

RULES AND REGULATIONS G. A. R.

ARTICLE IV.—CHAPTER I.

*Eligibility to Membership.*—Soldiers and sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has at any time borne arms against the United States.

To Camp Dix Post No. 12 Dept of Missouri G. A. R.

I have the honor to make application for membership in Camp Dix Post No. 12 Department of mo. Grand Army of the Republic, basing my application on the following facts:

I am 46 years of age, and was born in Germany State of \_\_\_\_\_, now residing at Konigsberg State of mo, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted Aug 31 1864, as Private in Co. D Independent Artillery of Penn. Regiment for the period of one years, and was discharged therefrom as Private at Philadelphia on the 21<sup>st</sup> day of June 1865, by reason of Expiration of War and Gen. Order of War.

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 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) Euhart Deffler  
Residence, No. \_\_\_\_\_ Street.

I on honor recommend Euhart Deffler to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ \_\_\_\_\_  
Chas. H. Lee  
(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. Any failure to report all the facts required by this application may render the muster-in null and void.  
1 Other enlistments are to be added.  
2 If this is the first application, write the word "not" in this space.  
[over]

APPLICATION OF

*Eubank Deafler*

Late *Pennate Co.*

*Independent* Reg't *for*

Membership in the Grand Army of the Republic.

Recommended by Comrade

*Chas. Lee*

HEADQUARTERS

Post No. \_\_\_\_\_

Department of \_\_\_\_\_ 18

Received and referred to the Examining Committee.

Post Commander. \_\_\_\_\_

18

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

Committee

Applicant { Elected \_\_\_\_\_ 18

{ Mustered \_\_\_\_\_ 1870

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.

# RULES AND REGULATIONS, G. A. R.

## ARTICLE IV.—CHAPTER I.

*Eligibility to Membership.*—Soldiers and Sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has, at any time, borne arms against the United States.

To Camp Dix Post, No. 22 Dep't of MD. G. A. R.

I have the honor to make application for membership in Camp Dix  
Post, No. 22 Department of Maryland Grand Army of the Republic,

basing my application on the following facts:

I am 53 years of age, and was born in Surrey State  
of \_\_\_\_\_, now residing at Cherry  
State of MD., am by occupation a Farmer

I served during the late Rebellion as follows:

First enlisted Aug. 31 1864, as Private in Co. Ind. Inf.  
Penn. Light art. Regiment for the period of one years, and  
was discharged therefrom as Private at Philadelphia  
on the 23 day of June 1865 by reason of Gen Order  
No 105-W.D. Reg. O 1865

I also re-enlisted \_\_\_\_\_ 186\_\_\_\_, as \_\_\_\_\_ in Co. \_\_\_\_\_  
Regiment \_\_\_\_\_ and was discharged therefrom as \_\_\_\_\_  
at \_\_\_\_\_ on the \_\_\_\_\_  
day of \_\_\_\_\_ 186\_\_\_\_, by reason of \_\_\_\_\_

I have never borne arms against the United States, and have never been convicted 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. \_\_\_\_\_ Depart-  
ment of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_  
(Signature) Emhart Beerler

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

I, on honor, recommend Emhart Beerler to the favorable con-  
sideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ \_\_\_\_\_

Chas. H. Lee  
(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. Any failure to report all the facts required by this application may render the  
muster-in null and void.

- 1 Other enlistments are to be added.
- 2 If this is the first application, write the word "not" in this space.

[OVER.]

1897  
53  
1844

APPLICATION OF

*Eubank Dyer*

Late \_\_\_\_\_ Co. \_\_\_\_\_

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

Membership in the Grand Army of the Republic.

Recommended by Comrade \_\_\_\_\_

HEADQUARTERS

Post, No. \_\_\_\_\_

Department of \_\_\_\_\_ 189 \_\_\_\_\_

Received and referred to the Examining Committee.

*Jacob Sands*  
Post Commander.

*Oct 21* 189 \_\_\_\_\_

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

*A. H. Kistner*  
*H. A. Bytler*  
*O. C. Snyder*  
Com-tee.

Applicant } Elected *Nov 14<sup>th</sup>* 189 \_\_\_\_\_  
                  } Mustered \_\_\_\_\_ 189 \_\_\_\_\_

No. on Des. Book \_\_\_\_\_

Adjutant. \_\_\_\_\_

*Inadvent  
Sufferer  
Kistner* } Com-tee

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'try, Cav., Marine, Sailor) \_\_\_\_\_
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.