

TO THE OFFICERS AND MEMBERS

— OF —

Comrade, Post No. *22* Dep't of *Missouri* G. A. R.

I have the honor to make application for membership in *Comrade's* Post No. *22*
 of *the* Grand Army of the Republic, basing my application on the following facts:
 I am *35* years of age, and was born in *Montgomery County* State of
Indiana, now residing at *Felitesville*
 State of *Missouri*, am by occupation a *Carpenter*
 I served during the late rebellion as follows:

First enlisted *May 14th* 18*62* as a *Private* in Co. *H*
63rd *Ind. Regiment* *Infantry* for the period of *two* years, and
 was discharged therefrom as *Private*, at *the close of the war*
 on the _____ day of _____ 18*65*, by reason of *Discharged*
Order Peace Declared

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 *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.) *D. H. Gibson*
 Residence, No. *Spinksville* *Mo.* 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, \$ *2.00*

B. A. Naim
 (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.

APPLICATION OF

A. S. Glenn

Late Co.

Reg't for

Membership in the Grand Army of the Republic.

Recommended by Comrade

B. F. Heiny

HEAD-QUARTERS

Corporal Div. Post No. 22

Department of *no. 2026* 188 2

Received and referred to the Examining Committee.

R. H. Brown

Post Commander.

Sept. 1st 188 2

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

J. H. Kinnear
W. J. Schickel
J. E. Pierce

Committee.

Applicant { Elected *Sept. 1st* 188 2
 { Mustered *Dec 2* 188 2

No. on Des. Book *30*

B. F. Heiny

Attendant

12-2-82

4 to 1
98
7-1-11

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?..... 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.

Printed figures refer to spaces on Form F