APPLICATION FOR ADMISSION

Illimois Soldiers' and Sailors' Home

L. T. DICK	TRUSTEE: USTIN, Sycamore, De ASON, Danville, Verm V. MACFALL, Quincy	Kalb County, Ill.	S. B. R. H R. W	OFFICERS. J. G. ROWLAND, Superintendent. S. B. SHERER, Secretary and Adjutant. R. H. CARNAHAN, Quartermaster and Commissary. R. W. McMAHAN, Surgeon. JAMES D. MORGAN, Treasurer.		
STATE OF. COUNTY (Ellino 23 d	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	lebru ar	1 A D 188 & ne	rsonally appeared before me	
(1) D 0	malil	Roberto	on aged 53		County and State aforesaid,	
County of	Maccouper collan	State of SC	and h		and says, that he was born in service of the United States	
o) var, and hor	norably discharged from		imes during the (6) follows:	Lace civ	<u> </u>	
No. of Enlistments.	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.	
1st.	Fre 6 2 8 1862	Springfilly	Co. 13 Regt / 2 "Ill Can	First 28 1864	To or-rulish	
2d.	Fub 29 1864	Strouis	CoB Regt / 2 & U Cov.	May 29 1866 Houston	S.O. 89 Deft.	
3d.	18		CoRegt	18	april - 18	
4th.	18		Co	18		
That he i	s disabled as follows: () Ger	wol 1	Obilit	7	
		11100				

_18____, and being unable, on

Agency, from_

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

and that he was not a member of any Soldiers' or Sailors'	n engaged in, or aided or abetted the late rebellion in the Un Home June 15, 1887; and further, that he has been a bona fid applicant further stipulates and agrees that he will abide by a r by their order; that he will perform all duties required	and obey all
Allalifeuriell	(1) Danald Bakerli	on
	Post Office Address,	nl.
Sworn to and subscribed before me, the day and year first	above written, and I hereby certify that the foregoing offidavit w	vas read over
and fully explained to Douald Ro	bertoon before he executed it.	
and fully explained to	6 m Ri Souberick	
	(TI) The Contract of the state	10
	Movery ource	0
7	D OF INTERIOR	
	E OF IDENTIFICATION. or City Clerk of the city, or by a County Officer, or by a Justice of th	e Peace,
The following Certificate must be signed by the Mayor and at	tested 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		
	(9)	
8 110000	N'S OPPRETATE	
	on's certificate.	
3 URGEO I certify that I have carefully examined (2)	nold Robertson	
		ily disabled
I certify that I have carefully examined (2)	nold Robertson	
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I certify that I have carefully examined (2) Doroto Co. B. Reg't B. Co. Co. To obtaining his subsistence by manual labor. Date of Injury or Disease,	Volunteers, and that he is (10) permanently to the ser	
I certify that I have carefully examined (2) Doroto. Co. B	Volunteers, and that he is (10) permanently the care day	
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I certify that I have carefully examined (2) Doroto. Co. B. 12 Reg't M. Cart. for obtaining his subsistence by manual labor. Date of Injury or Disease, Place of Disability, Manual	Volunteers, and that he is (10) permanently the care day	
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	supation, Laburer) NAME AND ADDRESS OF NEAREST RELATIVE, Has re
Ma	rried or Single, Suffy Wo. funds
	ildren under 16 years,
	ORDER FOR ADMISSION.
	February 23 g, 188 8
4	The above application is hereby approved, and (2) Douald Robertson
- 1	B Co., /2 Reg't Lee Covy Vols., will be admitted to the Illinois Soldiers' and Sailors'
Ho	me at Quincy.
110	- HIMACIIA
	- 1001 was
	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.
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, (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 and Post Office Address. Two witnesses are required if he makes his mark.
9.	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.