

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 61 years of age, and was born in New Castle Germany State of, now residing at Kirksville

Mo, am by occupation a Tailor

I served during the late rebellion as follows:

First enlisted April 20th 1861, as Private in Co. "B" 15th Regiment Mo Inf for the period of 3 years, and was discharged therefrom as Pvt at on the day of 18, by reason of

I also re-enlisted 18, as Pvt in Co. "K" 9th Regiment Hancock Corps and was discharged therefrom as Private at on the 20th day of June 1866 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 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.

APPLICATION OF

A. D. Schley
Late *Post* Co. *B.*
15 Reg't *100 Inf* for
Membership in the Grand Army of the Republic.

Recommended by Comrade
Geo Ward Smith

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.

} Committee

Applicant { Elected _____ 188

{ Mustered _____ 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 _____

Printed figures refer to spaces on Form F.

Post Surgeon.