

Report of County Commissioners

SOLDIER'S PENSION CLAIM

UNDER THE ACT OF 1915

(FORM A.)

STATE OF.....

County of.....

On this..... day of....., A. D. One Thousand Nine Hundred and.....

personally appeared before me, a..... in and for the county and State aforesaid,

....., who, being duly sworn

according to law, declares that he is..... years of age, having been born on the..... day of.....,

19....., in the county of....., in the State of..... That he

is a bona fide citizen of the county of....., State of Florida. That he has resided in

the State of Florida continuously since the..... day of....., 1.....

That he is the identical person who enlisted at....., under the name of

....., on the..... day of.....,

186....., in Company....., Regiment..... of the State of.....

in the service of the.....

(Here state whether the service claimed was in the Confederate States Army or in the service of a State.)

and who was HONORABLY DISCHARGED at....., in the State of

....., on the..... day of....., 186.....,

on account of.....

(Here state fully any other military service performed by applicant.)

See Claim on file

(Here give date and place of capture, imprisonment, exchange or parole.)

That I served faithfully until HONORABLY DISCHARGED from the service of the.....

..... in the year 186....., and did not desert the service of the.....

..... nor take the oath of allegiance to the United States until after the

surrender of the Confederate Armies.

(Here state whereabouts at close of Civil War.)

That I was.....