Confederate Documents

1. Enlistment form
2. Stationary
3. Oath
4. Pass
5. Furlough
6. Identifier tags
7. Surgeons Certificate
8. Discharge
9. Disability discharge
10. Parole at Appomattox

You are welcome to make copies of these documents for students to write on, but please leave these blank so that we have master copies.

Also, please make sure to put the documents in order before sending them on.
STATE OF

I, in the State of

aged years, and by

occupation a

enlisted this day of 1862, as a Soldier

in the Army of the Confederate States of America for the period of TWELVE MONTHS, 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. And I, do solemnly swear, that I will bear true faith and allegiance to the Confederate States of America, and that I will serve them honestly and faith fully against all their enemies or opposers whomsoever; and that I will observe and obey the orders of the President of the Confederate States, and the orders of the officers appointed over me, according to the Rules and Articles of War.

Sworn and subscribed to, at
this day of 1862.

BEFORE

I CERTIFY ON HONOR, that I have carefully examined the above named Soldier, and that, in my opinion, he is free from all bodily defects and mental infirmity, which would, in any way, disqualify him from performing the duties of a soldier.

Examining Surgeon.

I CERTIFY ON HONOR, That I have minutely inspected the Soldier, previously to his enlistment, and that he was entirely sober when enlisted; that, to the best of my judgment and belief he is of lawful age; and that, in accepting him 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 feet inches high.

Recruiting Officer.

RECEIVED of the Confederate States Army, this day of 1862, FIFTY DOLLARS, being by way of bounty, for ENLISTING in the Army of the Confederate States for TWELVE MONTHS.

[SIGNED TRIPLECTATES.]

WITNESS
DECLARATION OF RECRUIT.

I, desiring to enlist in the Army of the Confederate States for the term of Twelve Months, do declare that I am years and months of age; that I have never been discharged from the Confederate States service on account of disability or by sentence of a court martial, or by order before the expiration of a term of enlistment; and I know of no impediment to my serving honestly and faithfully as a Soldier for twelve months.

Given at

the
day of

WITNESS:

CONSENT IN CASE OF MINOR.

I, Do certify that I am the of ; that the said is years of age; and I do hereby freely give my consent to his enlisting as a soldier in the Army of the Confederate States for the period of twelve months.

Given at

the
day of

WITNESS:
LIVES AND PROPERTY.
WE WILL DEFEND IT WITH OUR
FORM OF OATH.

I, ________________________________, aged __________ years __________ months, born in ________________________________, appointed from ________________________________, do solemnly swear or affirm that while I continue in the service I will bear true faith, and yield obedience to the CONFEDERATE STATES OF AMERICA, and that I will serve them honestly and faithfully against their enemies, and that I will observe and obey the orders of the President of the Confederate States, and the orders of the Officers appointed over me, according to the Rules and Articles of War.

Sworn and subscribed before me this ________________________________

day of ________________________________ , ______
at ________________________________

_________________________________________________________________

_________________________________________________________________
It is understood that the within named and subscriber accepts this pass on his word of honor that he is and will be ever loyal to the Confederate States; and if hereafter found in arms against the Confederacy, or in any way aiding her enemies, the penalty will be DEATH.
TO WHOM IT MAY CONCERN

THE BEARER, ........................................ of Captain ................................................
Company of the .................................. regiment of ........................................................ aged
years, ........................................ feet .................................. inches in height, ................................
complexion, .................................. eyes, .................................. hair, and by profession a
before enlistment, who was born in the
 .................................. of .................................., and enlisted at .................................. in
the .................................. of .................................. on the .................................. day
of eighteen hundred and .................................. to serve for the
period of .................................., is hereby permitted to go to
 .................................. in the County of .................................., State of
 .................................. as he has received a FURLOUGH from the .................................. day of
day of .................................. to the .................................. day of
 .................................., at which period he will rejoin his Company or
Regiment at .................................., or where it then may be,
OR BE CONSIDERED A DESERTER.

SUSBSISTENCE has been furnished to said .................................. to
the .................................. day of .................................., and pay to the
day of .................................., both inclusive.

GIVEN UNDER MY HAND, at .................................., this .................................. day of
.................................., 186 ..................................

COMMANDING THE REG'T
Richmond, Va.,

I certify that I have carefully examined
and find him capable of performing military duty

Received at Richmond, Va., this day of 1862, of Lieut. CHARLES W. BLAIR, General Recruiting Officer and his Assign Assistant Quartermaster, dollars, being in full
Bounty for enlistment for the War

Witness:
SOLDIER'S DISCHARGE.

TO ALL WHOM IT MAY CONCERN.

Know Ye, That ___________________________ a ___________________________ of
Captain ___________________________ Company, ___________________________ Regiment of
_________________________________; who was enlisted the ___________________________ day of ___________________________.

one thousand eight hundred and ___________________________, to serve ___________________________, is hereby
honorably discharged from the Army of the Confederate States.

_________________________________

_________________________________

Said ___________________________ was born in ___________________________,
in the State of ___________________________, is ___________________________ years of age, ___________________________ feet
_________________________ inches high, ___________________________ complexion, ___________________________ eyes, ___________________________ hair,
and by occupation when enlisted, ___________________________.

Given at ___________________________, this ___________________________ day of ___________________________, 186__.
ARMY OF THE CONFEDERATE STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability)

Company, ( ), of the Regiment of Confederate States
was enlisted by of the Regiment of at
on the day of , 186 , to serve years; he was born in the State of , is years of age, feet, inches high, complexion, eyes,
hair, and by occupation when enlisted . During the last two months said soldier has been unfit for duty days. (Here consult directions on Form Med. Dept. Gen. Reg.)

STATION: 

DATE: 

______________________________
Commanding Company.

I CERTIFY, that I have carefully examined the said of Company, and find him incapable of performing the duties of a soldier because of (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)

______________________________
Surgeon.

DISCHARGED, this day of , 186 , at 

______________________________
Commanding the Post.

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.
NOTE 2.—The place where the soldier desires to be addressed may here be added.

Town—County—State—

(DUPLICATESS)
CERTIFICATE OF DISABILITY
FOR DISCHARGE in the case
of

a Co.

Reg't of

Received (A. & I.G. Office)

186
The Bearer \[\ldots\] of Co. \[\ldots\] Regt. of \[\ldots\] a PAROLED PRISONER \[\ldots\] of the Confederate Army of Northern Virginia, has permission to go to his home and there remain undisturbed.

\[\ldots\]

\[\ldots\]