

The applicant must sign this, and swear to the statement.

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. 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,

Have two witnesses sign and fill all the blanks carefully.

C. B. Lloydansville }
A. Smith }
William Beal
Nearest R. R. Station, Verona On what R. R. Santa Fe
Post-office Address, Verona Ill.

To be sworn to before an officer having a seal, or a J. P.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to William Beal before he executed it.

[Name of Magistrate.]

W. H. Avery
Notary Public

Read? Yes Write? Yes
Occupation Farmer
Married or Single Single Bachelor
[If a Widower, so state.]
Children under 16 years

NAME AND ADDRESS OF NEAREST RELATIVE

(Name) Daniel Beal (Relation) Brother
(Address) Verona Ills

CERTIFICATE OF IDENTIFICATION.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, 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.)

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named William Beal for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant, and can safely be quartered in a sleeping room with others.

(Give Official Title)

W. H. Avery
Notary Public

LOCAL PHYSICIAN'S CERTIFICATE.

I certify that I have carefully examined

William Beal
Company K Regiment 8th Ill Ca, Volunteers, and that he is disabled as follows:
Rheumatism & Neuralgia's

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

Character of Disability As Above
Complications
Present Condition of Applicant As for years back

If signed by U. S. Examining Surgeon this need not be sworn to.

I further certify that said applicant is sane and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

Sworn to and subscribed before me, this 15th day of Oct A. D. 1892, and I hereby certify that the said J. R. Bedford 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 William Beal
Co. 8th Reg't Ills. Vols. will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

Superintendent Illinois Soldiers and Sailors Home.