

# TO THE OFFICERS AND MEMBERS

— OF —

*Capt. Ritz* Post No. *22* Dept of *Missouri* G. A. R.

I have the honor to make application for membership in *Co 24* Post No. *22*  
of *Missouri* Grand Army of the Republic, basing my application on the following facts:

I am *56* years of age, and was born in *Old Dick Camp* State of  
\_\_\_\_\_, now residing at \_\_\_\_\_  
State of *Missouri*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *Oct* 1862, as *Private* in Co. *H*  
*2nd* Regiment *Col. Cox* for the period of *3* years, and  
was discharged therefrom as *Private*, at *Fort Leavenworth Kans*  
on the *Sept 3* day of *Sept* 1865, by reason of \_\_\_\_\_

<sup>1</sup> 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 <sup>2</sup> 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 to proposition fee, \$ \_\_\_\_\_

*J. L. Harris*

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

[OVER.]

APPLICATION OF

*U. D. Haller*

Late *Private* Co. *H*  
*2nd* Reg't *Col. Dow* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*J. C. Harris*

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.

*Alexander J. Reed*  
*H. C. Bestman*  
*Hedding* } Committee

Applicant { Elected *July 17* 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.