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 George Winders
Q.	In what county and state do you reside? Answer Drolo mussessific
Q.	What is the name of your Post Office? Answer Ohice Bracele
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
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer
Q.	What was the date of your enlistment? Answer ? Dray 1862 .
Q.	In what state, county and place did you reside when you enlisted?
	Answer Musseffi Deste County
Q.	Give the names of the officers of your company, regiment or vessel? Cafe George huy Answer Leet Jan Bagan John Jucker The Markin
Q.	Were you ever discharged from your command? Answer
Q.	If so, for what cause? Answer 200
Q.	Were you in active service at the surrender in 1865? Answer
Q.	If not, why? Answer Aux rendered at Grenada Muss
wa:	"I do solemnly swear (or affirm) that I was a Confederate soldier or sailor (as the case may be); that I is honorably discharged or paroled or did not desert from the Confederate service (as the case may be); it I reside in this State; that statements set forth in application are true and correct I verily believe; so p me God." (Signature of pensioner)
	Sworn to and subscribed before me, this 12 day of cect 1922
	Castenley Chancery Glak
	m.P.

be the identical person named in the said application.	(Signature of Winesa)
Sworn to and subscribed before me this /day	EEEuson Le
of aug , 1927	(Signature of Witness)
(Signature of Officer)	(Signature of Witness)
NOTE—Must be attested by one or more creditable witnesses.	(Signature of Witness)
N. C.	(Signature of publicant)
Sworm to and subscribed before me, thisday of	192
Sworm to and subscribed before me, this	(5)
	(Signature of officer)
	2 - 1
OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF LYQUIRY	DeSoto COUNTY
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Jennaula Miss dep	192
We, the understand members of the Board of Inquiry, hereby approve	the foregoing application of
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Compension because	
pation are true and the narty should receive a pension.	we believe the facts stated in the appli-
eation are true and the party should receive a pension.	we believe the facts stated in the appli-
Given under our hands and seal of office, thisday of	eph 192
eation are true and the party should receive a pension.	we believe the facts stated in the appli-
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eation are true and the party should receive a pension.	President of Board. (Seal)
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Given under our hands and seal of office, this day of	President of Board. (Seal) (Seal) (Seal) (Seal) (Seal) (Seal) (Seal) (Seal)
Given under our hands and seal of office, this day of	President of Board. (Seal) (Seal) (Seal) (Seal) (Seal) (Seal) (Seal) (Seal)
N. B.—If the Board approves this application, the Chancery Clerk will for that purpose, and forward all of the approved applications in a body to	President of Board. (Seal) (Seal) (Seal) (Seal) (Seal) (Seal) (Seal) (Seal)
Given under our hands and seal of office, this	192 Agent Seal) President of Board. (Seal) (Seal) (Seal) (Seal) (Seal) (Seal) (Seal) (Seal)

No application will be entertained unless made on the proper form and every blank in the form properly filled out. Special Instructions to Chancery Clerk:

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PRORATE

No. of Application...

PENSION APPLICATION

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