Note Carefully: Army discharge or certificate of service must be sent, and all directions carefully complied with, or the application will be returned.

See "EXPLANATIONS AND DIRECTIONS" on Third Page.

APPLICATION FOR ADMISSION

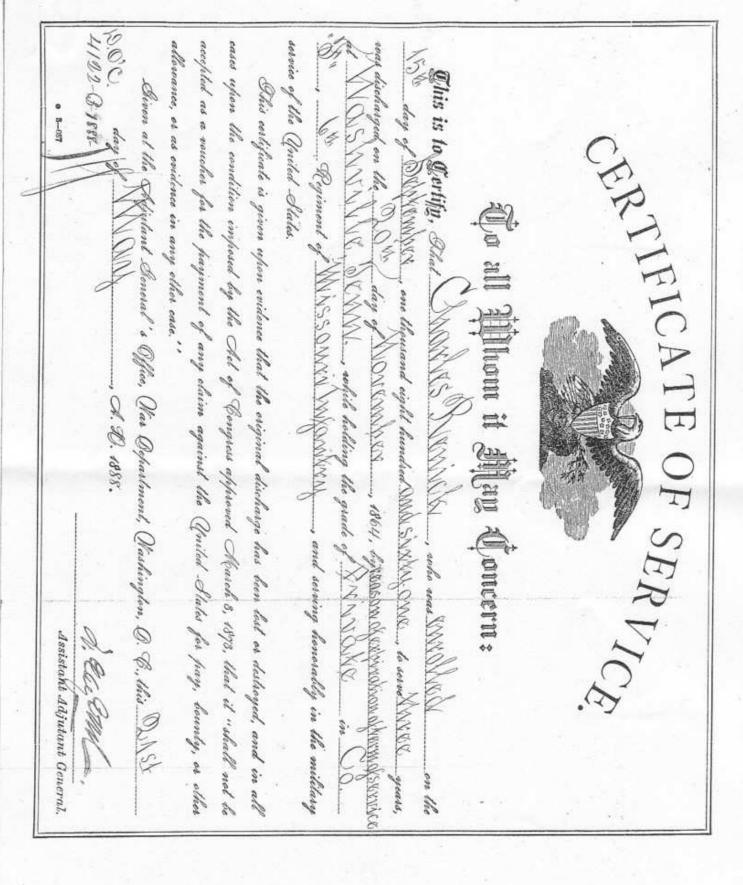
Illinois Soldiers and Sailors Home

T. DICK	ASON, Danville, V	EES: , DeKalb County, Vermillion County, incy, Adams Count	III. J. R. LC III. R. H. CA R. W. M	J. G. ROWLAND, Superintendent. J. R. LOTT, Secretary and Adjutant. R. H. CARNAHAN, Quartermaster and Commissary. R. W. McMAHAN, Surgeon. JAMES D. MORGAN, Treasurer.		
Je	Foir, eyes Be Maconfin s misery.	Buss	, a resident of (_within and for theyears, heights s)s uly sworn, deposes an been enlisted in the		
No. of	When Enlisted, With Rank.		Company and Regiment Mustered in.	Date and Place of Dis- charge, with Rank,	Cause of Discharge.	
1st.	Aug 12 1861	Butter Fel	Co. F Regt & Mo Right	12 Nov 1864	time experied	
2d.	18	7 70 8	Regt	18		
3d. 4th.	18		Regt	18	19-2	
		C - III A - III -	1111	111	00. 0.0	

Illinois Soldiers and Sailors Home.

The said applicant further swears that he has not been engaged in, 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,	X 00 1 2
,	(1) * Charles Freiner
*	
	Post Office Address, Me Olive III.
Sworn to and subscribed before me, the day and year j	first above written, and I hereby certify that the foregoing affidavit was read over and
fully explained to Choules Ken	
English (1	ohn to omes 10.
Read? no Write? yes	Votoring Sublice
Occupation used to four	NAME AND ADDRESS OF NEAREST RELATIVE.
Married or Single, Single	(Name) Mr Ang Werne (Relation) Sister
[If a Widower so state.]	The same of the same
Children under 16 years,	(Address) Jennomy
CEDMIEIG	ATE OF IDENTIFICATION.
	nder or Adjutant of a G. A. R. Post, the Mayor or City Clerk of the city, or by a County e of the Peace and attested by an official seal).
I HEBEBY CERTIFY that I have known the above no	A / //
years past, and that I believe the declaration signed b	y him to be true. John Ho omee
40	Dolie Mountant
(G	ive Official Title)
SURG	EON'S CERTIFICATE
I certify that I have carefully examined (2)	Choules Remark
1 1/2 / / 1/2 /	Volunteers, and that he is (1°) permanently to the disabled
Co. St Segt Regt	
Date of Injury or Disease An green	injuration 1863
Place of Ost Michalie	State of Sinni
Character of Disability,	28 1.863. State my of right for
Complications, as claimes - 7	y log rating ou donniel There is a
circular ones top po	of patella Rusia heriel ne
Present Condition of Applicant	I waind under passing wants
eminar 1	i'd it I Min Army Shens
heart maring my	effects of page 11
eram - and person	SURGEON.
Sworn to and subscribed before me, this W. S.	Examining Das god attaction that
the entit	is known to me as a Surgeon in actual practice and reputable in his profession.
	(11)
CONTRACTOR OF THE STATE OF THE	TO THE ADMINISTRAL
ORD	ER FOR ADMISSION.
	Of an But a K
The above application is hereby approved, and (2	engargina en
() co., (0 21)	Regt // Vols, will be admitted to the
Illinois Soldiers and Sailors Home, at Quincy.	X07/ WMalled
Tilling Soluters and Sanots Home, at Const.	Superintendent Illinois Soldiers and Sailors Home.



Mo Olive Hel Lep 25/89 Ja 5 Rowland Supl Dion Sir you will find Application for odmission to doldiershome enclosed also certificate of Service flows send me or pour un I mill how to worth oill the way wh have no relations on fremols here hoping to hear from you soon yours truly Charles Remark MA Olive He