FORM OF DECLARATION FOR AN INVALID ARMY PENSION.

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On this 2 day of
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[Signatures of witnesses.]
Sworn to and subscribed before me thisday ofday ofA. D.
186-7 -; and I certify that I have no interest, direct or indirect, in the prosecution of this claim.
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Note 1.—This application must be sworn to before some officer using a Scal, and not before a Justice or Notary Public, and a 10 cent Revenue Stamp attached to the certificate of the authenticating officer. 2.—Give a particular and minute account of the wound or other injury, and state how, when, and where it occurred, where