

Also personally appeared _____, residing at _____
and _____, residing at _____, persons whom I
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw
_____, the claimant, sign his name (or make his mark) to the
foregoing declaration; that they have every reason to believe from the appearance of said claimant and their
acquaintance with him for _____ years and _____ years respectively, that
he is the identical person he represents himself to be; and that they have no interest in the prosecution of this
claim.

(Signatures of witnesses.)

SWORN to and subscribed before me this _____ day of _____, A. D. 189 ,
and I hereby certify that the contents of the above declaration, etc., were fully made
known and explained to the applicant and witnesses before swearing, including the
[L. s.] words _____, erased, and the words
_____, added; and that I have
no interest, direct or indirect, in the prosecution of this claim.

(Signature.)

(Official character.)

AA

(3-010a.)

AA

SOLDIER'S APPLICATION.

Name _____

Service _____

Address _____

JAS. W. CHATMAN,
BUFFALO, N. Y.
Attorney.

Address _____

Date of execution _____

(6-889.)

The act of June 27, 1890, REQUIRES, in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service).
4. The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Act of June 27, 1890.

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DECLARATION FOR INVALID PENSION.

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To be executed before a court of record or some officer thereof having custody of its seal.

STATE OF New York } ss.
COUNTY OF _____

On this date day of month, A. D. one thousand eight hundred and ninety-1890,
personally appeared before me, Clerk of the County Court, a
court of record within and for the county and State aforesaid, soldier's name,
aged his age years, a resident of the Village or Township of Town,
county of name of Co., State of New York, who, being,
sworn duly according to law, declares that he is the identical soldier's name,
who was ENROLLED on the date day of month, year, in Tank Co.
(Here state rank, Company and regiment)
Regt. Service, or vessel if in the Navy.
in Military service, or vessel, if in the Navy)

_____ in the war of the rebellion, and served at least
ninety days, and was HONORABLY DISCHARGED at place of discharge, on the date
day of month, year, 18 , That he is now entirely unable to earn a support by
reason of state disability or disease.
(Here name the disease or injuries from which disabled.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent.

That he has if 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.

He hereby appoints J. W. CHATMAN, of BUFFALO, State of NEW YORK, his true and lawful attorney to
prosecute his claim. That his POST-OFFICE ADDRESS is _____

county of _____, State of _____

(Claimant's signature.)

Attest: _____