

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 *35* years of age, and was born in *Bay Co* State of *Ohio*, now residing at *Pikeville* State of *Mo*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *Apr 1* 18*61*, as *Priv* in Co. *F* *17th* Regiment *O. V. I.* for the period of *3* months years, and was discharged therefrom as *Priv* at *Zanesville Ohio* on the *1st* day of *July* 18*61*, by reason of *Expiration of term of service*

I also re-enlisted *Aug 18* 18*62*, as *Sgt* in Co. *"K. 126"* Regiment *O. V. I.* and was discharged therefrom as *Sgt* at *Washington D.C.* on the *25* day of *June* 18*65*, by reason of *Genl Order*

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)

Benjamin A. Bowman

Residence, No. _____

Street.

I on honor recommend *B. A. Bowman* to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ _____

H. F. Rawson
(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.]

APPLICATION OF

Benjamin B. Bowman

Late *Sgt* Co. *"K"*
126 Reg't *Or I* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

B. F. Rawson

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.

Committee

Applicant { Elected *Sept 1st* 188
Mustered *Sept 1st* 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., 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.

Printed figures refer to spaces on Form F.

SET
64
4991