



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4948 Name Hubert Benteau Corps L. C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Hubert Benteau</u> |
| 2. What is your full Address? | 2. <u>Point May</u>
<u>Lamaline</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Hubert Benteau do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Hubert Benteau SIGNATURE OF RECRUIT.

James Arklie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hubert Benteau do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully 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 duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at

on this 7th day of May 1918

Signature of Attesting Officer [Signature]

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required 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 1918

Place

} 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) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

4948

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Herbert Benteau
 Apparent age 19 years 8 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Helen Benteau Point May
Lamaline | Relationship mother

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.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>7-5-18</u>									
Joined at <u>St. Jans</u> on <u>10 May 1918</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked at St. Jans St. Columille to Halifax N.S. 22-7-18</u>									
<u>to be empowered for demobilization 24-6-1919</u>									
<u>Arrived to be empowered 1-7-1919</u>									
<u>Demobilization St. Jans 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 90 days
 Pensions " " " " " " " " " " " "

H. Benteau

C.R.

4948

~~1100~~

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of *Royal Newfoundland*

Number of Sheets *1*

Signature of O. C. Company *J. James*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	19 years 8 months	<i>Fisherman</i>		
Joined	Date	Place and Date of Enlistment	<i>St. John's 7.5.18</i>	Religion		
Joined	Date	Period of } with Colours 190 years. with Reserve 3 1/2 years.		R. C.		
Joined	Date			Place of Birth		
Joined	Date			<i>St. Mary's, Antigua</i>		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St. John's</i>		<i>4 8/19</i>			

To be carried over

Army Form B. 121.

C.R. 4948.

extract from daily orders part II Royal Newfoundland Regiment.

Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c records from noted date 4-8-19.

4948, rts. H. Berteau.

C.R. 4948

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 11th 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by C.C. Discharge Depot with effect from
21-7-19.

4948, Pte. H. Benteau.

C.R. 4948

Extract from Daily Orders Part II Unit The Royal Rifles Regt.
St. John's, July 2nd, 1919.

4948 Pte. Benteau, H.

Reported at Headquarters 1-7-19 on "Cassandora" which sailed
Glasgow 24th June, 1919.

Extract from Casualties received from P.S.H. Office London,
Aug. 20th, 1918.

The under-mentioned man was admitted to Central Hospital,
Chatham, (from Major Garty's draft from Hfld.) and discharged
from Hospital on 19-8-18, reported at this office same date
and was sent direct to Depot, Winchester.

4948 Pte. Benteau, H.

Authority:- Officer i/c, Records Hfld. Regt.

C.R. 4948

Extract from Daily Orders part 11, from Unit The Royal
Wld. Regt. St. John's, dated July 25, 1918.

The following men embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#4948 Pte. Herbert Bentzen.

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

#4948 Pte. H. Benteau.

Attested for General Service with the Royal Nfld.
Regt. from 7.5.18

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W, W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*
2. Regt. No. *46948* 3. Rank..... *Plt*
4. Name *Bentham*..... *Hubert*
(Surname) (Christian Names)
5. Age last birthday..... *20*
6. Posted for duty on *May 7 1918* at *S. John's*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

The complaint of the disability.

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na.*

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

Station *Hazelydown*

Date *1-4-19*

W. J. Procanier, Capt R.A.M.C.
 Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

Beauteau, H.

4948

Hay sept.

August 4th 1919.

#4948, Pto. H. Berteau,
Point May, Lamaline.

Dear Sir:

Enclosed please find Discharge Certificate
3317.

Yours truly,

Capt. & Master.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 14948 Rank. Pte Name. Bentzen H.
 Intended place of residence. Point May
 2. Occupation Fisherman
 Classification of soldier. C. Medical Category. AI

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 7 1919

H. Bentzen
 Commanding 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, ST. JOHN'S

Date JUL 7 1919

H. Bentzen
 Signature of soldier

J. A. Snow capt.
 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, ST. JOHN'S

Date 7-7-19

H. Bentzen
 Signature of soldier

W. J. Featley Gun
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 7-5-18 No. of days on Military
 Discharged from service. 21-7-19 Plus 14 days Service. 455

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 21 1919

N. P. Cooper Capt.
 Officer in Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 4/1919

A. Bowley Capt.
 Officer in Records
 The Royal Newfoundland Regiment

Card 13207913319

25
20
17
14
90

The Royal Newfoundland Regiment

Class for Demobilization: *76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11.7.19*

Regimental No. *2948*

Name *Bentley Herbert* Rank *O/C*

Address *Point Gray, Lunenburg*

Present Medical Category *A 1*

Recommended for :- (a) Immediate discharge
(b) Standard Medical Board

Members of Board

R. H. Lait Major
O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

Dee Burdett
M. O. Depot.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4948 Rank Plt. Name Bentzen, A.
 Date of Enlistment 7-5-18 Address Point May District Burns
 Occupation Fisherman Classification for Discharge E Medical Category A.1.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 13a	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

[Signature]

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 7-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P 2218 to his home at Point May and Release Certificate No. 3238 issued.

Date 7-7-19

J. A. Snowcraft
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date 7-7-19

4-8-19
J. M. H.
Depot Paymaster.

Discharged approved for 21-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B179c	B 120	M 93				

Date 7-7-19

J. A. Snowcraft
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

- Officer's Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

Date JUL 21 1919

R. J. Cooper Capt
O.C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

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:

To resume former Occupation.

H. Bentzen

Signature of Man.

J. H. Crawford

Signature of the Vocational Officer or his Representative.

Reg. No. 4948

Place

St Johns

Date

7-7-15.

191

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

MEDICAL HISTORY

Surname

Penteau

OF

Christian Name

Hubert

Table I.—GENERAL TABLE.

Birthplace:—Parish

Saint Mary Lamaline County nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	7th day of May 1918	St John's nfld.	day of	191
Declared Age... ..	19 1/2 years	— days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	7 inches	feet	inches
Weight	148 lbs.			lbs
Chest Measure- ment { Girth when fully expanded... .. Range of Expansion... ..	36 inches			inches
	4 inches			inches
Physical Development... ..				
Vaccination Marks { Arm	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	6/20	R.E.—V=	
	L.E.—V=	6/10	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	James Peterson			
(Rank)	M. O. Medical Officer.			Medical Officer.
Bulleted	at	St John's nfld.	at	
	on	7th day of May 1918	on	day of 191
Joined on Enlistment... ..	Corps.	The Royal nfld Regt.	Corps	
	Regtl. No.	4948	Regtl. No.	
Transferred to... ..				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Fort Pitt Chatham	8	8	18	19	4	18	Mumps	11	No complications	
Inagoolen Camp Hospital	15	5	19	28	5	19	Influenza	14	Admitted with Influenza. Recovered	C. Wood CPT. R.A.M. E. J. Ryan CPT. R.A.M.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal N. F. B.*
2. Regt. No. *4946* 3. Rank... *Plt.*
4. Name *Bontian* *Hubert*
(Surname) (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on... *May 7/1916* at... *S. John*
in category (or grade).....
7. Former Trade or Occupation } *Fireman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? . (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Where (d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war ✓
- (ii.) Previous active service ✓
- (iii.) Climate in pre-war service ✓
- (iv.) Ordinary military service before the war ✓
- (v.) Serious negligence or misconduct on the }
man's part. }
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

to complaints of no susceptibility

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na.*

20. Do you recommend—
(a) Discharge as permanently unfit?
(b) Change to United Kingdom?

proprietors

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.E. Proctor. Capt RRC

Station *Hayley Heath*
Date *1-4-19*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



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 Office 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

Bentzen, Hubert

Regiment from which discharged **Royal Newfoundland**

Regimental number

4948

Intended address

Saint Day, Labrador.

Height on discharge

5 Feet

Color of hair on discharge

Light Brown

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Redline

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

Saint Day 16-9-1899

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) *Hubert Bentzen*

He

(Rank)

Station



Date

JUL 4 1910

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.

Station

Date

August 11th 1919.

Mr. H. Berteau,

Point May, Lamaline.

Dear Sir:

Referring to your application, I enclose cheque for seventy dollars (\$70.00) being amount of first payment due you on account of war service Gratuity.

Yours truly,

Capt &
Paymaster.

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th, 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes, if any questions are not applicable, the words 'NOT APPLICABLE' must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Hubert* 2. Surname..... *Bentley*
3. Rank..... *Pvt* 4. Regt. No..... *4948*
5. Address in full to which future payments of gratuity are to be forwarded,..... *Point May, Ramothey*
-
6. Date of enlistment in the Regiment..... *Nov. 7, 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
-
8. Relationship of such dependents..... *No*
9. Address in full of such dependents..... *No*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
-
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen months*
- 13.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
.....
.....
.....

no

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.
.....
.....

no

15. Have you been issued with a War Service Badge?
.....

no

16. Have you, during the present war, served in the Imperial Forces?
.....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.
.....
.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
.....

(b) If so, was such reversion in consequence of Misconduct or inefficiency?
.....

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge...
..... (b) Reason for discharge.....

July 18/19

Remobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.
.....
.....

Emp Land

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.
.....
.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *H. Benteau*
 Place of Residence: *Paris, Mex., Camaguey*
 Declared before me at: *St John's*
 This *1* day of *Nov*, 191*9*.....

John McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the Peace,
 or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
.....
Certified correct.				Paymaster

Point - May
Nov 26 4/1920

Department of Militia

Mr P. Goodson find
paper filled I received
war ribbon Please
send me war
badge please send
at once
Oblige

St. Hubert - Genton
No. 4949

Point - May
Lamaine

C.R. 4948

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name *Hubert Bunker* No 4948

Date *Dec 26th 1920*

Place *Point May Laminie*

4948

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4948 Rank Plr. Name Bentley, J.
 Date of Enlistment 7-5-18 Address Point May District Burton
 Occupation Fisherman Classification for Discharge Ex Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 288	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4-7-19 H Bentley
 C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

H Bentley

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied _____

Date 7-7-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Traveling Warrants No. R 2218 to his home
 at P.O. in Maryland and Release Certificate No. 3238 issued.

Date

7-7-19

J.A. Snowcliff
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-8-19

Date

1-7-19

W. H. [unclear]
 Depot Paymaster.

Discharge approved for

21-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P[36]	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

7-7-19

J.A. Snowcliff
 O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
 Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date

JUL 21 1919

W. R. Coe Capt
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

July 28 1919

Reg. No. *4948* Rank *PL* Name *Buteau*
Attested Address *St. Mary*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Castanara* Cause *Discharge*

77 19
21 4 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION