**VOLUNTEER ENLISTMENT**

**State of Pennsylvania**  **Borough of Johnstown**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in State of \_\_\_\_\_\_\_\_ aged \_\_\_\_\_\_ years, and by occupation a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby acknowledge to have volunteered this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ to serve as a Soldier in the Army of the United States of America , for the period of three years, unless sooner discharged by proper authority; Do also agree to accept such bounty, pay, rations, and clothing, as are, or may be established by law for volunteers. And I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do solemnly swear, that I will bear true faith and allegiance to the United States of America, and that I will serve them honestly and faithfully against all their enemies or opposers whomsoever; and that I will observe and obey the orders of the President of the United States, and the orders of the officers appointed over me, according to the Rules and Articles of War.

 I certify, on honor, that I have carefully examined the above named volunteer, agreeably to the General Regulations of the Army, and that in my opinion, he/she is free from all bodily defects and mental infirmity, which would, in an way, disqualify him/her from performing the duties of a soldier.

John M. Allen M.D., Examining Surgeon

I certify, on honor, that I have minutely inspected volunteer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ previously to his/her enlistment, and that he/she was entirely sober when enlisted; that, to the best of my judgment and belief, he/she is of lawful age; and that, in accepting him/her as duly qualified to perform the duties of an able-bodied soldier, I have strictly observed the Regulations which govern the recruiting service. This soldier has \_\_\_\_\_\_\_\_\_\_ eyes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hair, complexion is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is \_\_\_\_\_\_\_\_\_ feet \_\_\_\_\_\_\_\_ inches high.

54th Regiment of Pennsylvania Volunteers

Lieutenant John L. Decker, Recruiting Officer

**Oath of Allegiance**

**United States of America**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state of \_\_\_\_\_\_, do solemnly swear, in presence of Almighty God that I will support, protect and defend the Constitution and Government of the United States against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of any State, convention or legislature to the contrary notwithstanding; and further, that I do this with a full determination, pledge and purpose, without any mental reservation or evasion whatsoever: So help me God

Subscribed and sword to before me, at \_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, A. D. \_\_\_\_\_\_.

Witness by \_\_\_\_Captain John P. Suter\_\_\_\_\_\_

**Recruit Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If under 18, please provide parent or guardian information:

Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Interest: (please check all that apply)

 Soldier \_\_\_\_\_\_\_\_\_\_

 Civilian \_\_\_\_\_\_\_\_\_\_

 Other, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail all three pages to:

Darren Gallaher

15 Brenda Avenue

Jeannette, PA 15644

Please make and keep a copy of all completed form for your records.