## For an Increase of Invalid Pension.

STATE OF
COUNTY OF
On this, A. D., 189 , personally appeared
before me, a
State aforesaid,
Claimant's name should be written here.  aged 4.1. years, a resident of the County of, State of
who being duly sworn according to law, deposes as follows, to wit:  I am a pensioner of the United States, duly enrolled at thepension
agency, at the rate ofdollars per month, by reason of disability incurred in the military
service of the United States, while a member of Company of the Regiment of
Vilunteers, and my present physical condition is such that I believe I am entitled to receive an increase of
pension. I am pensioned for
State here the disability or disabilities for which you are pens oned, just as they are written in your Pension Certificate.
That my disability has resulted in
If your disability has resulted in any other disability, please write the same herca
What since I lest applied for an increase of my paneign my disability
approximation of the second of
[Liften dissellity or dissolition have increased since you last applied for increased state that taken the lines after the word "disability."]  IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. CRALLE & CO.,
or Washington, D. C., my true and lawful Attorneys, to prosecute my claim. My Postoffice address
is County of State of
and the number of my Certificate is $3-2464$
Attest ( M. M. M. L. C.
witnesses. [Claimant's Signature.]
Also personally appeared , residing at , residing at
and 2 2 4 4 5, persons
whom I certify to be respectable and entitled to credit, and who, being duty sworn, say that they were present
and saw 112 13, 1 the claimant, sign his name (or make his mark) to the
foregoing declaration, and that they have every reason to believe from the appearance of said claimant and
from their acquaintance with him, that he is the identical person he represents himself to be, and that they
have no interest, direct or indirect, in the prosecution of this claim.
Signature of Witnesses:  Sworn to and subscribed before me this day of
Sworn to and subscrited before me this A. D. 189
and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to
the applicant and witnesses before swearing, including the wordserased.
and the words
the prosecution of this claim.
Signature.
Signature.  Official Character.