

RULES AND REGULATIONS, G. A. R.

ARTICLE IV.—CHAPTER I.

*Eligibility to Membership.*—Soldiers and Sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has, at any time, borne arms against the United States.

To Corp Post, No. 22 Dep't of Mo G. A. R.

I have the honor to make application for membership in Corp Post,

No. 22 Department of Mo Grand Army of the Republic, basing my application on the following facts:

I am 50 years of age, and was born in Pickaway Co State of Ohio, now residing at Kirksville

State of Mo, am by occupation a Farmer

I served during the late Rebellion as follows:

First enlisted Aug 11 1862, as Private in Co. B

114 Regiment Ohio Inf for the period of 3 years, and

was discharged therefrom as Private, at

on the 31 day of July 1864, by reason of

Expiration of 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 of Desertion, nor of any other infamous crime.

I have <sup>not</sup> made previous application for membership to the Grand Army of the Republic, and filed the same with Corp'l 554 Post, No. 22 Department of Mo

on the 20 day of July 1890

(Signature.)

Wm J. Johnson

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. Any failure to report all the facts required by this application may render the muster-in null and void.

1 Other enlistments are to be added.

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

[over]

*Comrade Comrade Williams  
McDonnell  
John Shaw*

APPLICATION OF

*Van Slevokson*

Late \_\_\_\_\_ Co. *B*  
*114* Reg't *Ohio Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade \_\_\_\_\_

HEADQUARTERS.

*Cmp* Post No. *22*  
Department of *Miss Feb'y 20 1880*

Received and referred to the Examining Committee.

Post Commander, \_\_\_\_\_

188

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

*G. F. Williams*  
*John Shaw*  
*G. A. MacDonnell*  
Committee.

Applicant { Elected \_\_\_\_\_ 188  
Mustered *Not Mustered* 188  
*until 1890*

No. on Des. Book \_\_\_\_\_

Adjutant. \_\_\_\_\_

Copyright, 1885, by JOHN S. KOWAL, Commander-in-Chief  
Grand Army of the Republic.

TOWN PRINT, PHILA.

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 (Infant., 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 specifications on Form F.

Post Surgeon. \_\_\_\_\_

RULES AND REGULATIONS G. A. R.

ARTICLE IV.—CHAPTER I.

*Eligibility to Membership.*—Soldiers and sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has at any time borne arms against the United States.

To Corpl Dix Post No. 22 Dept of MO G. A. R.

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

I am 52 years of age, and was born in Pickawa, CO State of Ohio, now residing at Kirksville State of MO, am by occupation a Laborer or Merchant

I served during the late rebellion c.s follows:

First enlisted August 11<sup>th</sup> 1862 as Private in Co. "B" 114<sup>th</sup> Regiment Ohio I. V. for the period of 3 years, and was discharged therefrom as Private, at Galveston Texas on the 31<sup>st</sup> day of July 1865, by reason of Gen Order No. 64. W. D. pr M. Gen Order No. 94. War Department A. S. O. G. M. May 15<sup>th</sup> 1865.

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 of Desertion, nor of any other infamous crime.

I have <sup>2</sup> made previous application for membership to the Grand Army of the Republic and filed the same with Corpl Dix Post No. 22 Department of MO, on the day of 18 (Signature) Van S. Bookson Residence, No. Elson Street.

I on honor recommend Van S. Bookson to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ (Signature) John M. Davis (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. Any failure to report all the facts required by this application may render the matter in null and void.  
 1 Other enlistments are to be added.  
 2 If this is the first application, write the word "not" in this space.  
 [over]

APPLICATION OF

*Wm S. Cookson*  
Late *Private* Co. "B"  
*114* " Reg't. *O.V.I.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*John M. Davis*

HEADQUARTERS

*Leopold D. J.* Post No. *22*

Department of *me* 18*93*

Received and referred to the Examining Committee.

Post Commander.

18

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

Committee

Applicant { Elected *8/19* 18*93*

{ Mustered *July 8* 18*93*

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 \_\_\_\_\_

Post Surgeon.