

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 or Circuit Court of Your City or County.

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

FORM No. 4

APPLICATION of a Disabled Soldier, Sailor or Marine of the Late Confederacy Under Act Approved February 28, 1918.

I, _____ do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved February 28, 1918, entitled, "An Act to amend and re-enact an act approved March 24th, 1916, relating to Confederate pensions."

I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of the said State for two years next preceding the date of this application, and that I was a soldier (sailor or marine) of the Confederate States in the war between the States, and that I am now disabled, and that from the effects of such disability I am incapacitated from following my usual and ordinary occupation, or any other occupation for a livelihood; and that during the said war I was loyal and true to my duty, and never, at any time during my command or voluntarily abandoned my post of duty in the said service, and that by reason of such service and disability I am now entitled to receive a pension under the provisions of said act. And I do further swear that I do not hold any national, State, city or county office or position which pays me in salary or fees Three hundred (\$300.00) dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Three hundred (\$300.00) dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Three hundred (\$300.00) dollars per annum; nor do I own, nor does my wife own, nor does any one hold in trust for my wife, estate or property, either real, personal, or mixed, either in fee or for life, of the assessed value of Two thousand (\$2,000.00) dollars; nor do I receive any pension from any other State, or from the United States, or from any other source, and that I am not an inmate of any soldier's home and am without necessary means of support from any source, and I do further swear that the answers given to the following questions are true:

All questions must be answered fully—be explicit.

1. What is your name? _____
2. What is your age? _____ years.
3. Where were you born? _____
4. How long have you resided in Virginia? _____
5. How long have you resided in the City or County of your present residence? _____ years.
6. In what branch of the service were you?
_____, Regiment
_____, Company
7. Who were your immediate superior officers?
Colonel _____
Captain _____
8. When did you enter the service? _____ 186____
9. Where did you enter the service? _____
10. When and why did you leave the service?

11. Where do you reside? If in a city, give Street address.
Postoffice _____
County of _____ Virginia
12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?

13. What is your usual and ordinary occupation for earning a livelihood?

14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same.

15. What is your annual income?
NOTE—My income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.

16. How much property do you own?
Real Estate \$ _____
Personal Property \$ _____
17. What is the exact nature of your disability and the cause thereof?

18. Are you totally or partially incapacitated by such disability?

19. Give the names and addresses of two comrades who served in the same command with you during the war.
Name _____
Address _____
Name _____
Address _____
(See Certificate "B.")
20. Is there a camp of Confederate Veterans in your city or county? _____
21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.

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

WITNESS _____

I, _____, in and for the _____

of _____ in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my _____, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this _____ day of _____, 192____

Signature of Officer.