

The Turner Brigade

MISSOURI VOLUNTEERS U.S.

MEMBER INFORMATION FORM

(PLEASE PRINT ALL INFORMATION)

Date Joined Brigade: Month _____ Year _____

Check Company of Enlistment:

Company G, 17th Missouri Infantry

Company K, 1st Missouri Light Artillery

Company E, 1st Missouri Engineers

Company M, 1st Missouri Light Artillery

Missouri Medical Corps

Civilians Undecided

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Work: _____ Fax: _____

Other1: _____ Other2: _____

Email: Home: _____ Work: _____

Other1: _____ Other2: _____

Date of Birth: ____/____/____ (Required if under 21 years of age – optional otherwise).

Current Occupation: _____

Other Work Experience: _____

Actual Military History: Branch of service: _____ Years: _____

Rank Attained: _____

Reenacting experience prior to joining the Brigade: _____

Skills: (i.e. woodworking, welding, computer, medical, etc.) _____

Marital Status: Married Single Spouse's name: _____

Date of Birth: ____/____/____ (Optional) Will spouse participate? Y / N

Children still at home:

Name: _____ Gender: M / F Date of Birth: ____/____/____ Will Participate? Y / N

Name: _____ Gender: M / F Date of Birth: ____/____/____ Will Participate? Y / N

Name: _____ Gender: M / F Date of Birth: ____/____/____ Will Participate? Y / N

Name: _____ Gender: M / F Date of Birth: ____/____/____ Will Participate? Y / N

Name: _____ Gender: M / F Date of Birth: ____/____/____ Will Participate? Y / N

If space for additional names are needed, please check here and use the reverse side of this form.

Please return the completed form to:

Patti House, Secretary – 1606 Luce St., Cape Girardeau, MO. 63701

For questions, please email Patti at patti.m.house@gmail.com.