

TO THE OFFICERS AND MEMBERS

— OF —

Post No. 72 Dep't of Missouri G. A. R.

I have the honor to make application for membership in Company G Post No. 72
of Missouri Grand Army of the Republic, basing my application on the following facts:

I am 46 years of age, and was born in Darlington State of
Indiana, now residing at Kirksville
State of Missouri, am by occupation a _____

I served during the late rebellion as follows:

First enlisted Aug 1st 1861, as 1st sergt in Co. C
36th Regiment Ill Vol Regt for the period of 3 years, and
was discharged therefrom as sergt, at Imperialborough Tenn
on the March day of 1863, by reason of Promotion
to Lieut same led

I also re-enlisted retransferred 1864 as Lieut in Co. C
36 Regiment Ill Vol Regt and was discharged therefrom as Lieut
Nashville at 17 on the 17
day of March 1865, by reason of Disability

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).

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

APPLICATION OF

Jacob Sanders
Late *Lieut* Co. *6*
36 Reg't *Ill. Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

E. D. Glenn

HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining Committee.

Post Commander. _____

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

K. F. Dawson
J. L. Harris } Committee

Applicant { Elected _____ 188
{ Mustered *Aug 7* _____ 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 _____