Application for Pension

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

Form No. 4-SOLDIERS and SAILORS

PRORATE

Application of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by Laws of March 13, 1922, H. B. 382.

Applications 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.)
	What is your name? Answer A L. Colder
	In what county and state do you reside? Answer DeSolo Co Miss
	What is the name of your Post Office? Answer Oochte
	Are you a bona fide citizen of the United States? Answer
	Are you a bona fide citizen of the State of Mississippi? Answer 48
	Are you an inmate of the Beauvoir Soldiers' Home? Answer // O
	What was the date of your enlistment? Answer Nov 1863
	In what state, county and place did you reside when you enlisted? Answer Deboto Co Miss
	Answer Cafet Mack Wallace Co & 18th Miss Car Reg Com
	Answer Cafet Mack Wallace Co & 18th Miss Car Reg 2 Come. Were you ever discharged from your command? Answer
	Were you ever discharged from your command? Answer
	Were you ever discharged from your command? Answer If so, for what cause? Answer Were you in active service at the surrender in 1865? Answer
	Were you ever discharged from your command? Answer
as	If so, for what cause? Answer To See twith measles at
as	Were you ever discharged from your command? Answer If so, for what cause? Answer Were you in active service at the surrender in 1865? Answer Sechwith measles at If not, why? Answer "I do solemnly swear (or affirm) that I was a Confederate soldier or sailor (as the case may be); that I honorably discharged or paroled or did not desert from the Confederate service (as the case may be); to I reside in this State; that statements set forth in application are true and correct I verily believe; so

are at a land small balliage the facts stated	in the above application to be true and the applicant to
AFFIDAVIT-We, the undersigned verily believe the facts stated	
he identical person named in the said application.	(Signature of Witness)
orn to and subscribed before me this	& & Euson ar
f Que 1922	(Signature of Witness)
B P Good no	(Signature of Witheas)
(Signature of his soh, 9, 1923	
TE-Must be attested by one or more creditable witnesses.	(Signature of Witness)
	A L'Elelis
	(Signature of applicant)
Swarn to and subscribed before me, this 15-14 day of day	ruguet a 0 102
	The V. 6 Langsla
y communion expires Jan 12-14	926 (Biginature of officer)
	2008+ +
FICE OF CHANCERY CLERK AND COUNTY BOARD OF IN	UIRY COUNTY COUNTY
Gernando MISS.	PA 4 1922
/	
We, the undersigned members of the Board of Inquiry, hereby ap-	
1 & bluck for pension be	ecause we believe the facts stated in the appli-
ion are true and the party should receive a pension.	Sept 2
Given under our hands and seal of office, this day of	192
7	President of Board. (Seal)
0	MD Las (Seal) 0
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	(Sent) Chancery
	(Senl)
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	(Seal)
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N. B If the Board approves this application, the Chancery Cl	erk will so certify, after recording the same in a book kept
N. B.—If the Board approves this application, the Chancery CI r that purpose, and forward all of the approved applications in a	body to the Additor's Office by the 1986 day of October-
No application forwarded after that time will be received.	

PENSION APPLICATION

Reflee of Applicant

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Reflection

No. of Application

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FORM NO. 4—SOLDIERS and SAILORS

FRORATE

Special Instructions to Chancery Clerk:

No application will be entertained unless made on the proper form and every blank in the form properly filled out.