


 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 ²⁷ _____ years of age, and was born in Summit Co State of Ohio, now residing at Kirksville State of Ohio, am by occupation a farmer

I served during the late rebellion as follows:

First enlisted Aug 1st 1864, as Private in Co. 4th 39th Regiment 1st Va. Inf. for the period of 1 years, and was discharged therefrom as Private, at St Louis Mo on the 27th day of July 1865, by reason of physical weakness

² 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 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.)

G. M. Miller

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

L M Miller

Late *Private* Co. *A*

Reg't *39th Mo Inf* for

Membership in the Grand Army of the Republic.

Recommended by *Cmndr*

B F Heiny

HEADQUARTERS

Capt *Dix* Post No. *22*

Department of *Mo.* Aug. 26, 188*2*

Received and referred to the Examining Committee

A H Moore

Post Commander

Aug. 26th 188*2*

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

John B. Burton
J. H. Sumner
J. A. Sinsman } Committee.

Applicant { Elected *Aug. 26th 2*
 { Mustered *Aug. 26 188 2*

No. on Des. Book *15*

B F Heiny

My Agent

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 *Sumner Mo Ohio* 4. Color *Light*

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.