APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers' and Sailors' Home

----AT QUINCY

TRUSTEES.

DANIEL DUSTIN, Sycamore, DeKalb County, Ill. L. T. DICKASON, Danville, Vermillion County, Ill. THOMAS W. MACFALL, Quincy, Adams County, Ill.

OFFICERS.

- J. G. ROWLAND, Superintendent.
- S. B. SHERER, Secretary and Adjutant.
- R. H. CARNAHAN, Quartermaster and Commissary. R. W. McMAHAN, Surgeon.

THOMAS W. MACFALL, Quincy, Adams County, Ill.				JAMES D. MORGAN, Treasurer.		
OUNTY OF SOUNTY OF SOUNTY OF SOUNTY OF LIES	della de la	State of Illes	and h	within and for the years; height 5 Junily g duly sworn, deposes:	rsonally appeared before me County and State aforesaid, feet inches, and says, that he was born in service of the United States	
No. of Whe	discharged fro en Enlisted, ith Rank.	m each enlistment, as Where Enlisted, Town and State.			Cause of Discharge,	
1st. Septe	ulo_186/	lunton	Co. L. Regt 45 Mean	June 1862 Fort pillon	Disibility Drinker Love	
2d.	18		Co	18		
8d.	18		Co	18		
4th.	18		Co	18	X = 1111, 11 ×	
That he is disable	ed as follows: (7)		9	T = 9. 1°= ,	
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The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he was not a member of any Soldiers' or Sailors' Home June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him, and obey all lawful orders of the Officers of the Home. WITNESS, Post Office Address, before me, the day and year first above written, and I hereby certify that the foregoing offidavit was read over and fully explained to CERTIFICATE OF IDENTIFICATION. (42"The following Certificate must be signed by the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal.). I HEREBY CERTIFY that I know the above named and that I believe the declaration signed by him to be true. URGEON'S CERTIFICATE I certify that I have carefully examined (2 Volunteers, and that he is (10) permanently for obtaining his subsistence by manual labor Character of Disability, Present condition of Applicant, Sworn to and subscribed before me, this A. D. 188 and I hereby certify that the is known to me as a Surgeon in actual practice and reputable in his profession.

Occupation, Hanner	NAME AND ADDRESS OF NEAREST RELATIVE,
Married or Single, Mdoner [If a widower, so state.] Children under 16 years, None	Elisha Mi Intire (Sun) Schiph Hamilton bo Jona
mace 16. pus,	o crigre mannion co. sora

ORDER FOR ADMISSION.

	Fish. 9th, 188 8	×
The above application is here	approved, and (2) Stewart Mc Letting Reg't Su Car Vols., will be admitted to the Illinois Soldiers' and Sailors'	
Home at Quincy.	Il Kurland	
	Superintendent Illinois Soldiers' and Sailors' Home.	

EXPLANATIONS AND DIRECTIONS.

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

- Name and Title of Magistrate.
- 2. Applicant's Name.
- 3. Post Office Address.
- 4. Town, County, State (or Nation).
- 5. State the number of times actually mustered into the service of the United States.
- 6. Give the name of the War, (Mexican, or Civil).
- Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.
- 8. Signature of Applicant and Post Office Address. Two witnesses are required if he makes his mark.
- This Certificate must be signed by the Mayor or City Clerk of the City, by a County Officer, or Justice of the Peace of the Town in which the applicant resides. No application will be approved until this direction has been complied with.
- 10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or by a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words "permanently" or "temporarily" in the Certificate must be erased by the Surgeon.
- 11. Official Signature of Magistrate or Notary.

The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof from their last enlistment, and Pension Certificate, before his application will be approved. These papers will be retained by the Superintendent, and returned to the member when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.

After filling out this application and executing it as above directed, forward it, with the other papers, to the Superintendent, whose name is printed on the first page of this sheet.