The Applicant must read, or have read to her, every word in this Application PENSIONERS now on the ROLL are NOT required to make new application, but must file annual Certificate

THIS APPLICATION must be filed with the Clerk of the Corporation Court of Your City or Circuit ... Court of Your County

(No application will be entertained not on the printed form.)

FORM No. 5	
	Confederacy under acts approved March 14, 1924, March 13, 1926, and 18, 1927
relating to Confederate paralesse. Illes to hereby apply	for a pension under the provisions of the acts of the General Assembly of Virginia
I do accountly swear that I am a citizen of the State of Virginia and that I am the widow of the State of Virginia and that I am the widow of the State of Virginia and that I am the widow of the State of Virginia and that I	have been an actual resident of the said State for two years next preceding the date
has Communicate States in the War Helwann the States, and that I was married to best of my knowledge and helief during the said war my leadand was keptl and trains post of dury in the said service, and that I was more dispensely the said service.	him before January first, eighteen hundred and wheely (January 1, 1890), and to the no to his duty, and never at any time describe his command or voluntarily shouldened
erus, faithful and lewful wife up to the time of his death, and that I am a widow and the provisions of and asis. I do further swear that I do not hold a mation	assum, and that I never voluntarily abandoned him during his life, but remained his at the date of making this application, and that I am now exactly do receive a passion at State or county office, which pays a salety or has constituted to receive a passion at State or county office, which pays a salety or has constituted to be broaden.
I do askenly swear that I am a citizen of the Sixte of Virginia, and that I have been an actual resident of the said Sixte for two years next preceding the date of the said Sixte for two years next preceding the date of the confidence of the said Sixte for two years next preceding the date of the confidence of the said Sixte for two years next preceding the date of the said such that I was nearlied to him before January first, eighteen hundred and pinety (January 1, 1860), and to the post of day in the said service, and that I was never diversed from my said healthed, and that I never at any time described his commany 1, 1860), and to the post of day in the said service, and that I was never diversed from my said healthed, and that I never voluntarily abandoned his command or voluntarily abandoned his day, and not lead to provide the provisions of said acts. I do further swear that I do not hold a national, State or county office, which pays a salary or face exceeding four hundred, dollars (\$400.00) per annum, nor have I income from any source wheatever exceeding four hundred dollars (\$400.00) per annum, nor do I own in my own right, nor in there had no not receive a pension from this or any other State or from all other sources, exceeds four hundred dollars (\$400.00) per annum. I do further swear that income exceeding four hundred dollars (\$400.00) per annum. I do further swear that income years from any source, hourd and eletting concepted. I do not receive a pension from this or any other States or from all other sources, exceeds four hundred dollars (\$400.00) per annum. I do further swear that internal provides an income which, added to my income from all other sources, exceeds four hundred dollars (\$400.00) per annum. I do further swear that of my hourse, hourd and eletting concepted. I do not receive a pension from this or any other States or from the United States, nor do I receive necessary all from any nourse, hourd and eletting concepted. I do AII questions must be answered fully. Widows matried after	
silencity swear that the answers given to the questions which I am required to known in this application are true to the least of my knowledge and belief. All questions must be answered fully. Widows married after least of the positions are true to the least of my knowledge and belief. Any assessment of property does not affect the clark to negative least the relative married fully.	
Any assessment of property does not affect the right to pension, but the gross income from all sources must not exceed \$400.00 per year. Lertificates under B, C, E and P not necessary if husband was pensioner.	
D. T. L. C.	
2. What is your name 11 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	14. Who were his immediate superior officers?
and the second	Centain Ger Lind steel -
3. Where were you born? *** Strain of the st	15. Give the names and addresses of two comrades who served in the same command with your husband during the war. (Not necessary
5. How long have you resided in the City or County of your present	if your husband was a pensioner.)
residence? 45	Address
6. Where do you reside? If in a city, give street address. Postoffice (3) Lange Currelle	Name
	16. What assistance do you receive, and what income have you from all
7. With whom do you reside?	
B. What was your husband's full name?	NOTE By fraction is meant the total gross resolpts distinct by you from all
listing and Peter a	erops (whether sold or used), wages and other sources valued in dollars. 17. How much property do you own?
9. When, where and by whom were you married?	Real estate,
When? 72 15.72 18 12 2	Personal property, \$ 6. 6 0 18. Was your instant on the pension roll of Virginia? If yes, in wild:
Where? 14 7:07 to 54 774 D-2003 174.4 3 2cm 6	county or city was his pension allowed?
By whom? Are did your husband de?	19. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
Oct-12-1927. In Burner oil 12	70 · · · ·
1. What was the cause of his death?	ич.
Have you married since the death of your husband? If yes, give	20. Is there a camp of Confederate Veterans in your city or county?
full particulars.	21. Give here any other information you may possess relating to the service of your imshand or the cause of his death which will appeared to
	port the fustice of your claim.
3. In what branch of the army did your husband serve?	· · · · · · · · · · · · · · · · · · ·
Third Tirginia Regiment.	
Company.	
A signature made by X mark is not palid unless attested by a with	
WITNESS FIT THE COLUMN	- Levera five Colio "
I Signature of Applicant.	
, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application personally	
aforessid, having the aforessid application read to her and fully explaned, as well as the statements and answers are true.	
Given under our hand this 28 day of 1927	1. Sovete WA
,	By Care Ex to Feb. 18. 1488
	- 124 Land 200 200 12 1 1 2 2 2 2 2 2 2 2 2 2 2 2