

APPLICATION OF

*A Ritchie*

Late *Private* Co. *D.*  
*10<sup>th</sup>* Reg't *O. V. C.* for  
Membership in the Grand Army of the Republic.

Recommended by Comrade

*William Colvins*

HEADQUARTERS

*S. W. Ginnell* Post No. *283*

Department of Michigan, *Apr 16<sup>th</sup>* 188*5*

Received and referred to the Examining  
Committee.

*William Colvins*  
Post Commander

*Sunfield, Apr 16<sup>th</sup>* 188*5*

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

*T. B. Parbur*  
*Frank Linkhart* } Committee.  
*George Richard*

Applicant { Elected *Apr 16<sup>th</sup>* 188*5*  
Mustered \_\_\_\_\_ 188*5*

No. on Des. Book \_\_\_\_\_  
*Edward 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 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 \_\_\_\_\_

Printed figures refer to spaces on Form F

Post Surgeon.

TO THE OFFICERS AND MEMBERS

← OF →

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

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

I am *55* years of age, and was born in \_\_\_\_\_ State of

*Ohio* am, now residing at *Sunfield* State of

*Michigan*, I, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *July 2<sup>d</sup>* 1864 as a *Private* in Co. *D*,

*10<sup>th</sup>* Regiment *Ohio, U. S.* for the period of *two* years, and

was discharged therefrom as a *Private*, at

on the *24* day of *July* 1865, by reason of *Genl. Order*

*have served one year & five months*

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 \_\_\_\_\_ made previous application for membership to the Grand Army of the Republic and filed the same with \_\_\_\_\_

*H. Louden* Post No. *183* Department of *Ohio* on the \_\_\_\_\_ day of \_\_\_\_\_ 18*84*

(Signature.)

Residence, No. *Sunfield* Street. *Mich.*

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

Enclosed is proposition fee, \$ \_\_\_\_\_

*William Collins*  
(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.