

(A) OATH OF RESIDENT WITNESSES.

(Must be signed by two residents of Applicant's City or County.)

We, \_\_\_\_\_  
and \_\_\_\_\_  
do solemnly swear that we are residents of the \_\_\_\_\_  
of \_\_\_\_\_, in the State of Virginia and that we  
have known personally and well for \_\_\_\_\_ years the applicant  
whose name is signed to the foregoing application for aid under  
the act of the General Assembly of Virginia, approved March  
11, 1922, amending an act approved February 28, 1918, 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 answers to the ques-  
tions 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 act, and that we have no personal interest in the allow-  
ance of the applicant's claim.

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

Resident Witnesses.

WITNESS \_\_\_\_\_

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_ of \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 192\_\_\_\_

Signature of Officer.

(B) AFFIDAVIT OF COMRADES.

(See Question No. 16 on page one.)

We, \_\_\_\_\_  
and \_\_\_\_\_  
do solemnly swear that we are residents of the \_\_\_\_\_  
of \_\_\_\_\_, in the State of \_\_\_\_\_  
and that the applicant whose name is signed to the foregoing  
application, at any and every time he served:

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?

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 \_\_\_\_\_ aforesaid, 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\_\_\_\_

NOTE.—If only one comrade whose address is known to the applicant let  
him make affidavit B. If no such comrade is living whose address is known to  
the applicant, then let one or more reputable persons who have personal  
knowledge of the service of the applicant's husband and of cause of his death  
make affidavit C.

(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 the act of the General Assembly  
of Virginia, approved March 11, 1922, amending act approved  
February 28, 1918, and that we have known the said applicant  
for \_\_\_\_\_ years, and that to our personal knowledge the  
said applicant is the widow of \_\_\_\_\_  
who was a loyal and true soldier (sailor or marine), in the mili-  
tary or naval service of Virginia, or of the Confederate States,  
in the war between 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 allowance 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 \_\_\_\_\_, 192\_\_\_\_

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.

Signature of Applicant.

Signature of Officer.