

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 _____ years of age, and was born in _____ State of _____,
now residing at _____
State of _____, am by occupation a _____

I served during the late rebellion as follows:

First enlisted _____ 18 _____, as _____ in Co. _____
_____ Regiment _____ for the period of _____
years, and was discharged therefrom as _____ at _____
on the _____ day of _____ 18 _____, by reason of _____

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 _____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.]

✠ APPLICATION ✠

OF

A. H. Benters
Pvt Co. "F", 175

Reg't Ohio Valley
Membership in the Grand Army of the Republic.

Recommended by Comrade

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) _____ 188

(Mustered) _____ 188

No. on Des. Book _____

Adjutant.

Notified April 14/84

(27-9)

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 _____

Printed Figures refer to spaces on Form F.

Post Surgeon.