


 TO THE 
 FFICERS AND 
 M E M B E R S :

— O F —

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 41 years of age, and was born in Scioto County State of Ohio, now residing at Kinrossville State of Missouri, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted July 27th 1861, as Private in Co. A 33rd Regiment Ohio Inf. for the period of 3 years, and was discharged therefrom as Captain, at Nashville Tenn. on the 27th day of Aug. 1864, by reason of Expiration of term of service

<sup>1</sup> I also re-enlisted March 5th 1865, as 2nd Lt. in Co. H. 191st Regiment Ohio Inf. and was discharged therefrom as 2nd Lt. at Columbus Ohio on the 13th day of Sept, 1865, by reason of Order No 28 from War Department

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.

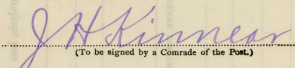
I have not <sup>2</sup> made previous application for membership to the Grand Army of the Republic and filed the same with \_\_\_\_\_ Post No. \_\_\_\_\_ Department of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18

(Signature.)

Residence, No. \_\_\_\_\_ Street.

I on honor recommend J. H. Kinross 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.

<sup>1</sup> If other enlistments, they are to be added.

<sup>2</sup> If this is the first application, write the word "not" in this space.

APPLICATION OF

1882  
41  
#41

*Zemis Keller*  
Late..... Co.....

Reg't..... for  
Membership in the Grand Army of the Republic.

Recommended by C. grade  
*B. F. Heiny*

HEAD-QUARTERS  
*Corporal* Post No. *22*

Department of *No. Sept. 8th* 188*2*

Received and referred to the Examining  
Committee. *R. H. Moore*  
Post Commander.

*Sept. 8th* 188*2*

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

*Wm. Shaver*  
*J. H. Casman*  
*J. E. Pierce* } Committee.

Applicant { Elected *Sept. 8th* 188*2*  
              { Mustered *Sept. 8th* 188*2*

No. on Des. Book *18*  
*B. F. Heiny*  
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, &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.