

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 Corporal Dix Post, No. 22 Dep't of Md G. A. R.

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

I am \_\_\_\_\_ years of age, and was born in Allen State of  
Indiana, now residing at Minneh Trip  
State of Md, am by occupation a Farmer

I served during the late Rebellion as follows:

First enlisted Sept 28<sup>th</sup> 1861, as Private in Co. D  
12<sup>th</sup> Regiment Iowa vol for the period of 3 years, and  
was discharged therefrom as Private, at Vicksburg  
on the 20<sup>th</sup> day of July 1864, by reason of to re-enlist  
as Veteran

<sup>1</sup>I also re-enlisted July 27<sup>th</sup> 1864, as Private in Co. D  
12<sup>th</sup> Regiment Iowa Inf and was discharged therefrom as  
Private at Memphis Tenn on the 20  
day of July 1864, by reason of Close of war

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 \_\_\_\_\_ Post, No. \_\_\_\_\_ Department of

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18

(Signature.)

Daniel Sirtis

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, \$ \_\_\_\_\_

Edwards

(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.

<sup>1</sup> Other enlistments are to be added.

<sup>2</sup> If this is the first application, write the word "not" in this space.

[over]

# APPLICATION OF

*Daniel Lewis*

Late *Powell* Co. *D*  
*12<sup>th</sup>* Reg't *Iowa* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*E. Evans*

HEADQUARTERS.

*Corp 4<sup>th</sup>* Post No. *22*

Department of *Mo* *April 3* 1880

Received and referred to the Examining Committee.

Post Commander.

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

*Wm. ...* Committee.

*John Mitchell*

Applicant { Elected *Mar 17* 1880  
Mustered *May 25* 1880

No. on Des. Book *275*

*E. Evans*

Adjutant.

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TOWN PRINT, PHILA.

To be Filled by, or for, the Post Surgeon, on or before the Night of Muster of this Applicant.

- No. on Des. Book \_\_\_\_\_ 2. Name \_\_\_\_\_
- Where born \_\_\_\_\_ 4. Color \_\_\_\_\_
- Regiment or Vessel serving in when wounded \_\_\_\_\_
- What Army or Squadron? \_\_\_\_\_  
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
- Branch of service (Infant, Cav., Marine, Sailor, etc.) \_\_\_\_\_
- How many times wounded? \_\_\_\_\_ 9. Ages when wounded? \_\_\_\_\_
11. Dates when wounded and names of Engagements \_\_\_\_\_

- Parts of the body wounded or disabled \_\_\_\_\_
- State results of wounds. If amputation, what member? If paralysis, loss of sight, or any other disability followed, give full particulars \_\_\_\_\_

- Kind of Missile \_\_\_\_\_
- 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.