

# TO THE OFFICERS AND MEMBERS

OF

*Capt Jay* Post No. *22* Dep't of *Wis* G. A. R.

I have the honor to make Application for membership in *Capt Jay* Post No. *22* of *Wis* Grand Army of the Republic, basing my application on the following facts:

I am *45* years of age, and was born in *Hampshire Pa* State of *Pa*, now residing at *Longer* State of *Wis*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *19 Aug* 1862, as *private* in Co. *D* *27<sup>th</sup>* Regiment *3<sup>rd</sup> Vol* for the period of *3* years, and was discharged therefrom as *Sergeant* at *Benton Barracks* on the *22* day of *June* 1863, by reason of *loss of war & loss of limb*

I also reenlisted \_\_\_\_\_ 18, as \_\_\_\_\_ in Co. \_\_\_\_\_ Regiment \_\_\_\_\_ and was discharged therefrom as \_\_\_\_\_ at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18, by reason of \_\_\_\_\_

I have never borne arms against the United States, and have never been convicted by Court-Martial of Desertion, nor of any other infamous crime.

I have \_\_\_\_\_ made previous application for membership to the Grand Army of the Republic and filed the same with \_\_\_\_\_ Post No. \_\_\_\_\_ Department of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18

(Signature.)

*James H. Young*  
Residence No. \_\_\_\_\_ Street.

I on honor recommend \_\_\_\_\_ to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ \_\_\_\_\_

*John B. Bunker*  
(To be signed by a Comrade of the Post.)

NOTE.—If any details herein required are omitted, they must be furnished before being reported on by the Committee.

- 1 If other enlistments, they are to be added.
- 2 If this is the first application, write the word "not" in this space.

[OVER.]

Elected  
\* APPLICATION \*  
— OF —

*James H. Nearing*  
Private Co. D. 27<sup>th</sup>

Reg't *Mo. Vol. Inf.* for  
Membership in the Grand Army of the Republic.

Recommended by Comrade  
*John Boston*

HEADQUARTERS  
*Camp No. 23* Post No. *23*  
Department of *Mo. Vol. Inf.* 188*3*  
Received and referred to the Examining Com-  
mittee

*J. C. Kimson Act*  
Post Commander.  
*Nov 1<sup>st</sup>* 188*3*

The undersigned Examining Committee respect-  
fully report \_\_\_\_\_ favorably upon the within  
application.

*J. H. McLaughlin*  
*J. H. Harris* Committee.  
*Edwin Danow*

Applicant (Elected *Nov 1<sup>st</sup>* 188*3*)  
(Mustered *Jan 8<sup>th</sup>* 188*4*)  
No. on Des. Book \_\_\_\_\_

*G. F. Rawson*  
Adjutant.

*Notified Nov 15<sup>th</sup> 83*

To be Filled by, or for, the Post Surgeon, on or before the Night of Muster of this Applicant.

1. No. on Des. Book \_\_\_\_\_ 2. Name \_\_\_\_\_
3. Where born \_\_\_\_\_ 4. Color \_\_\_\_\_
5. Regiment or Vessel serving in when wounded \_\_\_\_\_
6. What Army or Squadron \_\_\_\_\_  
(As Army of the Potomac, Mississippi Squadron, &c., &c.)
7. Branch of service (Inf., Art., Cav., Marine, Sailor, &c.) \_\_\_\_\_
8. How many times wounded? \_\_\_\_\_ 9. Ages when wounded \_\_\_\_\_
10. 11. Dates when wounded and names of engagements \_\_\_\_\_
12. Parts of the body wounded or disabled \_\_\_\_\_
13. State results of wounds. If amputation, what member? If paralysis, loss of sight, or any other disability followed, give full particulars \_\_\_\_\_
14. Kind of Missile \_\_\_\_\_
15. Rank when wounded \_\_\_\_\_

NOTE—If NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY.

Entered on Medical Description Book No. \_\_\_\_\_  
Reported to Department Headquarters \_\_\_\_\_

Printed Figures refer to spaces on Form F.

Post Surgeon.

*1791*  
*64*  
*7991*