

TO THE OFFICERS AND MEMBERS

— OF —

Capt Dix Post No. *22* Dep't of *Mo* G. A. R.

I have the honor to make Application for membership in *Capt Dix*
Post No. *22* of *Mo* Grand Army of the Republic, basing
my application on the following facts:

I am *49* years of age, and was born in *Pennsylvania* State of
now residing at *Novinger*
State of *Mo*, am by occupation a *Merchant & Postmaster*

I served during the late rebellion as follows:

First enlisted *Sept 2* 18*64*, as *Private* in Co. *D*
1 Regiment *Wiscon Heavy Artillery* for the period of *one*
years, and was discharged therefrom as _____ at *Fort Lyon Virginia*
on the *20* day of *June* 18*64*, by reason of
General Order 53 Head quarters Mills Military Div

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 con-
victed by Court-Martial of Desertion, nor of any other infamous crime.

I have *not* 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.)

Wm. J. Dix
Residence No. *Novinger No. 1* 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.]

Novinger

✦ APPLICATION ✦

OF

A. H. Kingdon

Private Co. *D* 15th

Reg't *Wisconsin 8th Reg't* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

HEADQUARTERS

Capt. B. J. ... Post No. *...*

Department of *Wisconsin* 188*7*

Received and referred to the Examining Committee

W. H. Browne

Post Commander.

188*7*

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

Committee.

Applicant *Elected* *...* 188*7*

Mustered *...* 188*7*

No. on Des. Book

Adjutant.

Notified to be present at night for Muster also bring Muster out Roll or Discharge July 31/85

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, &c., &c.)
- Branch of service (Inf., Art., Cav., Marine, Sailor, &c.) _____
- 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.

*581
64
581*