

TO THE OFFICERS AND MEMBERS

OF

Capt Dix Post No. *22* Dep't of *Mo* G. A. R.

I have the honor to make application for membership in *Capt Dix* Post No. *22*
of *Mo* Grand Army of the Republic, basing my application on the following facts:
I am *51* years of age, and was born in _____ State of _____,
now residing at _____,
State of _____, am by occupation a _____

I served during the late rebellion as follows:

First enlisted _____ 18 _____, as *Private* in Co. "*B*,"
184th Regiment *New York Inf* for the period of *3* years, and
was discharged therefrom as _____, at _____
on the _____ day of _____ 18 _____, by reason of _____

I also re-enlisted _____ 18 _____, as *Priv* in Co. "*B*,"
24 Regiment *N.Y. Inf* 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 _____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 "no" in this space.

[OVER.]

APPLICATION OF

C. E. Leach
J. H. Harris
J. H. Rawson
Late *Post* Co. *B.*

184 Reg't *N. Y.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

J. H. Rawson
HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining Committee.

Post Commander. _____

Elected Oct 15 1884

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

C. E. Leach
J. H. Harris
Committee

Applicant { Elected *Oct 16* 1884
 { 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.