The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he was not a member of any Soldiers' or Sailors' Home June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him, and obey all lawful orders of the Officers of the Home. Post Office Address, Sworn to and subscribed by the day and year first above written, and I hereby certify that the foregoing offidavit was read over and fully explained to_ before he executed it CERTIFICATE OF IDENTIFICATION. (43) The following Certificate must be signed by the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal.) I HEREBY CERTIFY that I know the above named. and that I believe the declaration signed by him to be true. URGEON'S CERTIFICATE. I certify that I have carefully examined (2) Volunteers, and that he is (10) permanently temporarily disabled State of

for obtaining his subsistence by manual abor. Date of Injury or Disease Place of. Character of Disability, Complications, Sworn to and subscribed before me, this A. D. 1888; and I hereby certify that the is known to me as a Surgeon in actual practice and reputable in his profession.