

ORDER ADMITTING APPLICANT.

The application of the said George M. H. H. H., together with the said several certificates, signatures, and jurates, having been found to be duly and formally made, and the Superintendent being satisfied that the Applicant has shown himself to be lawfully entitled to admission to the Home,—it is hereby ordered that he be now duly admitted as a member thereof, this 14 day of July 1903.

WM. SOMERVILLE
WM. SOMERVILLE
Superintendent.

HOW TO FILL APPLICATION BLANKS.

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| <ol style="list-style-type: none"> 9. Give full name of the Applicant. 1. Either "Mexico, the late Rebellion, or Spain." 2. Here say once, twice, or three times. 3. Here say once, twice or three times. 4. Here say a wife or no wife. 5. Here give their ages, from youngest to oldest. 6. Here give the name of any Home or other Institution of which he has been a member. 7. Here state, in his own words, what it is that ails or disables him. 8. Here Applicant will sign his full name, or make his mark. 9. Here the witness will sign his name. 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court." 11. Here Applicant will sign his full name, or make his mark. | <ol style="list-style-type: none"> 12. Signature and title of the Justice or Notary. 13. To be made and signed by any Judge of any County or State Court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. R. Post. 14. Here write official title. 15. The physician here will state tersely, but fully, as far as he can learn, every cause or disorder that tends in any degree to render the Applicant incapable of earning his own living. 16. Name and official title of Notary or Justice. 17. Here state minutely what disorder, ailment, disease, or cause, it is that, in your judgment, disables the Applicant and renders him incapable of earning his own living. |
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SPECIAL INFORMATION FOR APPLICANT.

READ THIS CAREFULLY.—For it will avail you nothing, when you come before the Superintendent for examination on the facts alleged by you in your application, to say that you are ignorant of what is here and herein plainly and explicitly set forth for your information:

1. Have some capable person, who writes a fair hand, fill all the blanks in your application.
2. Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed and sealed by the Clerk, Notary or Justice of the Peace making the same.
3. Send your application, so prepared, by mail or otherwise, with your last discharge and all your pension papers, to the Superintendent of the Home.
4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for examination by the Home Surgeon as to your disability, and for examination by the Superintendent as to the allegations of fact made by you in your application for admission.
5. If all your statements are found to be true, and the Surgeon found you to be so far disabled as to render you incapable of earning your own living, you will then be admitted to the Home, and not otherwise.
6. If, for any reason, you are found not to be eligible for admission, you will not be admitted to the Home.
7. If you fail to be admitted, no transportation to your home will be furnished you. Therefore, you should bring sufficient money to pay your return fare.
8. When permitted to leave the Home on Furlough, or on Pass of two or more days' duration, you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State Clothing, when so absent.

TO BE ELIGIBLE FOR ADMISSION.

1. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, the late Rebellion, or the Spanish War.
2. That you shall have been honorably discharged from that service.
3. That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illinois, or served in an Illinois organization.
4. That you shall have been rendered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW BE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reason of old age, or by means of some other PRESENT DISABILITY.
5. That you shall have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
6. That you shall be of sane mind; that you shall not be in need of an attendant; that you shall be capable of ministering to your own personal wants; that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may safely be quartered with men who are feeble and incapable of self-defence.
7. NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

Superintendent.