

**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:**

<b>NAME:</b>			<b>RECEIPT#:</b>
<b>ADDRESS:</b>			<b>AMT. PAID:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>	<b>DATE:</b>

**THIS FORM MAY BE PHOTOCOPIED**

Rev. 1/5/2003