

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 39 years of age, and was born in Medina State of
Ohio, now residing at Yorkville
State of Missouri, am by occupation a Painter

I served during the late rebellion as follows:

First enlisted Sept 1st 1861, as Private in Co. 4
15th Regiment Ohio for the period of 3
years, and was discharged therefrom as Private at Camp Devin Ky
on the 19th day of Nov 1862 by reason of
Certificate of Disability of Regimental surgeon

I also reenlisted June 6th 1863, as Private in Co. 10
86th Regiment Ohio and was discharged therefrom as
Private at Cleveland Ohio on the 10th
day of Feb 1864 by reason of expiration of term of service

I also Reenlisted Apr 3d 1865 in Co. H. 18 Ohio discharged Nov 9th at
by telegram of re- of war August 4th

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

[OVER.]

✠ APPLICATION ✠

— OF —

Wm. McDonald
 Pvt. Co. "G" 15

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

Recommended by Comrade

J. W. Linsum

HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining Com-
 mittee _____

Post Commander. _____

188

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

Committee.

R. M. Chase
E. Cochran
J. H. Harris

Applicant (Elected *Feb 21st*) 1884

(Mustered *March 6*) 1884

No. on Des. Book _____

Adju'tant.

Notified Med 4/84

1884
39

1856

1884
39

1845

2881
69
1691

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.