JUL 9 î Filed in the Clerk's Office of it incoment Where Where If comrade When the name of the applicant, or any Court of THE TIGGE this **LUGIG** PENSION APPLICATION FOR A Ş TODUL 5 **Disabled Confederate Soldier** debt **ATER** camp, Ţ dunb ACT 1918. To save trouble for Applicant and Pension Department, please write plainly in spaces below, the County or City in which the Pension was granted and the name and Postoffice Address of the applicant. Certificaten A. tound to READ BEFORE of Confederate Certificate F must wered fully pecumary 目に **FRUC** demand U County City... one making affidavit, is made by THE FORM IS FILLED IN. Certificate B, Certificate C must be filled. and G filled out in full. Voterana, be filled. Name Deerin I Cartificate E **FIONS** Ratino **CURIO**D must be Filed in Auditor's of Paid Warrant No Date of Payment mark, MEMORANDA 7541 1 a witness must No. 4 -3-4-21----600 Torm

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Circuit Court After the application 9 your ig T is filled 9 county. up through Certifleate **Ģ** Ę it with ţ elerk of the Corporation