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

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

THIS APPLICATION

Must be Filed with the Clerk of the Corporation or Circuit Court of your Oily or County.

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

FORM No. 8.

APPIACATION of a Widow of a Soldier, Sailor or Marine of the Inte Confederacy Under Act of April 2, 1902, as amended,

April 2, 1903, as amended, untitled "An act to aid the different of Virginia, who were disabled by wounds received during the war between the States while serving as soldiers, sailors, or marines of Virginia, and such as served during the said war as soldiers, sailors, or marines of Virginia, who are now disabled by disease contracted during the war, or by the infirmities of age, and the widows of soldiers, sailors, or marines of Virginia, who are now disabled service, or whose death resulted from wounds received or disease contracted in said service, and providing penalties for violating the provisions of this act." 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, and of

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Mer All questions must be answored rallybe explicit:	
1. What is your name? M. any D. Make	15. Who wer printermediate emperior officeral
3. What is your age?	Captain 3. The Minth and a
4. How long have you resided in Virginia?	16. Give the names and addresses of two comrades who served in the same command with your haband during the war.
5. How long have you resided in the City or County of your present resi- dence?	Address Address By By By In
6. Where do you reside? If in a city, give street address. Post-office	See Certificate "B." " " " " " " " " " " " " " " " " "
County of	Address
8. What was your husband's full name?	Address
9. When, where and by whom were you married? Much & Dy T	18. What assistance do you receive, and what income have you from all sources?
By whom? AN 2005 B glogy gt	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.
10. When and where did your husband diez	19. How much property do you own?
11. What was the course of his death?	Personal Property \$
	20. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?
12. Give name and address of physician who attended your husband at the time of his death.	
Name	\$1. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?

