

APPLICATION OF

*A Fendler*

Late *Prst* Co. *K*  
*185-a* Reg't \_\_\_\_\_ for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*W Edwins*

HEADQUARTERS

*SW Ginnell* Post No. *283*

Department of Michigan, *July 6<sup>th</sup>* 1886

Received and referred to the Examining Committee.

*William Edwins*  
Post Commander

*July 8<sup>th</sup>* 1886

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

*D W Litchfield*  
*Joseph J. Sharkey*  
*J B Van Ruzon* } Committee.

Applicant { Elected *July 8<sup>th</sup>* 1886  
Mustered *Sept 16<sup>th</sup>* 1886

No. on Des. Book *23*  
*Ed Taylor*  
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 Potomoc, 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 \_\_\_\_\_

Printed figures refer to spaces on Form F

Post Surgeon.

TO THE OFFICERS AND MEMBERS

← OF →

*S. W. Grinnell* Post No. *283* Department of Michigan, G. A. R.

I have the honor to make application for membership in *S. W. Grinnell* Post No. *283*  
of Department of Michigan, Grand Army of the Republic, basing my application on the following facts:

I am \_\_\_\_\_ years of age, and was born in \_\_\_\_\_ State of  
*Ohio*, now residing at *Sebewa* State of  
*Michigan*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *July 24<sup>th</sup>* *1865* *Pvt.* in Co. *K*  
*185<sup>th</sup>* Regiment *Ohio V. I.* for the period of *three* years, and  
was discharged therefrom as *Pvt.*, at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, by reason of \_\_\_\_\_

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 *not* made previous application for membership to the Grand Army of the Republic and filed the  
same with *S. W. Grinnell* Post No. *283* Department of  
*Michigan* on the *8<sup>th</sup>* day of *July* 18*86*  
(Signature.)

Residence, No. *Sebewa* Street.

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

Enclosed is proposition fee, \$ *2.00*

(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.)