

# GO 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 46 years of age, and was born in Berlin Co. State of  
Penn., now residing at Hicksville  
State of Moi., am by occupation a Pump maker

I served during the late rebellion as follows:

First enlisted June 1861, as Private in Co. "D."  
10<sup>th</sup> Regiment Moi. Inf. for the period of 3 years, and  
was discharged therefrom as Private, at St Louis Moi.  
on the 1<sup>st</sup> day of Novr. 1864 by reason of expiration  
of term of service

I also re-enlisted \_\_\_\_\_ 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 \_\_\_\_\_<sup>2</sup> 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) Peter Helwig  
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 to 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

*Peter Herwig*

Late *Private Co. 11<sup>th</sup>*  
*10<sup>th</sup>* Reg't *Mo Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*B. F. Hing*

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. L. Harris*

*S. F. Redding*

*J. M. Davis*

Committee

Applicant { Elected *May 30* 1884  
          { Mustered *" "* 1884

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 \_\_\_\_\_

Printed figures refer to spaces on Form F.

Post Surgeon.