

APPLICATION OF

*James Keister*

Late *Private* Co. *24*

*77th* Reg't. *Pa. Vol.*

Membership in the Grand Army of the Republic,

Recommended by Comrade

HEADQUARTERS.

Post, No.

Department of..... 190

Received and referred to the Examining Committee.

*Post Commander*

190

The undersigned Examining Committee respectfully reports..... favorably upon the within application.

*Committee*

Elected..... 190

Mustered..... 190

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 (Infantry, Cav., Marine, Sailor).....

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.