Endorsements Hereon for Comp FORM ENSION APPLICATION. Comptroller's File No. I have carefully examined the within application for with the proof in support thereof, and the within application day of Comptroller.

> Compliments of East Texas Genealogical Society WWW.etgs.org

FORM No. 1.

APPLICATION of Indigent Soldier or Sailor of the late Confederacy for pension under the Act of May 12, 1899.

TH	E STATE OF TEXAS,
* A .	and the second
COUNT	TY OF
To th	e Honorable County Judge of County, Texas.
Ž	Your petitioner, respectfully represents that
he is a resident citizen of County, in the State of Texas, and that he makes this	
application for the purpose of obtaining a pension under the act passed by the Twenty-sixth Legislature of the State of	
Texas, and approved May 12, A. D. 1899, the same being an act entitled "An act to carry into effect the amendment to the Constitution of the State of Texas, providing that aid may be granted to disabled and dependent Confederate	
soldiers, sailors, and their widows under certain conditions, and to make an appropriation therefor," and I do solemnly	
	nat the answers I have given to the following questions are true.
NO	TE—Applicant must make answer to all of the following questions, and such answers must
a ats	be written out plainly in ink.
	Ol Hamilton
	nat is your name? Answer 65 mm all
	nat is your age? Answer Just
	what County do you reside? Answer
Q. Ho	w long have you resided in said County and what is your post office address? Answer 3 your 2
Q. Ha	ve you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so state
	when and where. Answer
	at is your occupation if able to engage in one? Answer Jun & Lock Limit
Q. WI	gat is your physical condition? Answer I how Memorian & mean eyes
	our physical condition is such that you are unable by your own labor to earn a support, state what caused such isability. Answer Thewardison, Mean eyes deofness of old age
	the in what company and regiment you enlisted in the Confederate army, and the time of your service?
Q. If y	ou served in the Confederate navy state when and where, and the time of your service. Answer
Q. Stat	te whether or not you have received any pension or veteran donation land certificate under any previous law,
a	nd if you answer in the affirmative state what pension or veteran donation land certificate you have received.
	nswer done -
Q. Wh	at real and personal property do you now own, and what is the present value of such property? Give list of
st	ich property and value. Answer I how a little home
1	n Typen an an 80 × 170 foot lot
20	my 91950-; be formande from
	if left my house how thitchert
	finnihre.

REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES What property, and what was the value thereof have you sold or conveyed within two years prior to the date of this application? Answer. What income, if any, do you receive? Answer. Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsis-Are you unable by your labor to earn a support? Answer Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under this law? Did you ever desert the Confederacy? Answer Have you been continuously since the first day of January, 1880, a bona fide resident citizen of this State? Wherefore your petitioner prays that his application for pension be approved and that such other proceedings be had in the premises as are required by law. (Signature of Applicant). Sworn to and subscribed before me this day of (SEAL) AFFIDAVIT OF WITNESSES. (Note-There must be at least two credible witnesses.). THE STA on this day personally appeared to me to be credible citizens, who being me day sworn on oath, state that they personally know the above named applicant for a pension, and that they personally know that the said enlisted in the service of the Confederacy, and performed the duties of a soldier (or sailor) as claimed by him in the above and foregoing application, and that they further know that he, the said applicant, is unable to support himself by labor of any sort (Signature of Witness (Signature of Witness) (Signature of Witness) Sworn to and subscribed before me this (SEAL)

AFFIDAVIT OF PHYSICIAN.

THE STATE OF TEXAS,
COUNTY OF COUNTY OF Before me M. N. Doza
County Judge of County, State of Texas, on this day personally appeared
who is a reputable practicing physician of this County, who being by
me duly sworn on oath, states that he has carefully and thoroughly examined
sufficient to earn a support for himself: Chiquic Rhemiation, Defective build
which interferes with his occupation Deagner.
The have been almost continually man to the age to
(Signature of Physician) Sruin Poh ma
Sworn to and subscribed before me this 26 day of July A. D. 1899.
En brown
(SEAL)
County Judge County, State of Texas.
CERTIFICATE OF COUNTY JUDGE.
THE STATE OF TEXAS,
COUNTY OF Spirit, I, So. M. Cross
County Judge of County, State of Texas, do hereby certify that on the 28
day of A. D. A. D. before me came on to be heard the application of
for a pension under the Confederate Pension Law of this
State, approved May 12, A. D. 1899; that the answers of said applicant to the questions propounded were made under oath as the same appear in writing in the foregoing application; that the affidavits of the witnesses who are credible citizens were made before me as the
same hereinbefore appear, and that the foregoing affidavit of Doctor
who is a reputable practicing physician of this County, was made before me. I also certify that the said applicant
under the provision of Section 12, of the Confederate Pension Law. I jurther certify that after considering all the proceedings had before
me relative to the said application for a pension by the said
applicant is lawfully entitled to the pension provided by the Confederate Pension Law of this State, and I hereby approve said application.
Witness my hand and scalof office at this this
day of A.D.
(SEAL)
County Judge County, State of Texas.
CERTIFICATE OF COUNTY COMMISSIONERS.
THE STATE OF TEXAS,
COUNTY OF DIMIKE
COUNTY OF County, Texas, hereby certify that the foregoing application of County Texas, hereby certify that the County Texas, hereby certification of County Texas, hereby certification that the County Texas, hereby
for a pension, together with the proof in support thereof, was duly submitted
by Hon. Set / ONof County Judge of this Smith
County, to the Commissioners Court of this County, at a regular term thereof on the day of A. D. R. Q. and after a careful consideration of the same we find the said applicant is
day of
Witness our hands and seal of office at Jules this this
day of A.D. S. G.
yo hargrow
Dit Down
(Signatures of Commissioners.)
(SEAL)