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

## 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. 1.**

APPLICATION of Wounded Soldier, Sailor or Marine of the late Confederacy Under Act of April 2, 1982, as amended.

Inter act of April 2, 1984, as amended.

TPAll questions must be answered fully-be explicit:

1. What is your name? John Thomas Hick	15. Dkl you kees your sight by reason of being wounded?
2. What is your ago?	16. If limb or sight was not lost, what is the presise nature of your disability, and the cause thereoff August and for the second standards.
8. Where were you born? Southan flos Co - 40	
4. How long have you resided in Virginia? O.K. My Life	17. Are you totally or partially incapacitated by such disability?
5. How long have you resided in the City or County of your present residence?	18. What is your usual and ordinary occupation for earning a livelihood?
6. Where do you residef If in a city, give sirest address.	House
Post-attice It T. D. Branchille	
County of	19. Are you following such occupation or any other occupation or employment at this time? If yos, state the nature and extent of same.
7. In what branch of the service were you when wounded?	:
Company	20. What is your annual income? 8. Molling a chinely - Mit.
8. Who were your immediate superior officers?	NOTE-By income is moant the total gross receipts derived by you from all crops (whether sold or used) wages and other sources valued in dollars.
Colonel Josefh S. Minelie Captain Les Q. Beelan	21. How much property do you own? Real Estate \$
Burk: Val Que	Personal Property 8//60
9. When did you enter the service?	22. Give the names and addresses of two commutes who served in the same command with you during the war who were with you at the time you were wounded.
10. Where did you enter the service?	Name 1. 7 Hours Address N.Y. H- Bronchville U.ª
11. When and Why did you leave the service?	Name 121 A: Actions Ve Address Boykins Ve
1864 et Botte of Burgis/Mill	See Certificate "B".
	23. Is there a camp of Confederate Veterans in your city or county?
	24. Have you over applied for a pension in Virginia before? If so, why are you not drawing one at this time?

Give here any other information you may pos-which will support the justice of your claim. What was precise location and nature of each wound received? 25. sees relating to your service or disability 14. What limb, if any, did you loss by reason of being wounded? .. M.Y. - Line For A signature made by X mark is not valid unless attested by a witness."EN WITNESS .... in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my. Caul ......aforeaid, having the afore and application read to him and fully explained, as well as the statements and answers therein made, the said applicant made on h before me the the said statements and answers are true. In the Banklan Stanstore of Officer.