## Peclaration for an Original Invalid Pension. NOTE To be executed before a Court of Record or some chicer 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. day of Description one thousand eight hundred and ninety personally appeared before me, a..... within and the County and Plate aforesaid Any Zeo Shipper aged years, who, being duly sworn according to law, declares that he is the identical who was ENROLLED as a Line on the 2 day of W., 18 63's Company of the H. Regiment of J. B.C. J. and was honorably DISCHARGED at commanded by .... personal description is as follows: Age Junyears; height I feet & inches; complexion Inches; complexion That while a member of the organization aforesaid, in the on or about the \_\_\_\_\_day of location of wound or injury. If disabled by disease, state fully its cause; if by wound of injury, the precise manner in which received.) That he was treated in hospitals as follows: (Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.) That he has 22 / been employed in the military or naval service otherwise than as stated above (Here state what f (Here state what the service was, whether prior or subsequent to that stated above and the dates at which it began and ended.) That he has not been in the military or naval service of the United States since the 26 day of 1366 That since leaving the service this applicant has resided in the Coly of Doctor in the State of \_\_\_\_\_\_, and that his occupation has been that of a \_\_\_\_\_\_ That prior to his entry into the service above-named he was a man of good, sound, physical health, being when enrolled a disabled That he is now 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. He thereby appoints with full power of substitution and revocation, his true and lawful attorney to prosecute his claim. That he has how received how a pension; that his residence is No. -/ and that his post office address is (Signature of Claimant.)