

VOLUNTEER



ENLISTMENT

STATE OF FLORIDA

FLORIDA REGIMENT MEDICAL DEPARTMENT

Be it known that, _____ of _____, in the state of _____, aged _____ yrs, and by occupation a _____, IS HEREBY ACKNOWLEDGED to have voluntarily enlisted this _____ day of _____, in the Year of Our Lord _____, as a Soldier in the **Florida Regiment Medical Department**, Third Brigade, Army of Tennessee for a period of one year, unless sooner discharged by proper authority. This soldier agrees to accept such bounty, pay, rations, and clothing, as are, or may be, established by law. This soldier does solemnly swear that while he continues in the service he will bear true faith and allegiance to the

CONFEDERATE STATES OF AMERICA

And that he will serve them honesty and faithfully against their enemies, and that he will observe and obey the orders of the President of the Confederate States, and the orders of the officers appointed over him, according to the Rules and Articles of War.

Medical Personnel: _____

Company Commander: 1st Lt. Robert Sonntag, Surgeon

Money received from Medical Personnel: _____

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 volunteering as a Soldier in the Army of the Confederate States for the period of ONE YEAR.

Signed: _____

This _____ day of _____, in the Year of Our Lord _____.