APPLICATION OF			
Sunglas B. Bufer	9	To Be Filled By, Or For, the Post Surgeon, On Or Before the Night of Muster of This App	plican
fish Reg't Anna Lafor	,	1. No. on Des. Book 2. Name	
lembership in the Grand Army of the Republic.		3. Where born	
Martin Waiddaugh		5. Regiment or Vessel serving in when wounded	
HEADQUARTERS.		6. What Army or Squadron?	
3. JP Gritcel Post, No 2 8 3		7. Branch of service (Inf'try, Cav., Marine, Sailor).	
Department of Mich Ohr 21 1884		8. How many times wounded?	
Received and referred to the Examining ommittee.		10. 11. Dates when wounded and names of Engagements.	
Wlo Day Pro tem			
Post Commander.		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 di	
The undersigned Examining Committee re-		followed, give full particulars	
ectfully report favorably upon the			
Show a Elder			
S & Reabody Committee.		14. Kind of Missile	
Vm Colums		Note.—If not wounded or diabled, so state distinctly.	
(Elected		Entered on Medical Description Book No.	
pplicant Mustered		Reported to Department Headquarters.	
o. on Des. Book			
Adjutant.		Post Surgeo	n.
Dean Brok, Blank Book & Printing Co., Chicago.			

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.

I have the honor to n	nake application for n	nembership in,	Land Control of the C	1 (200 (1) (2)
Post, No. 283 De	partment of Br	ich	Grand Army	of the Repub
basing my application on	the following facts:	1		
	of age, and was born	in		
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State of Inich	/	, and by occupation a.		an of
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	ate Rebellion as follou	The state of the s	1 - 1-	a a
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was discharged therefrom	as Besselle	, at Bed John	me Dels	wit .
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failure to report all the facts required by this application may render the muster-in null and void. Other enlistments are to be added.

Note.-If any details herein required are omitted, they must be furnished before being reported on by the Committee. Any

LOVER.

2 If this is the first application, write the word "not" in this space.