

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 41 years of age, and was born in West Moreland Co. State of Penn, now residing at Highville State of Mo., am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted Oct 15 1861, as Private in Co. H. 10th Regiment Mo Inf for the period of 3 years, and was discharged therefrom as Corpl at St Louis Mo. on the 31st day of Oct 1864 by reason of expiration of term service

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) John B. Neumyer
 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 to 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 callisters, they are to be added.
2. If this is the first application, write the word "not" in this space.

APPLICATION OF

John B. Newmyer
Late *Capt* Co. "K"
10th Reg't *Mo Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

B. F. Henry

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.

Committee

Applicant { Elected *May 30* 188 *4*
Mustered " " 188 *"*

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.

8481
14
11881