

FORM OF DECLARATION FOR AN INVALID ARMY PENSION.

STATE OF Maryland
County of Baltimore ss:

On this 21st day of April, one thousand eight hundred and sixty three, personally appeared before me, a Justice of Peace, within and for the county and State aforesaid, John Clough, aged 31 years, a resident of Ketanning, in the State of Pennsylvania, who, being duly sworn according to law, declares that he is the identical John Clough who enlisted in the service of the United States at Ketanning on the 20th day of October, in the year 1862, as a Private in company, "L", commanded by Mr. N. Stibles, in the 14th regiment of Penna. Cavalry, in the war of 1861, and was honorably discharged on the 18th day of April at Pott. Mass. in the year 1863; that while in the service aforesaid, and in the line of his duty, he received the following disability²:

Chronic Bronchitis according to discharge so as to render his voice useless for speaking

and that his post office address is³ Ketanning Armstrongs County, Penna and I hereby authorize Wm. Murray Jones to procure for me the Pension which I may be found entitled to under the Act of Congress, approved July 14th, 1862, and to receive and receipt for any certificate which may issue in my favor in connection with the above application.

John Clough
[Signature of applicant]

Also personally appeared Charles Marshall and W. H. Allen, residents of Baltimore,

persons whom I certify to be respectable, and entitled to credit, and who being by me duly sworn, say that they were present and saw John Clough sign his name (or make his mark) to the foregoing declaration; and they further swear that they have every reason to believe, from the appearance of the applicant, and their acquaintance with him, that he is the identical person he represents himself to be; and they further state that they have no interest, direct or indirect, in the prosecution of this claim.

Charles Marshall
W. H. Allen
[Signatures of witnesses.]

Sworn to and subscribed before me this 21st day of April A. D. 1863; and I certify that I have no interest, direct or indirect, in the prosecution of this claim.

Wm. G. Warriner
Justice of the Peace

Note 1.—This application must be sworn to before some officer using a Seal, and not before a Justice or Notary Public, and a 10 cent Revenue Stamp attached to the certificate of the authenticating officer.
2.—Give a particular and minute account of the wound or other injury, and state how, when, and where it occurred, where the applicant has resided since leaving the service, and what has been his occupation.
3.—If in city, give name or number of street, and number of house.