APPLICATION FOR ADMISSION TO

THE ILLINOIS SOLDIERS' AND SAILORS' HOME,

AT QUINCY.

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5 0	Villean	Stanots	1)-177	vears; heighth 5	feet//_inc
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mplexion,	Legal a resid	ent of (*),	mil M	Class Count	y of
ate of	Ellewis	who, being duly sw	orn, deposes and says,	that he was born in (4	Fraulis
2.	+- Po:	, ,			
Corun	Dr. Wing	nuna	and has b	been enlisted in the s	ervice of the United St
)	one		time#during the (6)—	Prebelle	on of 186
ar, and hor	norably discharged from	m each enlistment, as f	ollows:		l'
No. of Snlistments.	When Enlisted, with Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered in.	Date and Place of Dis- charge, with rank.	Cause of Discharge.
No. of Splistments.	When Enlisted, with Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered in.	Date and Piace of Discharge, with rank.	Cause of Discharge.
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2d.	Private	Thing field	Company and Regiment Mustered in.	Date and Piace of Discharge, with rank. Flow Dun 227 Paduetth 1	Cause of Discharge.
1st. 2d.	Private	Thing field	Company and Regiment Mustered in.	Date and Piace of Discharge, with rank. Flow Dinie 227 Range Markette 16	Cause of Discharge.
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2d. 3d. 4th.	Pariation and 1861	Ollinois (1) Ingra	Company and Regiment Mustered in. 1 9 60 Mg 2 nd Page	Date and Piace of Discharge, with rank. Flow Dinie 227 Radwellin 16	E Ey Disabil

on account of his disability to earn his living by manual labor, desires admission to The Illinois Soldiers' and Sailors' Home,

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 has never been a member of either of the Branches of the National Home for Disabled Volunteer Soldiers. 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. Sworn to and subscribed before me the day and year first above written, and I hereby certify that the foregoing affidavit was read over CERTIFICATE OF IDENTIFICATION. that I have every reason to believe, after an exemination of his discharge naners, that is the identical person described therein, and that the above declaration signed by him is true. SURGEON'S CERTIFICATE. I certify that I have carefully examined (2). Volunteers, and that he is (10) permanently temper obtaining his subsistence by manual labor Date of Injury or Disease. Character of Disability, Complications, ha SURGEON.

Sworn to and subscribed before me, this Aprile day of 4le A. D. 1887, and I hereby certify that the is known to me as a Surgeon in actual practice, and reputable in his profession.

Occupation, Farmer mand but	Name and Address of nearest relative.
Children under 16 years, children	Ingl don Ill

ORDER FOR ADMISSION.

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	*			april 7	, 188
The above application	is hereby approved, an	d (*) 21	m S. B	rooks	
19 July 185 .	2-1	1116.	, 1, 1	admitted to the Illinois	Marin Marine
Co.,——Co.,——	Reg't_	M. War			
× 100			0,60	Sippinsott	5
	20	45 5	SUPERINTENDEN	T ILLINOIS SOLDIERS' ANI	D 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.

- 1. 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 (1812, Mexican, or Civil).
- 7. 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. Two witnesses are required if he make, his mark.
- This Certificate must be signed by the Adjutant-General, or Surgeon-General of the State, or by the Mayor or City Clerk of the
 City, by a County Officer, or some other respectable and responsible citizen of the fown in which the applicant resides.
- 10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or of 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, and Pension Certificate, or receipt therefor, before his application is granted, which papers will be sent to the Home when the applicant is admitted, to be kept there, and returned to him 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 others papers, to the Superintendent, whose name is printed on the first page of this sheet, giving Post-Office address nearest railroad station; and if application is approved, transportation will be forwarded without charge.

Register No. 2/5

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers' and Sailors' Home

OF

Killia	un S. Broc	rks
	2" Reg t LCC.	leav. Vols.
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Co	Reg't	Vols.
Admitted	april 202	
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C	C. Lippin	rest

	W. H. TAYLOR & CO	.,
⇒COMPLETE LINE OF	FURNITURE	AT BOTTOM PRICES.₩
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ILLINOIS SOLDIERS' AND SAILORS' HOME Surgeon's Office, Oft QUINCY, ILLINOIS Respectfully returned to GEN. C. E. LIPPIN-COTT, Superintendent. I have carefully examined late Co Reg't ...CO......REG'T.....REG'T..... CONTENTS Admission Paper. Army Discharge..... Certificate of Service. Pension Certificate ... Surgeon.

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