

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 Dep't of Mo G. A. R.

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

I am 40 years of age, and was born in Germany State of \_\_\_\_\_, now residing at Kirksville State of Mo, am by occupation a farmer

I served during the late rebellion as follows:

First enlisted March 31 1864, as Priv in Co. "A" 18 Regiment Mo Vet Inf for the period of 3 years, and was discharged therefrom as Priv, at Louisville Ky on the 18 day of July 1865, by reason of Genl Ord. W. Dept June 22. 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 \_\_\_\_\_ Post No. \_\_\_\_\_ Department of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_\_\_\_

(Signature).

Peter Ruse

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]

*Worcester  
Hull  
of Amherst*

**APPLICATION OF**

*Peter Reese*

Late *Post* Co. "*A*"

*18<sup>th</sup>* Reg't *Mo. Inf.*

**MEMBERSHIP IN THE GRAND ARMY OF THE REPUBLIC.**

Recommended by Comrade

*J. C. Harris*

**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.

*John H. Harrison*  
*Joseph H. Sholly*  
*John Mitchell*

Committee.

Applicant { Elected *Nov 18* 188  
                  { Mustered *Nov 19* 188

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., Cavalry, 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 spaces on Form F.

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