APPLICATION OF Dure Wint-ate Privali Co. Late Reg't O. V. for Membership in the Grand Army of the Republic. Recommended by Comrade AN Orser HEADQUARTERS Terrell Post No. 283 Department of Michigan 1896 Received and referred to the Examining Committee. Villiam mas Post Commander. The undersigned Examining Committee respectfully report. favorably upon the within application. An order Committee Elected Applicant (Mustered No. on Des. Book. Copyright, 1885, by JOHN S. KOUNTZ, Commander-in-Chie Grand Army of the Republic.

To be Filled by, or for, the Post Surgeon, on or before the Night of muster of this Applicant.

τ.	No. on Des. Book2. Name
3.	Where born4. Color4.
5.	Regiment or Vessel serving in when wounded
6.	What Army or Squadron? (As Army of the Potomac, Mississippi Squadron, etc., etc.)
7.	(As Army of the Potomac, Mississippi Squadron, etc., etc.) Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.)
8.	How many times wounded?
10.	11. Dates when wounded and names of engagements
12. 13.	Parts of the body wounded or disabled State results of wounds. If amputation, what member? If paralysis, loss of sight,
or a	ny other disability followed, give full particulars
14.	Kind of Missile
15.	Rank when wounded
	NOTEIF NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY;
Ente	red on Medical Description Book No.
Repo	rted to Department Headquarters

Printed figures refer to spaces on Form F

Post Surgeon.

APPLICATION OF Dure Wint Privali Co. Reg't O.V for Membership in the Grand Army of the Republic. Recommended by Comrade AM Orser **HEADQUARTERS** manuelle Post No. 2,83 Department of Michigan 1896 Received and referred to the Examining Committee. illiam mars Post Commander. The undersigned Examining Committee respectfully report .. favorably upon the within application. All oner Committee (Elected Applicant Mustered No. on Des. Book. Copyright, 1885, by JOHN S. KOUNTZ, Commander-in-Chief Grand Army of the Republic.

To be Filled by, or for, the Post Surgeon, on or before the Night of muster of this Applicant.

ι. No. on Des.	Book2. Nam	1e	
1 Destroyed	1		4. Color
5. Regiment or	· Vessel serving in when w	vounded	1
6. What Army	or Squadron? (As Army of the Potomac, Mis	sister Sanadoon etc. etc.)	
7. Branch of se	ervice, (Inf., Art., Cav., Ma	arine, Sailor, etc.)	
	imes wounded?9.		
10. 11. Dates w	hen wounded and names o	of engagements	
13. State results	body wounded or disabled of wounds. If amputatio ility followed, give full par	n, what member? If p	aralysis, loss of sight,
	1. (P)	1	
14. Kind of Miss	ile	1	
15. Rank when w	ounded		с
	NoteIF not wounded or disar	HED, SO STATE DISTINCTLY;	
Entered on Medic	al Description Book No.		
Reported to Depart	tment Headquarters	<u> </u>	-

Printed figures refer to spaces on Form F

Post Surgeon.