

NATIONAL ARCHIVES ORDER FOR COPIES OF FEDERAL PENSION OR BOUNTY LAND WARRANT APPLICATIONS (See Instructions page before completing this form)																																										
SECTION A. 1. INDICATE BELOW THE TYPE OF FILE TO BE SEARCHED (Check ONE box only) If we locate the file you identify below, we will make copies as indicated. There is no charge for an unsuccessful search.																																										
☒ Full Pension Application File-Civil War, 1860 and Later: The cost for copies is \$75 for the first 100 pages and \$.65 per additional page (see Instructions).					☐ Pension Documents Packet: (See Instructions.) The cost for copies is \$25.																																					
☐ Full Pension Application File Pre-Civil War: The cost for copies is \$50.					☐ Bounty-Land Warrant Application: The cost for copies is \$25.																																					
1. Reference Number: F <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>3</td></tr><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>#</td><td>#</td></tr></table>											0	3	M	M	D	D	Y	Y	#	#	Reference Number: Enter the date you fill out the form (example – MMDDYY = 012309). Enter the number of the request being submitted in the last two boxes. If you are submitting four forms and this is your second, you would enter 02. A completed reference number example is: 01230902.																					
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M	M	D	D	Y	Y	#	#																																			
REQUIRED MINIMUM IDENTIFICATION OF VETERAN - MUST BE COMPLETED OR YOUR ORDER CANNOT BE SERVICED																																										
2. VETERAN (Give last, first, and middle names) WHO BREY, NORMAN A					3. BRANCH OF SERVICE IN WHICH HE SERVED ☒ ARMY ☐ NAVY ☐ MARINE CORPS																																					
4. STATE FROM WHICH HE SERVED KY		5. WAR IN WHICH, OR DATES BETWEEN WHICH, HE SERVED CIVIL WAR			6. KIND OF SERVICE ☒ VOLUNTEER ☐ REGULAR			7. UNIT IN WHICH HE SERVED (Name of regiment or number, company, etc., name of ship) REGIMENT 52 COMPANY H																																		
					8. IF SERVICE WAS ARMY, ARM IN WHICH HE SERVED ☒ INFANTRY ☐ CAVALRY ☐ ARTILLERY			9. RANK ☐ OFFICER ☒ ENLISTED																																		
10. PENSION/BOUNTY LAND FILE NO.		11. IF VETERAN LIVED IN A HOME FOR SOLDIERS, GIVE LOCATION (City and State)			12. PLACE(S) VETERAN LIVED AFTER SERVICE KY																																					
13. DATE OF BIRTH 7 MAY 1842		14. PLACE OF BIRTH (City, County, State, etc.) KY			17. NAME OF WIDOW OR OTHER CLAIMANT EMER																																					
15. DATE OF DEATH 17 MAR 1921		16. PLACE OF DEATH (City, County, State, etc.) SEGAL, KY																																								
18. Your completed order is available either as a paper reproduction or as .pdf on a CD/DVD. Check one box below for selection: ☐ Paper Copies ☒ CD/DVD (if no selection is made, paper copies will be generated) MINOR APP# 117335																																										
Comments: INVALID APP# 593861 CERT# 416210 WIDOW APP# 1172232 CERT 904967																																										
SECTION B. THIS SPACE IS FOR OUR REPLY TO YOU																																										
We were unable to search for the file you requested above. No payment is required. Your request is returned because:																																										
☐ SECTION A.1 IS NOT CHECKED and we are unable to determine which type of file you are requesting.																																										
☐ MORE THAN ONE FILE IS CHECKED IN SECTION A.1. Except for Revolutionary War service, these are two different files and must be searched separately.																																										
☐ REQUIRED MINIMUM IDENTIFICATION OF VETERAN WAS NOT PROVIDED. Please complete blocks 2 (give full name), 3, 4, 5, and 6 and resubmit your order.																																										
☐ MORE THAN ONE VETERAN'S NAME appears in Block 2.																																										
☐ THE FILES YOU REQUESTED ABOVE ARE NOT IN THE CUSTODY OF THE NATIONAL ARCHIVES. There are no bounty land warrant applications for service after 1855. We do not have pensions based on Confederate service. Please see the instruction sheet for this form or the attached leaflets or information sheets.																																										
SECTION C. METHOD OF PAYMENT PREFERRED AND YOUR SHIPPING ADDRESS (REQUIRED)																																										
☐ CREDIT CARD FOR IMMEDIATE SHIPMENT of copies (see Instructions for credit cards we can accept)																																										
Signature: <table><tr><td></td></tr></table>						Exp. Date: <table><tr><td></td></tr></table>			Card Validation Code (See Instructions): <table><tr><td></td></tr></table>			☐ BILL ME (No credit card)																														
Day Time Phone (Required):					e-mail Address (Preferred):																																					
<table><tr><td rowspan="4">Shipping Address</td><td colspan="2">Last Name</td><td colspan="2">First Name, MI</td><td rowspan="4">☐ (check here if shipping address is same as billing address)</td><td rowspan="4">Billing Address</td><td colspan="2">Last Name</td><td colspan="2">First Name, MI</td></tr><tr><td colspan="2">Street</td><td colspan="2">Street</td></tr><tr><td colspan="2">Street</td><td colspan="2">Street</td></tr><tr><td colspan="2">City</td><td colspan="2">State</td><td colspan="2">ZIP or Postal Code</td><td colspan="2">Country (if not USA)</td><td colspan="2">City</td><td colspan="2">State</td><td colspan="2">ZIP or Postal Code</td></tr></table>										Shipping Address	Last Name		First Name, MI		☐ (check here if shipping address is same as billing address)	Billing Address	Last Name		First Name, MI		Street		Street		Street		Street		City		State		ZIP or Postal Code		Country (if not USA)		City		State		ZIP or Postal Code	
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