

ARKANSAS HISTORY COMMISSION

**One Capitol Mall
Little Rock, AR 72201**

**REQUEST FORM FOR PHOTOCOPIES OF
ARKANSAS CONFEDERATE PENSIONS**

Instructions: Use this form to order a copy of Arkansas Confederate Pension records. Fill in as completely as possible. Use a separate form for each record. The charge for the photocopies will be \$15.00 per record. NO REFUNDS.

DATE _____

Name of Veteran _____

Veteran's Application Number _____

Name of Widow _____

Widow's Application Number _____

Veteran Served in Company _____ Regiment CSA

State served from _____

Received a pension from _____ County

PLEASE PRINT:

OFFICE USE ONLY:

NAME:			RECEIPT#:
ADDRESS:			AMT. PAID:
CITY:	STATE:	ZIP:	DATE:

THIS FORM MAY BE PHOTOCOPIED

Rev. 1/5/2003