

TO THE OFFICERS AND MEMBERS

— OF —

Post No. _____ Dep't of _____ G. A. R.

I have the honor to make application for membership in _____ Post No. _____
of _____ Grand Army of the Republic, basing my application on the following facts:

I am 38 years of age, and was born in Eagar Co State of Ill.
Ill., now residing at Kiskeville
State of Mo, an by occupation a _____

I served during the late rebellion as follows:

First enlisted Feb 1863, as Private in Co. G.
2^d Regiment Mo Cav for the period of 3 years, and
was discharged therefrom as Priv, at Cape Girardeo Mo
on the Sept day of _____ 1863, by reason of Disability

I also re-enlisted _____ 1863, as _____ in Co. _____
Regiment _____ and was discharged therefrom as _____
at _____ on the _____
day of _____ 1863, 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 _____² 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 _____ 1863

(Signature).

Edward Sizmore

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, \$ _____

(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.]

APPLICATION OF

Edward Sizemore

Late *Priv* Co. *G*

2 Reg't *Mo Cav* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

J. C. Harris

HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining Committee.

Post Commander, _____

188

The undersigned Examining Committee respectfully report _____ favorably upon the within application.

J. H. Staley
J. G. A. Thomas
Allen Davis
Committee

Applicant { Elected *Sept 1st* 188 *4*
Mustered *Sept 1st* 188 *4*

No. on Des. Book _____

Adjutant.

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, etc., etc.)
7. Branch of service, (Inf, Art., Cav., Marine, Sailor, etc.) _____
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 _____

Post Surgeon.

Printed figures refer to spaces on Form F.