

**Application**

**For**

**Admission to The Danish Brotherhood**

-----

**To the Board and Members of Lodge Nr. 208 of The Danish Brotherhood**

**In Spiker.**

After having examined the purpose of The Danish Brotherhood, I hereby submit my application to become a member of Lodge Number 208 with \$1,000.00 insurance, of which amount only half is to be out if I die within the first year of my admittance unless death is caused by an accident. I declare herewith on my honor and good conscience that all of the information given by me below are true. I am not a member, nor have I during the last six months been denied membership in it, nor have I ever been expelled from any lodge of The Danish Brotherhood.

I am residing in: Fontanelle, R. 1.

(Street Nr., City, State)

I was born in: Huop, Aalborg date: May 16, 1881 (Show city or Parish and County) (Date of Birth)

I am 34 years old, figured from my closest birthday.

My occupation is: Farmer .

Have you ever belonged to The Danish Brotherhood? No.

(Indicate by lodge or No)

Have you ever applied for membership in

The Danish Brotherhood? No.

(Indicate by lodge or No)

Were you born to Danish parents? Yes. Are you of Danish birth? Yes.

Do you speak Danish? Yes. Have you ever been a Danish citizen? No.

to be paid to Dorthea

Relationship to me: Wife ,

Unless I later on should make a different decision which must be in accordance with the laws of the Society. I am moderate and have no injuries or illness which could shorten my life. I am at present in good health and able to earn a living. I promise to obey the constitution and by-laws of the Society, both the present and any amendments being passed, just as well as I for myself and

my heirs relinquish any rights that I now have or should later get, if I prevent any physician from revealing or witnessing to any information he has obtained while treating me as my physician.

I further promise that no proceedings against the Society regarding demands against my insurance, shall be filed unless it is initiated within one year after my death.

I hereby certify that the answers to the questions in this application and the medical certificate and agree that they shall be binding and a part of this contract.

If any of the information submitted by me in this application or medical certificate should be found to be untrue or false, or if I have omitted anything that should have been included in it or if I should be suspended or expelled or willingly have resigned from the Society, the rights that I or my heirs would otherwise would be entitled to according to my insurance certificate, will be forfeited.

By signing this application I certify that I have read through it and completely understand its content.

Entered and recommended by:

s/N. C. Wulff

S/Rudolph Andreasen s/Jacob Peter Wolff

Lodge Nr. 208 (Applicant's full name)

Kennard, Nebr. , May 31, 1915.

(city, state)

I hereby certify that: Jacob P. Wolff's

Application was received by me at a regular meeting We, the undersigned research

Of Lodge #208, committee, to whom this

On May 4, 1915, and that he on May 4, 1915 application has been referred,

Was ordered to report to Dr. W. H. Heine recommend the applicant.

For examination.

s/Rudolph Andreasen. /Secretary