

TO THE OFFICERS AND MEMBERS

— OF —

*Corpl Dix* Post No. *22* Dep't of *Mo* G. A. R.

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

I am *44* years of age, and was born in *Fulton Co.* State of *Ill*, now residing at *Kirkville* State of *Mo*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *15<sup>th</sup> Aug<sup>t</sup>* 18*62* as *Private* in Co. *D.* *118* Regiment *Ill Vol Inf* for the period of *5* years, and was discharged therefrom as *Privt* at *Baton Rouge La* on the *1<sup>st</sup>* day of *Oct* 18*65*, by reason of *Close of War*

I also re-enlisted *18*, as *18* in Co. *118* Regiment and was discharged therefrom as *Privt* at *Baton Rouge La* on the *1<sup>st</sup>* day of *Oct* 18*65*, by reason of *Close of War*

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 *2* made previous application for membership to the Grand Army of the Republic and filed the same with *Post No. 22* Department of *Mo*

on the *15<sup>th</sup>* day of *Aug* 18*62*

(Signature)

*Wm Dorman*

Residence, No. *118*

Street.

I on honor recommend *Wm Dorman* to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ *2.00*

*J. B. Beall*  
(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 callings, they are to be added.

2 If this is the first application, write the word "not" in this space.

[OVER.]

84  
44

✓ *Wm. Laughlin*  
*Billy* Dorman

APPLICATION OF

*William Dorman*

Late \_\_\_\_\_ Co. \_\_\_\_\_

*118* Reg't *Ill* for \_\_\_\_\_

Membership in the Grand Army of the Republic.

Recommended by Comrade *L. J. Beall*  
*Elected*

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.

*John Lewis*  
*W. M. Laughlin* Committee  
*R. B. Billy*

Applicant { Elected *Aug 30* 188 *4*  
Mustered *July* " 188 *4*

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.