

# TO 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 50 years of age, and was born in Germany State of \_\_\_\_\_  
now residing at Kirksville  
State of \_\_\_\_\_, am by occupation a laborer

I served during the late rebellion as follows:

First enlisted Sept 16 1861, as Priv in Co. 4  
5<sup>th</sup> Regiment La Cav for the period of 3 years, and  
was discharged therefrom as Corpl, at Pulaska  
on the Jan 1<sup>st</sup> day of Jan 1864 by reason of Disadjustment

I also re-enlisted Jan 1<sup>st</sup> 1864, as Corpl in Co. 7  
5<sup>th</sup> Regiment La Cav and was discharged therefrom as Corpl  
at Kashville Tenn on the 22  
day of June 1865, by reason of Disability

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. 36  
4  
15

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 "not" in this space.

[OVER.]

*Broune  
Linnear  
Brooks*

APPLICATION OF

*Chas. Rothe*

Late *Corporal* Co. *H*  
*5th* Reg't *Inf. Cav.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*J. M. McCall*

HEADQUARTERS

*Corporal Dix* Post No. *22*  
Department of *Mo.* *May 30 1885*

Received and referred to the Examining  
Committee.

*R. B. Heiny*  
Post Commandet

188

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

*R. H. Brant*

Committee

Applicant { Elected *May 30* 188 *5*  
Mustered " " 188 *5*

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

Adjutant.

NOTE & INSTRUCTIONS FOR PREPARATION  
*under special designation*

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.