

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 45 years of age, and was born in Clark Co State of
Ohio, now residing at Niskaville
State of Mo, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted Jan 1 1864, as Corpl in Co. D
8 Regiment Ohio Cav for the period of 3 years, and
was discharged therefrom as Corpl, at Clarksburg W. Va
on the 15 day of July 1861, by reason of Genl Order

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) _____

D B Jacobs

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.]

Chase
Helwig
Baird

APPLICATION OF

D B Jacobs

Late Corp Co. J
B Reg't Ohio Cal for

Membership in the Grand Army of the Republic.

Recommended by Comrade Sgt Beall

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.

L W Chm }
G J Beall } Committee

Applicant { Elected Aug 30 1887
{ Mustered " " 1887

No. on Des. Book

Adjutant.

681
57
7481

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

- No. on Des. Book
- Name
- Where born
- Color
- Regiment or Vessel serving in when wounded
- What Army or Squadron?
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
- Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.)
- How many times wounded?
- 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

Post Surgeon.