


**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 42 years of age, and was born in Monroe Co. Penn. State of Penn., now residing at Hicksville State of Pa., am by occupation a carpenter

I served during the late rebellion as follows:

First enlisted 27<sup>th</sup> Aug 1861, as Private in Co. 4<sup>th</sup> 100<sup>th</sup> Regiment P. S. for the period of 1 years, and was discharged therefrom as Private, at Blain's Cross Roads, Tenn on the 28<sup>th</sup> day of Dec 1863, by reason of Genl Order

<sup>1</sup> I also re-enlisted Dec 28<sup>th</sup> 1863, as Private in Co. 4<sup>th</sup> 100<sup>th</sup> Regiment Penn. Volts and was discharged therefrom as Private at Shamicksburg, Penn. on the 28<sup>th</sup> day of Jan, 1865, by reason of Genl Order

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.)

*W. S. McLaughlin*

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.

<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

*Wm L McCartney*

Late \_\_\_\_\_ Co. \_\_\_\_\_  
 Reg't \_\_\_\_\_ for  
 Membership in the Grand Army of the Republic.

Recommended by C. grade \_\_\_\_\_

HEADQUARTERS

*Corporal Six* Post No. *22*

Department of *Mo. Oct. 5th* 1882

Received and referred to the Examining Committee.

*R. H. Brune*

Post Commander

*Oct 5th* 1882

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

*Early Cochran*  
*John Lewis*  
*R. B. Bailey*

Committee.

Applicant { Elected *Oct. 5th* 1882  
 { Mustered *Oct. 5th* 1882

No. on Des. Book *36*  
*B. F. Henry*  
 Adjutant

*1882*  
*42*  
*1840*

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? *2* 9. Ages when wounded \_\_\_\_\_
- 10, 11. Dates when wounded and names of engagements *June 22 1867, Cypress Swamp*
12. Parts of the body wounded or disabled *Left arm broken below elbow*
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 *Minié Ball & fragment of shell*
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.