

ORIGINAL

*Line One Cross Not Show (R Not Show)*

**APPLICATION FOR HEADSTONE OR MARKER**  
(See attached instructions. Complete and submit original and duplicate)

1. NAME OF DECEASED—LAST—FIRST—MIDDLE (Print or type)  
**FESSLER DANIEL**

2. ENLISTMENT DATE (Month, Day, Year) 1. DISCHARGE DATE (Month, Day, Year)  
**SEP 15 1862 JULY 27 1863**

3. SERVICE NO. 5. PENSION OR VA CLAIM NO.

6. STATE **PA.** 7. GRADE **PRIVATE** 8. MEDALS

9. BRANCH OF SERVICE, COMPANY, REGIMENT, AND DIVISION OR SHIP **PA. PRIVATE**

10. DATE OF BIRTH (Month, Day, Year) 11. DATE OF DEATH (Month, Day, Year)  
**SEPT 24 1827 MAY 20 1898**

12. CHECK TYPE REQUIRED  
 CHRISTIAN (Latin Cross)  UPRIGHT MARBLE HEADSTONE  
 HERBIC (Star of David)  FLAT MARBLE MARKER  
 NONE  FLAT GRANITE MARKER  
 FLAT BRONZE MARKER

13. FREIGHT STATION  
**ALEX. SCOTT-230 S. HICKORY ST.**

14. NAME AND LOCATION OF CEMETERY (City and State)  
**Mt. Carmel Cemetery PA.**

15. NAME AND ADDRESS OF PERSON WHO WILL SUPPORT COST OF HEADSTONE OR MARKER  
**Mt. Carmel Cemetery PA.**

16. NAME AND ADDRESS OF APPLICANT (Print or type) DATE  
**Robert E. DeCamp Mt. Carmel PA. 19757**

17. SIGNATURE OF APPLICANT  
**Robert E. DeCamp**

18. DATE  
**19757**

19. I certify this application is submitted for a veteran or member of the United States Armed Forces of the Civil War, or a descendant of a veteran or member of the United States Armed Forces of the Civil War, and I accept responsibility for properly placing the stone or marker at the grave at no expense to the Government.

20. SIGNATURE OF APPLICANT  
**Robert E. DeCamp**

21. DATE  
**19757**

DA FORM 1815  
1 AUG 56

REPLACES FORM 68, 13 OCT 52 WHICH IS OBSOLETE

IMPORTANT—Reverse Side Must Be Completed

AW-672-2157 FAS

16-11426-01 GPO