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.)
Q.	What is your name? Answer T & Nobertson
Q.	In what county and state do you reside? Answer Selsoto County = Mis
Q.	What is the name of your Post Office? Answer Mesbett, 2000
Q.	Are you a bona fide citizen of the United States? Answer
Q.	Are you a bona fide citizen of the State of Mississippi? Answer - 4
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer 10.
Q.	What was the date of your enlistment? Answer July 47 /864
Q.	In what state, county and place did you reside when you enlisted? Answer Lexington, Ja Oglethork County
Q.	Give the names of the officers of your company, regiment or vessel? Answeright Johnson; Lecut Thompson; Cal. Johnson
Q.	Were you ever discharged from your command? Answer
Q.	If so, for what cause? Answer
Q.	Were you in active service at the surrender in 1865? Answer
Q.	If not, why? Answer
tha	"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); I reside in this State; that statements set forth in application are true and forrect I verily believe; so me God." (Signature of pensioner) Sworn to and subscribed before me, this day of 192, 192

Swert to and subscribed before me this day of Signature of Wilssean (Signature of Wilssean) NOTE—Must be attested to one or more creditable witnesses. Swert to and subscribed before me, this day of Signature of Splerial Splerial Signature of Splerial Signature of Splerial Signature of Splerial Splerial Signature of Splerial Splerial Splerial Spleri	AFFIDAVIT—We, the under			ed in the att	do.	I freds	to be to be
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NOTE—Must be attested by one or more creditable witnesses. Sworn to and subscribed before me, this. And of Miss. OPPICO OF CLACERY CLERK AND COUNTY BOARD OF INQUIR (Signature of oppor) West amplementation of Miss. 192 West amplementation of Inquiry, hereby approve the foregoing application of County and the party should receive a pension. Given under our hands and seal of effice, this. And of Miss. Opposite the facts stated in the application are true and the party should receive a pension. Given under our hands and seal of effice, this. And of Miss. Opposite the facts stated in the application of the special opposite the facts stated in the application of the special opposite the facts stated in the application of the special opposite the facts stated in the application of the special opposite the speci	Helli	feon		*****			
Sworn to and subscribed before me, this application of the Board approves this application, the Chancery Clerk will so certify, after recording the same in a book is for that purpose, and forwarded after that time will be received.	//		vitnesses.	1	Lise	nature of Witp	css)
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MISS. We be undergoed members of the Board of Inquiry, hereby approve the feregoing application of programmer of the party should receive a pension. Given under our hands and seal of office, this day of President of Board. (Seal)	Sworn to and subscribed bei	fore me, this 3	day 67	200	200	00.	2
MISS. We the modern red degree of the Board of Inquiry, hereby approve the foregoing application of for pension because we helieve the facts stated in the application are true and the party should receive a pension. Given under our hands and seal of office, this. Geal) President of Board. (Seal) (Seal) (Seal) (Seal) (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 ke for that purpose, and forwarded after that time will be received.	1				(Sign	nature of attori	r)
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