Declaration for Re-rating and Increase of an Invalid Pension.

State of ..... County of ....., ss :

ON THIS ..... day of ..... A. D. one thousand eight hundred and eighty ....., personally appeared before me, a ..... within and for the county and State aforesaid, ... aged ..... years, a resident of the ..... county of ..... State of ..... who, being duly sworn according to law, declares that he is a pensioner of the United States, enrolled at the ..... Pension Agency at the rate of ..... dollars per month, by reason of disability from .....

(Here name the disability for which pension was granted.)

incurred in the ..... service of the United States while .....

[Military or Naval.] [Here state rank, company, and regiment, if in the Army—vessel, if in the Navy.]

That he believes himself to be entitled to an INCREASE and RE-RATING of pension on account of the fact that he is not pensioned commensurate with his disability, in view of the liberal Acts of Congress for permanent disabilities, and that he has never received the rate allowed others for like disabilities, as will be shown by the following statement: He was allowed from discharge the sum of ..... per month, and was increased about ..... 18 , to the sum of ..... per month, and was again increased to ..... per month about 18 . He claims that during these periods his rating was not in accordance with law or the rules and regulations of the Pension Office. He asks that by a RE-RATING from discharge justice may be done him.

Here state the reasons for applying for increase. If on account of increase in the disability for which already pensioned, that should be described. If on account of disability for which not pensioned, the location of the wound or injury, the name of the disease, and the *time*, *place*, and circumstances of its origin, and the names of hospitals where treated in the service, should be fully stated. The dates of treatment should be given as nearly as possible.]

That he hereby appoints, with full power of substitution and revocation, HENRY M. GITT, of Washington, D. C., his true and lawful attorney, to prosecute his claim. That his POST OFFICE ADDRESS IS ..... county of ....., State of .....

Claimant's Signature: .....

Attest : .....

.....

Claims Re-rating and Increase.

This may be executed before a Notary Public or Justice of the Peace.

ALSO, personally appeared ....., residing at

....., and .....

residing at ....., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw ....., the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

.....

.....

[Signatures of Witnesses.]

Sworn to and subscribed before me this ..... day of ..... A. D. 188....,

and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words .....

..... erased, and the words .....

added; and that I have no interest, direct or indirect, in the prosecution of this claim.

.....

(Signature.)

[SEAL.]

.....

(Official Character.)

INVALID.

Claim for Increase and Re-Rating.

....., *Applicant.*

Co., ... *Reg't.* ..... *Vols.*

Pension Certificate No. .....

FILED BY

HENRY M. GITT,

Attorney,

WASHINGTON, D. C.

J. F. SHEIRY, PRINTER, WASHINGTON, D. C.