

# TO THE OFFICERS AND MEMBERS

— OF —

Post No. \_\_\_\_\_ Dept 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 49 years of age, and was born in Brown County State of Ohio, now residing at Kirksville State of Missouri, am by occupation a Teamster

I served during the late rebellion as follows:

First enlisted Sept 7<sup>th</sup> 1861, as Private in Co. B 3<sup>rd</sup> Cav Regiment Mo Vols for the period of 3 years, and was discharged therefrom as Corporal, at Little Rock Ark on the 25<sup>th</sup> day of Nov 1864, by reason of expiration of term of enlistment

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 ~~not~~ 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).

Henry S Hamilton

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, \$ 2.00

John M Edwards  
(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 solicitants, they are to be added.
2. If this is the first application, write the word "not" in this space.

[OVER.]

Hamilton  
APPLICATION OF

Late *Henry S Hamilton*  
*Drum* Co. *B*  
*3d* Reg't *2d* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*John W. Deane*  
HEADQUARTERS

Post No. \_\_\_\_\_

Department of *Harris* *188*

Received and referred to the Examining  
Committee. *Snyder*

Post Commander.

\_\_\_\_\_ 188

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

*J. S. Harris*  
*J. H. Deane*  
*S. B. Johnson* } Committee

Applicant { Elected \_\_\_\_\_ 188  
Mustered *Aug 7* \_\_\_\_\_ 188

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.