

FRANCIS GORE, ESQUIRE, LIEUTENANT GOVERNOR.

of which shall be by the said Agent, transmitted to the Clerk of the Peace of each and every District within this Province, to be distributed to the Magistrates thereof, also to the Commanding Officer of each Regiment, Battallion, or Independant Company of Militia of this Province, for the greater publicity of the same.

On the Receipt of Pensions by Agent he shall pay the full amount without any deduction.

VIII. *And be it further enacted by the authority aforesaid, That on the receipt of such Pension or Pensions as aforesaid, by the said Agent, he shall, and he is hereby required so to do, pay the full amount of all such Pensions without any deductions to such Person or Persons as may be entitled to claim the same, or to his, her or their Agent or Agents, Representative or Representatives, Guardian or Guardians, Executors or Administrators.*

Every Person whose Name is on the Pension List shall make an Affidavit in the following form.

IX. *Provided always, And be it further enacted by the authority aforesaid, That each and every Person or Persons whose names may have already been, or who may hereafter be inserted on the Pension List of this Province, shall as soon after the thirtieth day of June and thirty-first day of December in each and every year, as may be convenient, transmit to the said Agent an Affidavit as the case may require in the following forms.*

Vow of Affidavit.

I, A. B. of ——— in the District of ——— late ——— in the ——— Regiment of ——— Militia do solemnly Swear, that I am the Person whose name has been heretofore inserted in the Pension List of this Province.

I, G. H. do solemnly Swear that I am the Widow of A. B. who Died of Wounds received in action with the Enemy.

I, G. H. do solemnly Swear that I am the Widow of A. B. who was Killed in action with the Enemy,

I, G. H. do solemnly Swear that I am the Widow of A. B. who died from Disease contracted whilst on Service.

I, A. B. [or as the case may be] Guardian, Executor or Administrator, do solemnly Swear, that I verily believe that J. H. is the Son (or Daughter) of the said G. who was Killed in action with the Enemy, or who died from Wounds received in action or who died from Disease contracted while on Service, and that J. H. is not Sixteen years, as the case may be.

I, C. D. Senior Officer of the line, or ——— Regiment of ——— Militia [as the case may be] do hereby Certify that A. B. was Killed in action on the ——— day of ——— or Wounded and Died in consequence, and that A. B. is the Widow of C. D.

Which Affidavit and Certificate with the Receipt of such Pensioner, or Pensioners Guardian or Guardians, Agent or Agents, Executors or Administrators, shall be taken and allowed to be a sufficient Voucher, for the payment of such Pension or Pensions, as aforesaid.