Carl C. White, Auditor of Public Accounts and Pension Commissioner of the State of Mississippi

## APPLICATION FOR PENSION

FORM NO. SERVANT For \$30.00 Per Year

## How Made: What to Contain; Description of Disabilities; Oath Prescribed

Application of Indigent Servant of a Soldier or Sailor of the Late Confederacy, under H. B. 11, 1928.

Application must be filed in duplicate with the Chancery Clerk on or before the first Monday in September of the year in which application is first filed.

(Applicant must answer all of the following questions). France Chiedres 1. What is your name? Answer\_\_\_ Q. 2. In what county and state do you reside? Answer Junica Co. Mus Q. 3. Are you a bona fide resident of the United States and of the State of Mississippi? Q. 4. How long have you resided in Mississippi? Answer 80 41111 Q. 5. In what state did you reside when you served as a servant of a soldier er seiler in the service of the Confederate States? Answer \_\_\_\_ Q. 6. What was the nature of your service in the Confederate Army or Navy? Answer? Servit 7. When did you begin your service in that capacity? Answer . Parant 8. When did your service end in that capacity? Answer Ofth War Was over Q. 9. Did you ever desert such service? Answer\_ Q. 10. Where were you at the surrender? Answer Clover Hiel. Coahoma Co. Miso Q. 11. If not in service, why? Answer was in Denice as Derrant only Q. 12. What was the name of the soldier or sailor under whom you served? Colonie Childres. Answer was Simply a Sevant Bry with Colonie Chickras Q. 13. In what state, county and place did he reside when he enlisted? Answer Col. Children I vint in Q. 14. When did he enlist? Answer 40-0-6/ Q. 15. Give the names of the officers of his company, regiment or reselv Winh out with Forst Link Son to Songware Jackson Mark Brady Q. 16. Was he ever discharged from his command? Answer Q. 17. If so, why? Answer ---Q. 18. Was he in active service at the surrender in 1865? Answer He wasin Jaie at Helma loke at time of Eur, moir Q. 19. Do you apply for a pension because you are disabled and unable to earn a support by your own efforts? Q. 20. Give nature of your disability and destitution? Answer 5002 leg. Caused from Gun Gest wound Rech during Saries in 6

"I do solemnly swear (or affirm) that I was a servant of a Confederate Soldier or Sailor (as the case may be) that I did not desert the Confederate service; that I was honorably discharged or paroled (as the case may be); that I reside in this state; that statement set forth in application are true and correct I verily believe; so the me God." (Signature of Pensioner) Sworn to and subscribed before me, this-Two, Chancery Clerk. AFFIDAVIT We, the undersigned, certify that the facts stated in the above application are true and the applicant is the identical on in the said application.

Sworn to and subscribed before me, this person in the said application. (Signature of Witness) more (Signature of Witness) OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRE Survey nembers of the Board of Inquiry, hereby approve the foregoing application of for pension because we believe the facts stated in the application are true and the party should receive a pension. Given under our hands and seal of office, this\_\_\_\_ President of Board. 1. Servet en (Seal) (Seal) (Seal) (Seal) N. B.—If the Board approves this application, the Chancery Clerk will so certify, after recording the same in a book kept for that purpose, and forward all of the approved applications in a body to the Auditor's office by the first day of October. No application forwarded after that time can be received. hist Soon to Stoneway weeksm the time of Earn roler of PENSION Aplication Instructions to Chancery Clerk: FORM No Name of Applicant APPLICATION County