## DECLARATION FOR PENSION

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

	County of -AMACILLE
	On this - A day of Muy A. D. one thousand nine hundred and Prueling,
	personally appeared before me, a fully fill fill much within and for the county and State aforesaid, Lucius Effective, who, being duly sworn according to law,
	and State aforesaid, Laurent of age and a resident of Colon 7
	declares that he is -68 years of age, and a resident of GCCon 1  county of Maddle , State of GCCon; and that he is the
	county of Mulling, State of; and that he is the
	identical person who was ENROLLED at Lavelle 11621 under the name of
	on the day of the file of the
ش	as a Confinal, in Co 3 Company and regiment in the Army; or vessels, if in the Navy.)
NUMBER	Per 10
UM	in the service of the United States, in the war, and was HONORABLY DISCHARGED (State name of war, Civil or Maxican.)
	at Lavelle , on the 32 day of from , 1866
AT	That he also served less & left Jupanty hund from 1866
FIC	That he also served the (Here give a complete statement of all other services, if any.)  All St 1864 L Cel 27 864
TTI	- freeze a constant of the con
CERTIFICATE	That he was not employed in the military or naval service of the United States otherwise than as stated
GIVE	above. That his personal description at enlistment was as follows: Height, feet inches;
	complexion tanky : color of eyes - Slim : color of hair, - Joien : that his occu-
TO	pation was Clerful ten; that he was born Al 224 , 1844,
AIL	
1	
NOT	That his several places of residence since leaving the service have been as follows:
00	achen colux 9 you concell reast 6 you
R, ]	balant plans in all loss lices (State date of each change as nearly as possible.)
PENSIONER	That he is a pensioner under certificate No. //// 4
SIC	That he has applied for pension under original No
EN	That he makes this declaration for the purpose of being placed on the pension roll of the United
بهب	States under the provisions of the act of May 11, 1912.
IF	That his post-office address is West action, county of Muchellery.
	State of Mass:
	Thranks ( Harres
	(Claimant's signature in full.)
	Attest: (1)  (2)  Subscribed and sworn to before me this
	(2)
	Subscribed and sworm to before me this day of - Michigan A. D., 191-Z.
7	and I hereby certify that the contents of the above declaration, etc., were fully
S 7	made known and explained to the applicant before swearing, including the
	words, erased,
	[L. S.] and the words, added; and that I have no interest, direct or indirect, in the prosecution of this claim.
	Cartificate on file to gover that I found that G
	cate that the first
	S. A. CONST.  (Official character.)

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Saster	3-389.	Ad	16-
Planin 1/90 754			Ex'r.
K - 11 - 11 - ( ) # / ( ) / / / / / / / / / / / / / / / / / /	Department		
6 6 por Mass Va	& BUREAU	OF PENSIO	NS,
neg t	& BUREAU Washington, D.	c. May 2	6 ,190 X
IR: Will you kindly answer, at you			
nformation is requested for future u	se, and it may be of grea		
	ery respectfully,	J. J.	e same pilo ang ta Shift
Orancio OH ar	ris	10-17	771.15
1 Mesh Act	DY	-, ,, ,,	-Commissioner.C
udellesex Co . !	naco		
No. 1. Are you a married man?	If so please state your y	vife's full name, and he	r maiden name
nswer: Munclana	Johnie Har	res maider no	me Manelan
No. 2. When, where, and by wh	May married?	Answer Inch 10 -	1864
By CM Mil	Carel Munis	ler of the	Porpel
No. 3. What record of marriag	e exists? Answer: Jezu	on Cleark O	Laten M
No. 4. Were you previously m	arried? If so, please star	te the name of your	former wife, the
ate of the marriage, and the date a			
ne previous marriage, let your answ	er include all former con	sorts. Answer:	
No. 5. Have you any children			
irth. Answer: Minnie Hattie B He	Softee Der	res fruly 10 1	865
Mallie 03 Ne	erris Jan 10	1867	
			PENS!
Date of reply,		-	JUN
	0-2	(Signature.)	1904
	989974	(Digitabaro.)	- > -

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	3-447.		N 9 1100c			
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Clavin No. [19670	4 Department	of the Int	erior,			
Francis & Harri						
Colo 6 Prost Masoll	al As	OF PENSIONS	5,			
co.sc., neg t	Washington, I	May 26	, 1904			
SIR: To aid this Bureau in proin your name, or on account of you	eventing any one falsely persona ur service, you are required to a					
below.	cular under cover of the inclose	ed envelope which require	s no nostage			
2 Sul	Very respectfully,	od chvolopo waten require	James postago.			
no Oranas 6 Sta	rris	DIU	TUTE			
I Hest Ach		Co	mmissioner.			
Wildlesex Co	Maso					
	7					
	er. Feb 22 184					
·	er. Olden					
	er. 25 chuy 18					
4. Where did you enlist? Answer. Lowell mess						
5. Where had you lived before yo		Aston May				
6. What was your post-office addi	$\sim$		S			
7. What was your occupation at	/ //					
8. When were you discharged?	1 ()	ine 1863				
9. Where were you discharged?		may				
	Anton m	as possible, of any changes				
11. What is your present occupati	on? Answer. Carpen	In & Builder				
12. What is your height? Answer	er	inches. Your weight?	140 lbg			
The color of your eyes?	Blue The color of your ha	air? light Your	complexion?			
Are there a	The color of your hards or scars on y permanent marks or scars					
13. What is your full name? Place		n ink in the manner in w				
13. What is your full name? Please write it on the line below, in ink, in the manner in which you are accustomed to sign it, in the presence of two witnesses who can write.						
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	Fran	sis Edwin	Lecrus			
		LOENSON				
WITNESSES: { 1. hours	Much	JUN :				
WITNESSES: (2. / Albel	Olyoding Da	te:	, 190			