IP The Applicant must read or have read to him, every word in this Application.

PENSIONERS now on the ROLL are NOT readred to make new applications, but must file annual certificate.

## THIS APPLICATION

Must be Biled with the Clerk of the Corporation or Circuit Court of your Chy or County.

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

## FORM No. 2

APPLICATEON of Disabled Soldier, Safler or Marine of the late Confederacy Under Act of April 2, 1992, as amended.

All questions must be answered fully-be explicit:

می میں میں میں میں میں میں میں میں میں م	
1. What is your name?. JULL	13. What is your usual and ordinary occupation for earning a livelihood?
2. What is your ago?	
3. Where were you born? Hartforde. County	14. Are you following such occupation or any other occupation or employment at this time? If yes, size the nature and extent of same.
4. How long have you resided in Virginia?	No. Pat able.
	•••••••••••••••••••••••••••••••••••••••
5. How long have you resided in the City or County of your present resi- dence?	15. What is your annual income? \$
6. In what branch of the service were you?	NOTH-By income is meant the total gross receipts derived by you from all crops (whether sold or used) wages and other sources values in dollars.
Resiment.	
Ċ.	16. How much property do you own?
Company.	Real Retate #
7. Who were your immediate superior officers?	Personal Property \$ Towalkold furniture \$ 2500
Colonel Marty F. Martin	17. What is the exact nature of your disability and the cause thereof?
Captain. L. F. Cathoutte	
8. When did you enter the service?	
9. Where did you enter the service?	18. Are you totally or partially incapacitated by such disability?
Raligh J. C.	and totally.
10. When and why did you leave the service?	
Left at class	19. Give the names and addresses of two comrades who served in the same command with you during the war.
	Name Son Black.
	Addres Cincilaton. I.C.
	Ken the Madaa
	Name
11. Where do you reade? If in a city, give street address.	Address and And Altan
Post-office . (1) M.M.	See Certificate "B,"
County of	
	20. Is there a camp of Confederate Veterans in your city or county?

for 21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim. this time? one at -- mark userar lignature of Applicant.) in and for the... Criston in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally ap-.... aforesaid, having the aforesaid application read to him and fully explained, as well as the statements and answers peared before me in" my therein made, the said applicant made oath before me that the said statements and answers are true. Given under my hand this fit ... day of .. Cuful t. ... 1912. R FBarham