

DECLARATION FOR NURSE'S PENSION.

To be executed before some officer authorized to administer oaths for general purposes. The official *character* and *signature* of any such officer not required by law to use a seal must be certified by the clerk of the proper court, giving dates of *beginning* and *close* of official term.

STATE OF }
COUNTY OF } ss:

On this day of, A. D. one thousand eight hundred and ninety personally appeared before me, a within and for the County and State aforesaid, a resident of, State of, who, being duly sworn according to law, states that she was born in the year 18, and is years of age. That she is the identical person who was employed by as *Nurse*, and that she served under the name of from the day of, 186, to the day of, 186, when she was honorably released at

That her service was rendered in [Here state post, camp, or general hospital.] where she served at least months during the War of the Rebellion. That she is unable to earn a support by reason of

[Here name causes for inability to earn a support.] The said disabilities are to the best of her knowledge and belief of a permanent character. That claimant has applied for received a pension as [Widow, mother, or nurse.] under the general law or by special act of Congress,

(If claimant's husband or sons have rendered service in the Army or Navy, that fact must be stated, with name of soldier in full, giving Company and Regiment. If they are pensioners, or applicants for pension, the number of their claims must be stated.) That she makes this declaration for the purpose of having her name placed on the pension roll of the United States under the provisions of the Act of August 5, 1892.

She hereby requests that of, State of, be allowed to act as her attorney to prosecute her claim, which service he agrees to render *without compensation*, under the penalty of the law.

That her post-office address is No. Street, County of, State of

ATTEST:

..... [Signature of claimant in full.]