


**THE OFFICERS AND MEMBERS**

— OF —

*Leopold* Post No. *22* Dep't of \_\_\_\_\_ G. A. R.

I have the honor to make application for membership in \_\_\_\_\_ Post No. *22*  
 of \_\_\_\_\_ Grand Army of the Republic, basing my application on the following facts:

I am *44* years of age, and was born in \_\_\_\_\_ State of  
*Ohio*, now residing at \_\_\_\_\_  
*me*, am by occupation a \_\_\_\_\_ *Clerk*

I served during the late rebellion as follows:

First enlisted \_\_\_\_\_ *July* 1862, as \_\_\_\_\_ *Private* in Co. *L*  
*2nd* Regiment \_\_\_\_\_ *M. S. M. Co.* for the period of *3* years, and  
 was discharged therefrom as \_\_\_\_\_ *Major*, at \_\_\_\_\_  
 on the \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_\_\_\_, by reason of \_\_\_\_\_ *having*  
*been commissioned as 2nd Lieut Co G 27*  
*M. S. M. Co.*

I also re-enlisted \_\_\_\_\_ 18 \_\_\_\_\_, as \_\_\_\_\_ in Co. \_\_\_\_\_  
 Regiment \_\_\_\_\_ and was discharged therefrom as \_\_\_\_\_ *Capt*  
 at \_\_\_\_\_ *Atlanta Georgia* on the \_\_\_\_\_ *24*  
 day of \_\_\_\_\_ *Sept*, 1864 by reason of \_\_\_\_\_ *injury*  
*as a result of being shot wound left thigh*

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) \_\_\_\_\_ *E. G. Lewis*  
 Residence, No. \_\_\_\_\_ *Kirkwood 7th* 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.

APPLICATION OF

*E O Gates*

Lat. \_\_\_\_\_ Co. \_\_\_\_\_

Reg't \_\_\_\_\_ for \_\_\_\_\_

Membership in the Grand Army of the Republic.

Recommended by C. Grade

*J S Miller*

HEAD-QUARTERS

*Corporal Six Post No. 22*

Department of *Aug. 26<sup>th</sup>* 188*2*

Received and referred to the Examining Committee.

*R A Browne*

Post Commander

*Aug. 26<sup>th</sup>* 188*2*

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

*John A. Burton*  
*H. S. Fineman*  
*J. A. Fineman* } Committee.

Applicant { Elected *Aug. 26<sup>th</sup>* 188*2*  
                  { Mustered *Aug. 26<sup>th</sup>* 188*2*

No. on Des. Book *916*

*R A Henry*

Adjutant

8-26-82

*741*  
*04*  
*881*

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 \_\_\_\_\_

Post Surgeon.

Printed figures refer to spaces on Form F