

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, Sailor, or Marine of the late Confederacy under act approved February 28, 1918, as amended  
by act approved March 11, 1922.

I, Elizabeth P. ..., do hereby apply for a pension under the provisions of the Act of the General Assembly of Virginia,  
approved February 28, 1918, relating to Confederate pensions, as amended by Act approved March 11, 1922.  
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 am the widow of John P. ... who was a soldier (sailor or marine) in the service of the Confederate  
States in the War between the States, and that I was married to him on or before May 31st, eighteen hundred and seventy-seven (May 1, 1877), and to the best  
of my knowledge during the said war my husband was loyal and true to his duty, and never at any time deserted his command or voluntarily abandoned his post of  
duty in the said service, and that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true,  
faithful and lawful wife up to the time of his death, and that I am a widow at the date of making this application, and that I am now entitled to receive a  
pension under the provisions of said act. I do further swear that I do not hold a national, state or county office, which pays a salary or fees amounting to  
three hundred dollars (\$300.00) per annum, nor have I income from any source whatever which amounts to three hundred dollars (\$300.00) per annum, nor  
do I receive from any source whatever money, or other means of support, amounting in value to three hundred dollars (\$300.00) per annum; nor do I own in my own  
right, nor is there held in trust for my own benefit, estate or property either real, personal, or mixed in fee or for life of the assessed value of two thousand dollars  
(\$2,000.00) or more which yields a total income which amounts to three hundred dollars (\$300.00) per annum, or which yields an income which, added to my income  
from all other sources, amounts to as much as three hundred dollars (\$300.00) per annum. I do further swear that I do not receive a pension from any other  
State or from the United States, nor do I receive necessary aid from any source whatever. I do solemnly swear that the answers given to the questions which I  
am required to answer in this application are true to the best of my knowledge and belief.

All questions must be answered fully. Widows married after May 1, 1877, are not entitled to pensions.

1. What is your name? <u>Elizabeth P. ...</u>	15. Who were his immediate superior officers? Colonel <u>...</u> Captain <u>...</u>
2. What is your age? <u>...</u>	16. Give the names and addresses of two comrades who served in the same command with your husband during the war. (See Certificate "B") Name <u>...</u> Address <u>...</u>
3. Where were you born? <u>...</u>	Name <u>...</u> Address <u>...</u>
4. How long have you resided in Virginia? <u>...</u>	17. Give the names and addresses of two persons who are fa- miliar with the circumstances of your husband's service and death. (See Certificate "C") Name <u>...</u> Address <u>...</u>
5. How long have you resided in the City or County of your present residence? <u>...</u> years. <u>all the</u>	Name <u>...</u> Address <u>...</u>
6. Where do you reside? If in a city, give street address. Postoffice <u>...</u> County of <u>...</u> Virginia	18. What assistance do you receive, and what income have you from all sources? <u>...</u>
7. With whom do you reside? <u>...</u>	NOTE: By income is meant the total, gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.
8. What was your husband's full name? <u>John P. ...</u>	19. How much property do you own? Real Estate, \$ <u>...</u> Personal Property, \$ <u>...</u>
9. When, where and by whom were you married? When? <u>...</u> Where? <u>...</u> By whom? <u>...</u>	20. Was your husband on the pension roll of Virginia? If yes, <u>...</u> in what county, or city was his pension allowed?
10. When and where did your husband die? <u>...</u>	21. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
11. What was the cause of his death? <u>...</u>	22. Is there a camp of Confederate Veterans in your city or county? <u>...</u>
12. Give name and address of physician who attended your hus- band at the time of his death. (See Certificate "D.") Name <u>...</u> Address <u>...</u>	23. Give here any other information you may possess relating to the service of your husband or the cause of his death which will support the justice of your claim. <u>...</u>
13. Have you married since the death of your husband? If yes, give full particulars. <u>...</u>	
14. In what branch of the army did your husband serve? <u>...</u> Regiment <u>...</u> Company	

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

WITNESS

Signature of Applicant.

I, ..., in and for the ... in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application,  
personally appeared before me in my ... aforesaid, having the aforesaid application read to her and fully explained, as well  
as the statements and answers herein 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.