Application for Re-Issue, under Act of March 6, 1896.

Act of June 27, 1890.

DECLARATION FOR INVALID PENSION.

A

Note.—This is soldier's Application and must be executed with any two persons, soldiers not required, before any officer authorized to administer oaths for general purposes. If such officer is required to use a seal, he must affix the same to his jurat or paper will not be accepted. If he is not required to use a seal, a certificate of his official character, under the hand and seal of a clerk of court or other proper officer must be attached. If certificate is on file in Pension Office, THAT WILL ANSWER. Return to Henry D. Phillips.

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STATE OF Permisgluonia		*		Alex	
COUNTY OF SIGNATURY 58.		20. 1	u hundre	- 19	
18th . Nu	erest in	one thousand sight h	A STATE OF THE PROPERTY OF THE	<u></u>	
On this day of May of	Ties of	the Pear		131	4
personally appeared before me		Blaces			M5533.07335335
within and for the county and State aforesaid	Jours 1	Harris	(a		
agedyears, a resident of the	TOXXXX	Description	(,		
County Commission	State of		the 23 M		
duly sworn according to law, declares that he is the	identical person w	ho was enrolled on	the	- <i>P</i>	day of
October , 1862, in Mil	(Here state ronk, com	pany and regiment in Milit	dy service, or vessel, if in	he navy.)	ín
Le a Private in Co	mpon Z	- VI	sylvenia C	avalog	
	the dame and was w		of Thomashan	s Hens	Rus
on the day of day of day of			/	anv military (or naval
· //h			to earn a support by r	1111	AND THE PERSON OF THE PERSON O
5011100 0.0.0.000	www.	I of Sp		eason or	
(Here give names of each wound, injury or disease from whi	ich disabled.)	7 /			
and that said disability existed in a pensionable deact of March 6, 1896, which provides:					
"That whenever a claim for pension suspended, or dismissed, and a new application, or shall hereafter be, allowed in such tion, provided the evidence in the case shatime of filing such first application, anythis standing."	cation shall have claim, such pens all show a pensi	o been, or snam sion shall date fro ionable disability	om the time of filing to have existed,	or to exist,	pplica- at the
That his disabilities are not due to vicious h	abits, and are to to	the best of his kno	wledge and belief pe	rmanent. Tha	t he has
applied for pension under application l					
Certificate that he makes this declaration for the purpose of being pla be given. If not, give the number of the former application, if one v	aced on the pension roll of	the United States under th	ne provisions of the act of Ju	ne 27, 1890, number	only need
He hereby appoints			J. Grand	2	
	RY D.	PHILLI	PS.	11 1	1
The state of the s				Leechb	cure
his true and lawful attorney to prosecute his claim	M-15	11.10 . 1	ss Ivoni		8
county of	- My	State of	800		
	KETR	Many ?	Claimant's signature	<u> </u>	
Q D Winter	600	1 m	wh 0	(5) (*)	
Attest:	SEP	C. In		241	Services (
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