

# THE ROYAL NEWFOUNDLAND REGIMENT

HERAND QUERN CON het

e Co. Corps Corps
Questions to be put to the Recruit before Enlistment.
I. What is your name?
Grand in Confel & Bay
2. What is your full Address?
3. Are you a British Subject? 3.
4. What is your age?
5. What is your Trade or Calling? 5.
6. Are you Married? 6
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vaccinated?
9. Are you willing to be enlisted for General Service? 9.
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
11. Are you willing to serve upon the conditions as emb died in the roll of service to be 11.
I Stemme W acrown
do colored a de colored de colore
made by me to the above orientions are true, and that I am willing to fulfil the engagements made.
All Marking of
3//3/ Signature of Witness.
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  I do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Pirth. His Heirs and Successors, and that I will, as in duty bound, honestly and taithfully defend His Majesty, His Heirs and Successors, in Person. Crown and Dignity against all enemies, according to the conditions of my service.
CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been day entered
as replied to, and the said recruit has made and signed the declaration and taken the oath before me at the on this
Signature of Attesting Officer . M. A. M. A
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired forms appear to have been complied with. I accordingly approve, and appoint him to the:
If enlisted by special authority, such will be attached to the original attestation.
Date
Approving Officer.
The signature of the Approving Officer is to be affixed in the presence of the Recruit. Here insert the "Corps" for which the Recruit has been enlisted.
* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of

Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....on the (Date)

## DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. months. Height .... Apparent age Girth when fully expanded Range of expansion. Distinctive marks .. INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Particulars as to Marriage (a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry. (d) (a) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Service not al-lowed to reckon for fixing the rate of pension Signature of Officers certifying correctness of Promotion, Reductions, Casualties, &c. Corps in Rgt. or Army Rank Dates which served Depot entries Years Days Years Service towards limited engagement reckons from Joined at Total Service forfeited as above..... Total Service towards Engagement to [date of discharge]



# THE ROYAL NEWFOUNDLAND REGIMENT

PERSONAL PROPERTY AND ADDRESS.	5261	Name Ferr	yar me	my Corps	wix
	Qu	estions to be put to	the Recruit be	fore Enlistment.	
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2. Wh	at is your full Addre	ess?	} 2	gus Con	rej y i say
3. Are	vou a British Subje	ect?	, 4	er	······ k
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		Calling?		storma	· ·
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7. Hav	e you ever served in	any Branch of His M military, if so,* which	(a) · •	20	
8. Are		vaccinated or re-va		leo	·
9. Are	you willing to be enli	sted for General Service	ce? · · 9.	c6	alam managan ang kalangan ang ka Managan ang kalangan ang kalanga
10. Did its m	you receive a Notice, leaning, and who gave	and do you understa e it to you?·····	nd } 10	Name	<u> </u>
11. Are signed	you willing to serve to d by you if you are ac	npon the conditions as	emb died in the		11 Yes
made by	me to the above des	stions are true, and the	at I am willing to	fulfil the engagements	L
2/16/	7/8	PRA	frong	. 0	TTURE OF RECRUIT. ure of Witness.
	Allegiance to His Mai	esty King George		TTESTATION.	ure of Witness.
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Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....on the (Date)

#### DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. feet... Height .... Apparent age Girth when fully expanded..... Chest Measurement Range of expansion... Distinctive marks ...... INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship Particulars as to Marriage we man to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry. (a) Christian and Surname of (a) (b) (c) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-serve not allow-d to reckon to-wards G. C. Pay Signature of Officers certifying correctness of Corps in Rgt. or which served L'epot Promotion, Reductions, Casualties, &c. Army Rank Dates entries Days Years Years Days Service towards limber engagement reckons from Total Service forfeited as above.....

[date of discharge]\_

Total Service towards Engagement to 10-1-1919

Artract from Daily orders part 11 Depot St. John's dated Sept. 25/1918

#### #5261 Pte. W. Avery

The above mentioned soldier proceeded on Special Duty to Bell Island C.B. on 24/6/18

Extract from Daily Orders Part 11 Unit ThevRoyal Nfld. Regt., St. John's Nov. 15th, 1918.

THE FOLLOWING MAN RETURNED FROM SPECIAL DUTY AT BELL ISLAND 13-11-18.

5261 Pte. W. Avery.

Extract of Daily Orders Part II, dated Jan. 14th 1919, Depot, St. John's.

#### Discharge confirmed on Demobilization

The discharge of the undernoted man on demobilization has been confirmed by Officer i/c Records on noted dates.

5261 Pte.Henry Avery

Discharged 101-19

-

Extract from Daily Orders Part 11 Unit the Royal Mfld.Regt., St. John's, Dec.18th, 1918.

The undernoted man discharges on Demobilization has been approved by O.G. Discharge Depot from noted date. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer 1/e Records.

5261 Pte. Wm. Avery.

13-12-18.

Extract from Takes Daily Orders part 11, from Unit The Royal Nfld.Regt.St.John's, dated August 5,1918.

#5260 Pte. H. Avery.

Discharged from MID.Hospital and admitted to 1244 Queens Street 4-8-18

Extract from Daily Orders Part 11 The Royal
Nfld. Regt. St. John's, dated August, 9, 1918.

5261. Pte. Avery, W.

Discharged from Billetts, 24 Queen St. 6/8-1918.

Extract from Dully Orders part 11. from Unit The Royal Rfl. Regt. St John's , Ented July 15, 1918.

#5261 Pte.W. Avery.

Admitted to M. I.D. Hospital 14-7-18

C.R. 5261

Extract from Daily Orders part 11. from Unit The Royal Hild.Regt.St. John's. dated May 22,1918.

#### #5261 Pte. Henry Avery.

Attested for General Service with the Royal Nfld Regt from 21.5.18

Avery A.M.

Pay 20ept.

5261

#5261 Pte. Henry W. very.

Grates Cove.

Bay de Verde.

Dear Sir:\_

Please find enclosed "Discharge Certificate No.383."

Yours faithfully,

Paymaster & 0.i/c Records.

Enc'1 1.

# The Royal Newfoundland Regiment

	PROCEEDINGS ON DISCHARGE
ī.	No. 5-761. Rank Lete Name Wilson. Avery.
	Intended place of residence. Master Cave. Bay de V.
2.	Occupation Jisles man:
	Classification of soldier
3.	The above named man is discharged in consequence of Demobilization
4.	His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
	Place DEC 11 1918 Comanding Discharge Depot The Royal Newfoundland Regiment
	CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE
5.	I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
	Place and date . St Johns
	Dec 11# 1918 Coples Signature of witness
	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER
6.	I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
	Place and Date 11 1/2 1918 W July Signature of soldier
	Signature of witness
	STATEMENT OF SERVICE
7.	Enlisted for service
	Discharged from service 13.12.18: plus 28 days. Service 23 4 day
	APPROVAL OF DISCHARGE
8.	The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
	Place ST. 5377'S.  Officer Commanding Discharge Depot The Royal Newfoundland Regiment.
	DEC 1 3 1918
-01	CONFIRMATION OF DISCHARGE
9.	The discharge of above mentioned soldier is hereby confirmed to the soldier is hereby
В	Place Danuary 10/199 Officer de Records The Royal Newfoundland Regiment

川からかわわかかかい

# The Royal Newfoundland Regiment

DEMOBILIZATION OF
Reg. No. 5861 Rank Afg Name Avery - Wilson
Date of Enlistment, 21.5 18 Address And love District Bay A V
Date of Enlistment
Occupation Turkernam Classification for Discharge Medical Category
Recommendation S.M.B Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. P 36   B 268   B 121   N.F. Med   D.F. 1
B 178
B 178a
B 179 D 400B Form L do 3rd " 4
B 179a D 400C Form K do 4th " 5
B 179b B 103 ME 2
B 179c
Months Caps
Date. 11 12 18 O/C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
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r. Civil Re-Establishment.  I amin a position to resume civilian occupation.
r. Civil Re-Establishment.  I amin a position to resume civilian occupation.
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r. Civil Re-Establishment.  I amin a position to resume civilian occupation.  Wilson Award
r. Civil Re-Establishment.  I am
I am

3. Transportation and Release Certificate.	6203
The above named has been provided with Travelling.	
at	ite Noissued./
11 12 10	aBAukokah
Date	All Control of the co
Name	Demobilization Officer
4. Pay and Allowances.	The security of the stack
The herein named soldier's accounts have been corre	가는 사람들은 사람들은 사람들이 가는 것이 없는 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
therewith settled. He has received pay and allowances	10-10-1
Date 11-12-18	Sistelley aft
Date	
12 12	Depot Paymaster.
Discharge approved for	and the second second
Forwarded with following documents to O.C Discharge	
Polwarded with following documents to O.O Discharge	Depot.
N.F. P 36 B 268 B 121 N.F. Med	
Б 178 W 3494 В 122 Воагd 1st	
B 179a D 400C Form K do 4th	" 5
B 179b B 103 ME 2	
B 179c	
	CB. Dicko HCoff
Date	Demobilization Officer.
	Demodilization Officer.
APPROVED.	k daga da
Documents as above forwarded to:—	
Officer i c Records. Board of Pension Commissioners.	
with following additional documents.	
	(Date,
7 0 1010	Trital
DEC 10 1918	KUT west Took
Date	O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.	And the second s
h	
Date Dec 13/1918	Day Therman
Date	

'To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

#### MEDICAL HISTORY

Surname Cherry

Christian Name

Abilson

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1	Table I —GEN	VERAL TABLE	F	TO 1 14
	. 1	Ren	1/0.	
Birthplace:—Parish Mrai	es coul 1	County	ty Ma	/ Harana Karaka
	SPECIAL	RESERVE	REGULA	R ARMY
	on My day of	may 191 8	on day	of 191
Examined	at of for	lus	at	
Declared Age	26 years	days.	year	s days
Trade or Occupation	Fisher	nen		
Height	feet	115 tuches	feet	inches
Weight		160 lbs.		lbs.
Chest Girth when fully expanded		385 inches		inches
ment (Range of Expansion		inches		inches
Physical Development				
*	Right	Left	Right	Left
Vaccination Marks Arm				25 450
				15.0
When Vaccinated	RE. V 96		R.E.—V=	
Vision ···· }	L.EV=		1, E.—V=	
* .	16			
	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease				
	( <i>b</i> )		(6)	
(b) Slight defects but not sufficient to		· · · · · · · · · · · · · · · · · · ·		
cause rejection			*	
,	. ,	0		
Approved by (Signature)	dammo	Valeron		
(Rank)	000	-au		
	1/10	Medical Officer.	,	Medical Officer.
Enlisted	at Si Mhe		at	223
- Lamber		of May 1918	on day	
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	reregal	1261		-
( )	Uflaken			
Transferred to			i i	
F.				
Became non-effective by				
	on day	of 191	on day	of 191
(Signature)				
(Rank)				

Paragraphy and Company	A	dmitted Hospital	to	Disc	harged i	rom	Disease	Number Days in	Remarks bearing on syphilis, admissions
Name of Hospital	Day	Month	Year	Day	Month	Year	Control of the Contro	Hospital	of treatm
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in case of Warrant Officers treated in quarters. Section of the second seco e cause, nature or treatment of the case likely to be of interest or of future use. In case of d re-admissions to hospitals will be shown. The subsequent progress, including particulars at out of hospital, transfers. etc., will be given in the special syphilis case sheet. Signature of Medical Officer Mount StoBurden this hereby certified that this soldier Tank to be the court to write and and [P.T.O.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

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Date	Signature of Medical	Bri	ef Details, and Signatures	is design to allower. I see escapable the process	est alway , label and a
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5/1/18	Vace &	0			
75/18	. 1	1			Y
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	1.00		for Disch	urge on Demo	bilisse-
			tion. Medical cu	tegory An	<u> </u>
			29.11.18	Morley	Captain
			- Control of Lands	Discharge Depot	Artista
				•	
					~
		Table IV.—SER	VICE TABLE.		
Station or Troops	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
			•		
			·.		

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
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#### Civil Re-establishment Committee.



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

So work at i	Fishing		
		a e	· .
	Wieson	Lucy	Signature of Mou
- OBD i	ko Aca	Reg. No. Ta	
Signature of the Vocational Office	er or his Representative.		
Place St. Tolino			
Date ///2//8			

BayDoberde

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Demobilization Form 1

## The Royal Newfoundland Regiment

C1	ass for Demobil-
Ŭ	ization:—
	P.

Report of Demobilization Travelling Board, held on soldier for discharge.

	arters The Royal Newfoundland	NUV 2.9 1918	E18140
	Date		
Regimental No. 526		Pre	
Name Wery	Wilson		
Address Graft	es Cove,		
·	Boy be Verte.		A Commence
Present Medical Category	A #		
Tresent Medical Category			
	(2) 1	Immediate discharge	
	Recommended for:	Immediate dischargeStanding Medical Board	
	(b) s	Standing Medical Board	
	*	O.C. Discharge Depot.	sk
		O.C. Discharge Depot.	
	Members of Board	Waterson.	Ł
	Members of Board &	Senior Medical Officer	
		Sw Burden	
	(i	M. O. Depot	
	•	M. O. Depot	



# Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension. on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. iIc Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink. Over Wilson Name in full Regiment from which discharged 1st. Newfoundland Regimental number Care, B.D. V. District water. Intended address Height on discharge Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth. Gang. 22 nd. 1897, Grate's Co Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) - Wilson fuery

(Rank) P6

Station

Station

Date

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i|c Hospital. Unit, or Command Depot. Nº 4094



## 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate	Whether Wife, Child, other Relative or	171	4	Addre	ss		DUNT
No. Friend  1797 Atter		ofen harter		Grate town		(each person	
				Finely	Bay		
1000 1000 1000 1000 1000 1000 1000 100					· C		
						•	
	# 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1				al Allotment, \$		6
8	chis form must be digned by the Office equired payments of	completed by the Officer Comn r Commanding Company and on application.	nanding C handed t	ompany, signed the Paymaster	by the Volunt as authority	to mal	unte
8	igned by the Office equired payments of	r Commanding Company and	handed t	the Paymaster	as authority	to mal	ce 1

# ROYAL NEWFOUNDLAND REGIMENT.

	Medical Examination Held at Mead grantus may 21/18
Τ.	Name U. Willow Dury Age (a) Declared 20 (b) Apparent
	(b) Apparent
2.	Do you know of anything wrong with you? Wo
	What severe illnesses have you had? 2 was
	5261
	1.701
3•	Height 5 11 2 Weight 166
	Eyesight (a) Left bb (b) Right 6/6
5.	Physical Defects (Examine after strenuous exercise)
6.	Examination of Lungs ~
	Measurement (a) Expiration 34 7 (b) Inspiration 387
7.	Examination of Heart
8.	Examination of Urine
9.	Examination of Mouth—(Defective Speech)
	Teeth
	Throat
	Nose
	Ears—(Otorrhea)
	(Deafness)
10.	Have you been successfully vaccinated, and when? Two
ıı.	Name and address of next of kin Mother Jane Martin Ceralus Core
RF	MARKS
A	II Jakensa

Medical Examiners.



FORM K

Nº 4094



#### 1ST. NEWFOUNDLAND REGIMENT

# ALLOTMENTS I, John Marker Miles (in full) ADDRESS ALLOTMENTS Regl. No. 526 Regl. No. 526 Regl. No. 626 R

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
247	Mother	plean partin	Grates Cove	
11	<u> </u>		South Side	6
	•		Fruity Bay	
			17	
6				
			///	
				,
		•		,
			Total Allotment, \$	6

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)	ha.	hmisk	14
-	$\dashv$		
		Officer	Commanding

Company

St Johns N.

(Sig.) Henry wieson sway



#### Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS-This form is to be completed in the case of every discharged soldier whose claim to pension. on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Wilson Avery

Regiment from which discharged

1st. Newfoundland

Regimental number

Intended address

Grates Cove, B.D.V.

Height on discharge

Feet

11

Color of hair on discharge Dark

Complexion

Color of eyes

Brown

Descriptive Marks

Figure on discharge

Christian name of Father

J. (Martin) Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth.

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

(Rank)

Station

Date

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i|c Hospital. Unit, or Command Depot.

Nº 4094



#### 1ST. NEWFOUNDLAND REGIMENT

**ALLOTMENTS** hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and ............ Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.: Allotment begins. Identity Certificate No. Whether Wife, Child, other Relative or Friend AMOUNT (each person) NAME (in full) Total Allotment, \$ NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application. Officer Commanding Company

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet Jul Regiment of Royal Kewfourdland Signature of O. C. Company DISD'N Forms B 121. Enlistment Good Conduct Badges, Service pay or proficiency pay Regimental Number and Name Age on 20 Place and Date Joined Date Toined Ioined Date Joined Date Date of award or of order dispensing with trial Cases of Drunk-Punishment awarded By whom awarded REMARKS Names of Date of Rank OFFENCE Place Offence Witnesses

To be carried over

15261

Demobilization Form

## The Royal Newfoundland Regiment

DEMOBILIZA	ATION OF
Reg. No. 5A6/ Rank Pf6 N	ame livery - Wilson
	That love District Bay A V
Occupation Ligherman Classification for D	ischarge L Medical Category AI
Recommendation S.M.B	lieshility Rating
P. J. D. J. W. Off. W. Ch.	M-21-11
Passed to Demobilization Officer with following documen	
N.F. P 36   B 268   B 121   N.F. P 36	J.F. Med
B 178 W 3494 B 122	do 2nd
B 178a D 400A B 1915 Z	do 2nd
B 179 D 400B Form L	B. (1985) - 1986 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1
B 179a D 400C Form K	do 4th " 5
B 179b B 103 ME 2	
B 179c	
Date. ### PARTICULARS FOR  I. Civil Re-Establishment.	O.C. Discharge Depot
I amin a position to resume	civilian occupation.
Wilson  Particulars passed to Vocational Officer for info	
Date	
Date	
2. Clothing.	DEC 13 1918
Certified that Clothing Regulations have been	complied with:—
(a) Clothing Allowance payable	2017
(b) Clothing Supplied Lol	Joh H. Inowfent
Date. 11 12 18	O ilc. Re-clothing.

3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 203 to his home at	
4. Pay and Allowances.  The herein named soldier's accounts have been correctly balanced and all matters in connection	1
therewith settled. He has received pay and allowances to	
Date 11-12-18 Attilled Caft Depot Paymaster.	
Discharge approved for. 13.12.18	
Forwarded with following documents to O.C Discharge Depot.	
N.F. P 36	
Date 17 17 18 Ch Demobilization Officer.	
APPROVED.	
Documents as above forwarded to:—	
Officer ilc Records. Board of Pension Commissioners.	
with following additional documents.	
	•
Date DEC 13 1918 RH Jant Cant	•
O. C. Discharge Depot.	
Received the above noted documents from O. C. Discharge Depot. M. Hoevley. Ceapt	
Dic. Bline	
Date	•

Reg. No. 526/ Rank Pt Name Authory Attested 21508 Address 42 Date of Allotment Embarked for Overseas