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

APPLICATION of a widow of a Soldier, Sallor, or Marine of the late Confederacy under acts approved March 14, 1924, March 13, 1926, and

April 18, 1927

11 ply for a pencion under the provisions of the asia of the General Assembly of Virginia aly sweet

I do polaranty swear that I am a sitian of the State of Virginia and that I have been an astual resident of the anid State for two years near of the amplication, and that I am the widow of the State of Virginia and that I have been an astual resident of the anid State for two years near the Confederate States in the War Batwam the State, and that I was married to him hears January first, sighteen hundred and shake (aslow or marks here of any knowledge and helled during the sold war my husband was how and that to his during first, sighteen hundred and shake (aslow or my husband was how and the to his dury, and never at my time desarted his command or w his post of dury in the wild service, and that I was never divorand from my sold husband, and that I never wolundarily abandoned him during his lit true, fulfihint and iswini with up to the time of his desit, and that I am a widew at the date of making the application, and that I am now estimate the port of any movie date and a like (asting a like that i an a widew at the date of making the application, and that I am now estimate true, fulfihint and iswini with up to the time of his desit, and that I am a widew at the date of making the application, and that I am now estimate true, fulfihint and iswini with up to the time of his desit, and that I am a widew at the date of making the application, and that I am now estimate true in a provisions of said aste. I do forther swear that I do not hold a mational, State or county office, which pays a salary or fas an arow at the in trust for my own headt, estate or property, ether true, personal or mined in fac or fas this ophication, and the I i am own with per anoma, or which yields an income which added to my income from all other samewer in this application any source, heard and eloth soleanly swear that the answers given to the questions which I am required for preserve measury ald from any source, heard and eloth AT constitues rower has an any source form the United States, and do I are not and eloth AT constitues ro an ap astual rankiant of the said State for two years mart press who was a soldier (sollor or marine) in (me January first, sighteen hundred and mhety (January 1, 1980 ف وملك irine) in iry 1, 18 ii), and to the life, but r ad bla doll te hi ns (14 n Ór

All questions must be answered fully. Widows married after December 31, 1889, are not entitled to pensions. 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. Certificates under B, C, E and F not necessary if husband was pensioner.

+ inci 1. What is your name? CIVER. Line . 7 . 4 14. Who were his immediate superior officers? DUZIN 0 2. What is your age?. Colonel. Captain 3. Where were you born? And the diam'r 15. Give the names and addresses of two comrades who served in the une command with your husband during the war. (Not necessary ia, 4. How long have you resided in Virginia?... if your husband was a pensioner.) 5. How long have you resided in the City or County of your present Name Address residence?. 0 VER.T. 6. Where do you regida? If in a city, give street address Name 1 Address Postoffice 16. What assistance do you receive, and what income have you from all sources? County of. Virginie, 7. With whom do you reside? مزيرانه un ton Mars. NOTH-By income tal gross rece mans and other ant the tol e is means rold or up tots desived by you fre What was your husband's full name? (17. How much property do you own? -M sa ju 9. When, where and by whom were you/married? Real estate, \$. When? 18 mi De Where?. . (?) 19. Have you over applied for a pension in Virginia before? If yes, why 2.1. By whom? (*) of a loss are you not drawing one at this time? 10 Fin 2 re lin 10.1 ~1 What was the can e of his death? 20. Is there a camp of Confederate Veterans in your city or county? 242 12 レイ 12. Have you married since the death of your husband? If yes, give مىمر 2 21. Give here any other information you may possess relating to the full particulars. service of your husband or the cause of his death which will support the justice of your claim. 13. In what branch of the army did your husband serve? Q Regiment. (j Company. -----A signature made by X mark is not valid unless attested by a with a WITNESS_ Star, 15 Signature of Applicant. 2 in The for the a 2 in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application personally appeared before me in my _______ aforemid, having the aforemaki application read to her and fully explaned, as well as the statements and answers therein made, the said applicant made onth before me that the said statements and answers are true. Given under our hand this decimately of Mining 19_6 Signature of Officer.