### APPLICATION FOR ADMISSION

TO THE

## ILLINOIS SOLDIERS AND SAILORS HOME,

AT	(2)	UI	N	CY	1.
	-	-	-	-	

#### TRUSTEES.

WILLIAM STEINWEDELL, PRES., Quincy, III. LEWIS B. PARSONS, Flora, III. JAMES A. SEXTON, Chicago, III.



#### OFFICERS.

GEORGE W. FOGG, Superintendent.

JAMES S. MORGAN, Treasurer.

Before filling in the blanks read carefully the explanations and directions on the margin, and extracts from the rules on third page.

Army Discharge, or Certificates of Service, or Pension Certificate, must be sent with this application and all the directions carefully complied with, or the application will be returned, and much delay result.

DIRECTIONS.	STATE	OF Zelin	orio	1		
Fill all the blank		- //		88.		
spaces carefully.	COUNTY	OF Mac	1/1/1	ratio patient	+1	
	On	this Junen	ty third	day of Oct	over A.	D. 18 93, before me
	-	Valur	Public	w w	thin and for the Cou	nty and State aforesaid,
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A CONTRACTOR	war; a	nd was honorably d	ischarged from each	enlistment as follows		and bearing
State each enlist- ment separately, and cause of dis-	No. of Enlist- ments.	When Enlisted, With Rank.	When Enlisted—Town and State.	Company and Regiment Mustered in	Date and Place of Dis- charge, with Rank.	Cause of Discharge.
charge.	least	7 . H	1 00	. 4/ 14	0	74
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The army discharge	1	/		Regt.	/	
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should state, in his own way, what his	Tha	t he is disabled as	Ionows.	The state of the s	7.	The same
disability is.	u	m				
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If no pension is re-	and has	been receiving	Do	llars per month, pens	ion, on Certificate No	
ceived, so state	payable			Agency, from		18
	The	applicant further s	tates that he has no	property nor means	of support, and bein	g unable on account of
	his disal	bility, to earn his liv	ving, desires admissi	on to the Illinois Sold	ers and Sailors Home	enni dage ben seren witarn eta ina energia. La

The said applicant further swears that he has not been engaged in, or aided, or abetted, the late Rebellion in The applicant must the United States; and further that he has been a bona fide resident of the State of Illinois for the last two sign this, and swear And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulato the statement. tions 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. Have two witnesses sign and fill all the blanks carefully Post-office Address... Sworn to and subscribed before me, the day and year first above written, and I herbey certify that the foregoing To be sworn to beaffidavit was read over and fully explained to fore an officer having a seal, or a J. P. Read? NAME AND ADDRESS OF NEAREST RELATIVE Occupation lish (Relation) Cusses Fillall these blanks Married or Sing carefully. Children under 16 years (The following Certificate must be signed by the Commander or Adjutant of a G. A. B. Post, a Moor by a Justice of the Peace, and attacted by seal.)

I HEREBY CERTIFY that I have known the above named. This is very important. Have it signed for the last two years past, and that I believe the declaration signed by him to be true, and I further state that as directed. he is not mentally afflicted so as to require a special attendant, and can safely & e quarted in a sleeping room with others. (Give Official Title) LOCAL PHYSICIAN'S CERTIFICATE I certify that I have carefully examined... This is to be filled Volunteers, and that he is disabled as follows. Regiment Company out by the applicant's family physician, or one in the neighborhood of the residence of the applicant. Character of Disability Present Condition of Applicant Mnalel I further certify that said Applicant is sane, and has no spells of mental disturbance, and can safely be assigned If signed by U. S. quarters with other comrades. Examining Surgeon SURGEON. this need not be sworn to. Subscribed and sworn to before me, this hereby certify that the said is known to me as a Surgeon in actual practice and reputable in his profession. ORDER FOR ADMISSION The above application is hereby approved, and Vols., will be admitted to the Illinois

uperintendent Illinois Soldiers and Sailors Home.

Soldiers and Sailors Home at Quincy

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APPLICATION FOR ADMISSION

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Form 57.

## Illinois Soldiers and Sailors Home.

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APPROVED:

Superintendent.

Mail Haines

Sergeant Company.

Illine's Soldiers & Sailor Meme.
Smrg and William. 900.74118193
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