

(A) OATH OF RESIDENT WITNESSES
(Must be signed by two residents of Applicant's City or County)

We, John D. Dorelli
and Robert J. Dorelli
do solemnly swear that we are residents of the County
of Washington, in the State of Virginia and that we
have known personally and well for 25 years the applicant
whose name is signed to the foregoing application for aid under acts of the
General Assembly of Virginia, approved March 14, 1924; March 13,
1926, and April 18, 1927, and that the said applicant is a resident of the
said city or county and is a woman of good reputation for truth and
honesty, and that we have read the foregoing application and the an-
swers to the questions therein propounded, made by the said applicant,
and verily believe that the said applicant has been truthful in the said
statements and answers, and that from our personal knowledge we
verily believe the said applicant is justly entitled to aid under the said
acts and that we have no personal interest in the allowance of the appli-
cant's claim.

A signature made by X mark is not valid unless attested by a
witness.

John D. Dorelli
Robert J. Dorelli
Resident Witnesses.

WITNESS

Subscribed and sworn to before me, a Notary Public
in and for the County of Washington
State of Virginia, this 28th day of Oct, 1927

(Not necessary to have this Certificate B filled out if husband
was a pensioner)

(B) AFFIDAVIT OF COMRADES
(See Question No. 15 on page one)

We, _____
and _____
do solemnly swear that we are residents of the _____
of _____, in the State of _____
and that the applicant whose named is signed to the foregoing application
for aid under acts of the General Assembly of Virginia, approved March
14, 1924; March 13, 1926, and April 18, 1927, is personally well-known to
us, and that we have known her for _____ years, and
know her to be the widow of _____ who was
a soldier (sailor or marine), in the military or naval service of Virginia,
or of the Confederate States, and that we were soldiers (sailors or
marines) in the said service during the said war, and that we were with
the said applicant's husband, members of the same command, and that to
our personal knowledge he died on or about _____ day of _____
from the effects of _____

and that he was a true and loyal soldier (sailor or marine) in the said
service and was faithful in the discharge of his duty, and that we have no
personal interest in the allowance of the applicant's claim.

A signature made by X mark is not valid unless attested by a
witness.

Comrades.

WITNESS

Subscribed and sworn to before me a _____
in and for the _____ of _____
State of Virginia, this _____ day of _____, 1927

Signature of Officer.

NOTE—If no such comrade is living required in Certificate B whose address is
known to the applicant, then let one or more reputable persons who have per-
sonal knowledge of the services of the applicant's husband and cause of his
death make Affidavit C.

(Not necessary to have this Certificate C filled out if husband
was a pensioner)

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES
(Not necessary when Certificate B can be filled)

We, _____
and _____
do solemnly swear that we are residents of the _____
of _____, in the State of _____
and that we personally know, and are well acquainted with, the applicant
whose name is signed to the foregoing application, and who is applying
for aid under acts of the General Assembly of Virginia, approved March
14, 1924; March 13, 1926, and April 18, 1927, and that we have known the
said applicant for _____ years, and that to our personal

knowledge said applicant is the widow of _____
who was a loyal and true soldier (sailor or marine), in the military or
naval service of Virginia, or of the Confederate States, in the war be-
tween the States, and that on or about the _____ day
of _____ the said applicant's
husband died, and that they lived as husband and wife up to the date of
the death of said husband and that we have no personal interest in the al-
lowance of the applicant's claim.

A signature made by X mark is not valid unless attested by a
witness.

Witnesses not Comrades.

WITNESS

Subscribed and sworn to before me, a _____
in and for the _____ of _____
State of Virginia, this _____ day of _____, 1927

Signature of Officer.

NOTE—If no comrades in arms or other persons who has knowledge of
the services of the applicant's husband and the cause of his death is living,
whose address is known to the applicant, state that fact here.

(D) CERTIFICATE OF PHYSICIAN

Physician will please read carefully the answers to questions 10 and 11,
and the following certificate before filling out.

If the applicant is blind, the physician shall also certify the extent,
herein.

I, Dr. J. D. Dorelli, a practicing physician in the
City of Washington in the State of
Virginia, do certify that I am personally acquainted with the applicant,
whose name is signed to the foregoing application for aid under acts of
the General Assembly of Virginia, approved March 14, 1924; March
13, 1926, and April 18, 1927, and that I attended her husband John D. Dorelli
Sellis, during his last illness, which resulted in his death.

and that I have no personal interest in the allowance of the applicant's
claim.

Given under my hand this 28 day of Oct, 1927
John D. Dorelli M. D.