

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 State of MD, who, being duly sworn according to law, declares that he is the
from nearest Post-Office.)

identical Thomas Carmichael (Name of claimant.) who entered service under the name of Thomas Carmichael (Name of claimant.) on or about the 18th day of Jan

1864 as Private (Give rank) in company _____ of the 9th regiment of U.S. Art

commanded by _____ and was _____
(Name of Company's Commander. If upon any General's Staff, state that fact.)
DISCHARGED at New Orleans La, on or about the 26th day of

Nov, 1866, by reason of close of the war, that his personal description is as follows: Age, 56 years; height, 5 feet 6 inches; complexion, dark; hair, dark; eyes, hazel. That while a member of the organization

aforesaid, in the service and in the line of his duty at Chesapeake Station, in the State of

va, on or about the _____ day of Aug, 1864, he slipped (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.)
into a rut injuring his left ankle

That he was treated in hospitals as follows: by Sgt Surgeon (Here state the names or numbers and the localities of all hospitals in which treated, and the dates of treatment.)

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 26th day of Nov, A. D. 1866, 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 of _____, in the State of _____ (Town or City.)

and his occupation has been that of a plasterer. 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 _____ 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.
(Wholly or in part.)

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 (if previous application has received _____ applied for a pension. That his Post-office Address is Chestertown been made, give number of claim, if possible.)
county of Stent, State of MD

Thomas Carmichael
(Claimant's Signature.)

Two witnesses to Claimant's Signature sign here:
(1) J. H. Simpson
(2) Edw. Lambert

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