

That no fee or other compensation shall be charged or received by any clerk, attorney, officer, or other person for any service rendered to any applicant under the provisions of this act; and any person who shall purchase from a soldier, sailor, or marine, or from any widow or any deceased soldier, sailor or marine, any claim allowed under the provisions of this act for a price or sum of money less than the full amount thereof shall be guilty of a misdemeanor, and upon indictment and conviction thereof shall be fined not less than twenty-five, nor more than one hundred dollars, or imprisonment, or both, at the discretion of the court. (Section 18, Pension Law.)

NO FEE TO BE CHARGED FOR SERVICES RENDERED APPLICANT; PENALTY; EX-  
EMPT FROM LEVY, GARNISHMENT OR ATTACHMENT.

# NOTICE

(After the application is filed in the Circuit Court of your city or Circuit Court of your county.)

Filed in the Clerk's Office of the

Court of \_\_\_\_\_, Virginia,

this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

## PENSION APPLICATION

FOR A

Person who served as body servant, cook, teamster, etc.

ACT 1924

To save trouble for applicant and Pension Department, please write plainly in spaces below the County or City in which the Pension is granted and the name and Postoffice Address of the applicant.

Roll No. \_\_\_\_\_

County Madison

Name Augustine

Post-Office Briceburg

Class \_\_\_\_\_ Rating \_\_\_\_\_ Age \_\_\_\_\_

Filed in Auditor's office \_\_\_\_\_, 19\_\_

Paid Warrant No. 212 - 3 - 6.25

Date of Payment \_\_\_\_\_, 19\_\_

MEMORANDA

Form No. 6-3-25-24-500

Subscribed and sworn to before me, a \_\_\_\_\_  
in and for the \_\_\_\_\_  
State of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_  
Signature of Officer \_\_\_\_\_

Witness  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_  
\_\_\_\_\_ have no personal interest in the allowance of the applicant's claim, and that we intend the same under the provisions of the said act, and that we to our personal knowledge faithful in the discharge of his duty and that we are satisfied of the justice of said claim, and recommend the same under the provisions of the said act, and that we

This Court, from an examination of the foregoing application and of the affidavits, certificates, etc., therewith filed, and hereto annexed, and of such witnesses as were required and called by the court, being satisfied that the said application is supported by the affidavits, certificates, etc., of persons of well known reputation for truth, honesty and integrity, and that the claim of the said applicant is just, and in due form, doth certify the same to the Auditor of Public Accounts.  
Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_  
Judge \_\_\_\_\_

(D) CERTIFICATE OF JUDGE  
\_\_\_\_\_ Chairman of Pension Board  
\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual certificate.

# This Application must be filed with the Clerk of the Corporation Court of Your City or Circuit Court of Your County

(No application will be entertained not on the printed form.)

## FORM No. 6

APPLICATION of a person who served the Confederate States in the war between the States as body servant, cook, hostler, or teamster, or who worked on the Confederate breastworks, under Act approved March 14, 1924.

I, August A. Brown do hereby apply for a pension under the provisions of the Act of the General Assembly of Virginia, approved March 14, 1924, relating to Confederate pensions. I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of the said State for 91 years next preceding the date of this application, and that I served the Confederate States Government in the War between the States as body servant and that I am now disabled and from the effects of such disability, I am incapacitated from following any occupation for a livelihood; and that during the said war I was loyal and true to the Confederacy and duties assigned me, and by reason of such service and disability, I am now entitled to receive the pension under the provisions of said act. And I further swear that my income from any source of employment, or any other source does not amount to as much as three hundred dollars (\$300.00) per annum. I do further swear that I do not receive a pension from this or any other State, or from the United States. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

### ALL QUESTIONS MUST BE ANSWERED FULLY

1. What is your name? August A. Brown
2. What is your age? 91 years.
3. Where were you born? Madison Co
4. How long have you resided in Virginia? 91 years
5. How long have you resided in the City or County of your present residence? 91 years.
6. In what branch of the service were you employed? Infantry
7. What service did you render? Body servant for Gen. Jas. L. Kemper
8. Under whose order or by whose request did you render the service above explained? request of Gen. Kemper
9. Who was your master at the time of entering upon duties in the war between the States? Gen. Brown
10. When did you begin such service? May 1961
11. Where did you begin such service? at Manassas
12. When and why did you leave the service? at the end of the War after Gen. Lee's surrender
13. Where do you reside? If in a city, give street address. Postoffice Brightwood County of Madison Virginia
14. What is your occupation for earning a livelihood? farmer butler and candle maker
15. What is your annual income from all sources? \$150

A signature made by X mark is not valid unless attested by a witness.

WITNESS Bertha T. Pittie August A. Brown Signature of Applicant.

I, Asst. Clerk a clerk of Court in and for the Co of Madison, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application,

personally appeared before me in my Co aforesaid, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this 4 day of Aug, 1924 Asst. Clerk Signature of Off...

#### (A) OATH OF RESIDENT WITNESSES.

We, Wm. J. Leigler and L. D. Weaver do solemnly swear that we are residents of the County of Madison, in the State of Virginia and that we

have known personally and well for 40 years the applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, and that the said applicant is a resident of the said city or county and is a man of good reputation for truth and honesty, and that we have read the foregoing application and the answers to the questions therein propounded, made by the said applicant, and verily believe that the said applicant has been truthful in the said statements and answers, and we verily believe the said applicant is justly entitled to aid under the said act and that we have no personal interest in the allowance of the applicant's claim.

A signature made by X mark is not valid unless attested by a witness. Wm. J. Leigler L. D. Weaver Resident Witnesses.

#### WITNESS

Subscribed and sworn to before me, a clerk of Court in and for the Co of Madison State of Virginia, this 4 day of Aug, 1924 Asst. Clerk Signature of Officer.

#### (B) AFFIDAVIT OF EX-CONFEDERATE SOLDIERS.

Having personal knowledge of the applicant's service. (If no such ex-Confederate soldiers are known to be living, then let one or more reputable citizens, having personal knowledge of the service of the applicant, fill in this certificate.)

We, \_\_\_\_\_ and \_\_\_\_\_ do solemnly swear that we are residents of the County of Madison, in the State of Virginia and that applicant whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, is personally well known to us, and that we have known him 60 years, and that we were sol-



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## Full View of Record: **Confederate Pensions**

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<b>URL (Click on link)</b>	• <a href="http://lvaimage.lib.va.us/CP/html/30791.html">http://lvaimage.lib.va.us/CP/html/30791.html</a> Document Image
<b>Title</b>	• <a href="#">Arrington, Angus.</a>
<b>Publication</b>	1902
<b>Gen. note</b>	Part of index to pension applications filed by Virginia Confederate veterans and their widows.
<b>Note</b>	Servant
<b>Subject - Personal</b>	• <a href="#">Arrington, Angus.</a>
<b>Subject - Topical</b>	• <a href="#">Military pensions. -- United States -- Civil War, 1861-1865 -- Indexes. -- Indexes.</a>
<b>Subject -Geographic</b>	• <a href="#">Virginia -- History -- Civil War, 1861-1865 -- Registers.</a> • <a href="#">Madison County (Va.)</a>
<b>Added Entry</b>	• <a href="#">Virginia. Dept. of Accounts.</a>
<b>Added Title</b>	• <a href="#">Confederate pension rolls, veterans and widows.</a>
<b>System Number</b>	000595902

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