

# GO THE OFFICERS AND MEMBERS

— OF —

Post No. \_\_\_\_\_ Dep't of \_\_\_\_\_ G. A. R.

I have the honor to make application for membership in Co. 22 Post No. 22  
of Mo Grand Army of the Republic, basing my application on the following facts:  
I am 45 years of age, and was born in Pickaway cos State of  
Ohio, now residing at Hicksville  
State of Mo, am by occupation a Silver Smith

I served during the late rebellion as follows:

First enlisted Oct 7<sup>th</sup> 1862, as Private in Co. 6<sup>th</sup>  
2 Regiment Colorado Cavalry for the period of 5 years, and  
was discharged therefrom as Private at Ft Leavenworth Kan  
on the 3<sup>rd</sup> day of Sept 1865, by reason of Mustered out  
of Co. and Regiment

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 \_\_\_\_\_ 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) Thomas C. Haller  
Residence, No. \_\_\_\_\_ Street.

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

Enclosed is proposition fee, \$ \_\_\_\_\_  
J. D. McLaughlin  
(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 calliments, they are to be added.  
2 If this is the first application, write the word "not" in this space.

APPLICATION OF

*Thos. G. Hall*  
Late *Private* Co. *C*  
*2<sup>nd</sup>* Reg't *Col. Cav.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*J. S. McLaughlin*

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.

*R. D. Brydson*  
*Wm. J. ...*  
*John Lewis*  
Committee

Applicant { Elected *July 17* 188  
              { Mustered *Aug 7* 1884

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.