

ARMY OF THE CONFEDERATE STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on accord of disability.)

....., of Captain
..... Company, (..) of the Regiment of Confederate States
..... was enlisted by of
the Regiment of at
on the day of 186 .., to serve years, he was born
in in the state of, is
years of age, feet, inches high, complexion, eyes,
.....hair, and by occupation when enlisted a During the last two
months said soldier has been unfit for duty days. (Here consult directions on Form Med. Dep. Gen. Reg.)

STATION:
DATE:

.....
Commanding Company.

I CERTIFY, that I have carefully examined the said of
Captain Company, and find him incapable of performing the duties of a soldier
Because of (Here consult par. 1134 P. 245, and directions on Form 12, p.209, Med. Dep. Gen. Reg.)

.....
Surgeon.

DISCHARGED, this day of, 186 .., at
.....
Commanding the Post

NOTE 1. – When a *probable* case for *pension*, *special care* must be taken to state the *degree* of disability.
NOTE 2. – The *place* where the soldier desires to be *addressed* may here be added.

Town –

County –

State –

(DUPLICATES)