

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 corporal Dix Post No. 22 Dep't of MO G. A. R.

I have the honor to make application for membership in corp Dix Post No. 22 Department of Missouri Grand Army of the Republic, basing my application on the following facts:

I am 79 years of age, and was born in Meath County - Kingdom ^{State of} Ireland, now residing at Adair County State of MO, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted June 13th 1861, as Private in Co. "F" First Regiment Iowa Cavalry for the period of 3 years, and was discharged therefrom as Private, at Little Rock Ark on the 31st day of December 1863, by reason of Re-enlisting.

¹ I also re-enlisted January 1st 1864, as Private in Co. "F" First Regiment Low Cal. Vol., and was discharged therefrom as Private at Austin Texas on the 15th day of February 1866, by reason of S. O. No. 20 Series 1866 Hd. Qrs. Dept of Texas. Muster out of Regiment.

I have never borne arms against the United States, and have never been convicted of Desertion, nor of any other infamous crime.

I have not² 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) Bernard C. Reiley
Residence, No. _____ Street.

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

Enclosed is proposition fee, \$ _____

John M. Davis
(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 matter-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.

APPLICATION OF

Bernard B. Reiley
Late Private Co. "F"
1st Reg't Iowa Cav for

Membership in the Grand Army of the Republic.

Recommended by Comrade

John M. Davis's

HEADQUARTERS

Post No. 22

Department of Mo. 18

Received and referred to the Examining Committee.

O. E. Smucker
Post Commander.

18

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

Committee
J. A. Williams
J. E. Markley

Applicant { Elected Jan 9th 1895
Mustered Oct 7 1897

No. on Des. Book _____

J. A. Hussman
Adjutant.

Copyright, 1886, by JOHN S. KOUNTZ, Commander-in-Chief Grand Army of the Republic.

Harrison
Williamson
Markley

To be Filled by, or for, the Post Surgeon, on or before the Night of muster of this Applicant.

- No. on Des. Book _____ 2. Name _____
- Where born _____ 4. Color _____
- Regiment or Vessel serving in when wounded _____
- What Army or Squadron? _____
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
- Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.) _____
- How many times wounded? _____ 9. Ages when wounded? _____
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.