

Congress of the United States
House of Representatives
Washington, D. C.

October 26, 1925

Mr. John Black
Hartford, Tenn.

Dear Mr. Black:

Referring to your letter of the 16th instant I beg to advise you that the only application for invalid pensions we have in the office is, Claim for Original Invalid Pension. I am enclosing one of these applications, however, if it is not the one you need let me know and I shall get one from the Department.

Very sincerely yours,

S. R. Howell

S. R. Howell
Acting Secretary

DECLARATION FOR ORIGINAL INVALID PENSION

State of _____, County of _____, ss:

On this _____ day of _____, 192____, before me, the undersigned, personally appeared _____, who makes the following declaration as an application for pension under the provisions of sections 4692 and 4693, Revised Statutes United States, on account of the disabilities hereinafter named, INCURRED IN SERVICE IN LINE OF DUTY:

That he is _____ years of age; that he was born _____, 1____ at _____

That he is the identical _____, who ENLISTED _____, 1____, at _____, under the name of _____, in _____ (Here state company and regiment, if in the Army; or vessel, if in the Navy)

and was honorably DISCHARGED _____, 1____

That he also served in _____ (Here give a complete statement of all other military, naval, or coast guard service, if any, at whatever time rendered)

and that, except as herein stated, he was _____ employed in the military or naval service of the United States.

That his personal description at time of first enlistment was as follows: Height, _____ feet _____ inches; complexion, _____ color of eyes, _____; color of hair, _____; that his occupation was _____

THAT WHILE IN THE SERVICE IN LINE OF DUTY AT _____ on (or about) _____, 1____, he _____ (State the name and nature of each and every permanent disability contracted in the service and the results thereof, giving date, place, and circumstances of incurrence)

That he was treated in hospitals as follows: _____

That since leaving the service he has resided at _____

and his occupation has been _____

That he _____ serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period. (did or did not)

That _____ member of his family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2, 1921, or at any time during said period _____ (a or no) (If claimant or any member of his family was in the military or naval service during the period mentioned, state the full name under which each served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of enlistment and discharge. State also whether any such members are dead, and if so, give the names)

That he has _____ applied for pension under Original No. _____; that he is _____ a pensioner under Certificate No. _____

Two attesting witnesses:

(1) _____ (Signature of first witness)

(Address of first witness)
(2) _____ (Signature of second witness)

(Address of second witness)

(Claimant's name in full)

(Claimant's address in full)

Subscribed and sworn to before me this _____ day of _____, 192____, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words _____ erased, and the words _____ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

(Signature)

(Official character)

(Post office address of officer)

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION

Claimant should answer fully the following:

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: _____

No. 2. When, where, and by whom were you married to your present wife? Answer: _____

No. 3. What record of your marriage to her exists? Answer: _____

No. 4. Were you previously married? Answer: _____ If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. Answer: _____

No. 5. Have you any children living? If so, state their names and the dates of their births. Answer: _____

(Signature of claimant)

INSTRUCTIONS—READ CAREFULLY

This form to be used only in case claim is made for original invalid pension because of permanent disability from cause or causes which originated in service in line of duty.

Declaration and testimony must be executed before some officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation or vocational training pay through the United States Veterans' Bureau, covering the same period of time, except that the receipt of compensation by a widow, child, or parent on account of the death or disability of any person will not bar the payment of pension on account of the death, disability, or service of any other person.

That part of the declaration referring to service between April 6, 1917, and July 2, 1921, should show whether the claimant or any member of his family rendered any service in the Army, Navy, Marine Corps, or Coast Guard of the United States during said period, and if so, the full name under which each served should be stated, together with the designation of the organization in (or the vessel on) which such service was rendered with dates of enlistment and discharge.

The term "family" includes: Child, legally adopted child, stepchild, father, mother, stepfather, stepmother, father and mother through adoption, and person who has stood in place of parent for a period of not less than one year prior to induction into service.

3-001

CLAIM FOR ORIGINAL INVALID PENSION

Sections 4692 and 4693, Revised Statutes of the United States.

Number	Applicant
Co.,	Reg't
Enlisted	1
Discharged	1