

THE ROYAL NEWFOUNDLAND REGIMENT

No.	
	Questions to be put to the Recruit before Enlistment.
ī.	What is your name?
2.	What is your full Address?
3.	Are you a British Subject? 3
· 4.	What is your age? 4
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? } 7.
. 8.	Are you willing to be vaccinated or re-vac- 8.
9.	Are you willing to be enlisted for General Service? • 9.
10.	Did you receive a Notice, and do you understand tis meaning, and who gave it to you?
	Are you willing to serve upon the conditions as emb died in the roll of service to be
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bear bound enem	I
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viz:—(Name).....on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Name. Height months. Apparent age....years (Girth when fully expanded. inches VW. inches Chest Measurement Range of expansion, Distinctive marks .. INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin articulars 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) (6) (c) (d) Particulars as to Children Date and Place of Birth Christian Names STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Signature of Officers certi-Corps in Rgt. or which served L'epot Promotion, Reductions, Casualties, &c. fying correctness of entries Army Rank Dates, Days Years Days 18 25-11-18 Total Service forfeited as above....(.... idate of discharge

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. St. John's, Julyhlith, 1919.

The discharge of the undermentioned has been CONFIRMED by Officers 1/c Records

5402 Pte. John Bishop

Winoheater to the 1st. Battalion of the Newfound and Regiment

B. S. F., Embarked Southampton 23/11/18.

#5402 Pte. J. Bishop/

Extract from Bally Orders part 11, from Unit The Royal Agid. Reg St. John's dated July 55, 1918.

The following man emberted for everyons on H. 1.6.
"Columballa" fuly 22,1912.

#5402 Pto . John Bishop .

Extract from Delly Orders set 11. from Unit The Royal Mild. Rogt. St. John's, dated Mey 27th. 1918.

#5402 Pte. J. Bishop.

Attested for GovernlySorgice with the Royal Hilla.Regt. from 24.5.18.

C.B 5402

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt. St. Johnss, June 25th, 1919.

The discharge of the undernoted on demobilisation has been APPROMED EMBY O.G. Discharge Depot with effect from 21-6-19.

5402 Pte. John Bishop.

Extract from Fally Orders Part 11 Depot. St. John's, Date June 18th 1919.

5402, Pte. J. Bishop.

Reported at Headquarters 1/6/19. nr "Corsican" which sailed Liverpool May 22/1919.

Extract from Mominal Roll from 1st. Battalion Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st.Battalion left Rouen Camps 22/4/19, embarked at Havre 22/4/19, disembarked at Southampton 23/4/19 and reached Razeley Down Camp 23/4/19.

#5402 Pte. J. Bishop.



THE ROYAL NEWFOUNDLAND REGIMENT

Idontitu IW	hether Wife, Child.	NAME (in full)	Address	AMOUNT (each person)
S14	Friend	9 . 0 . 1	Bou	
-	rigs	(Ethel) Be	My Roberts	10
11:	1.4.	, I ¹⁹ ,	-	
1 7 pp 3	7 m			
Kr/			Total Allotment, S	76
sig		Commanding Company an	nmanding Company, signed by the Volument and handed to the Paymaster as authority	



THE ROYAL NEWFOUNDLAND REGIMENT

Certificate No.	Whether Wife, Child. other Relative or Friend	Name (in full) Address	AMOUNT (each person
514			
	Wids	my John Bay	
		(Estel) Bushy Roberto	1
		/	
	Nha -		
	Carella.	14	
	Dans . a	•	
Min	~~		
, VI	3	·	
K 400	/		
/			
		Total Allotment, S	70

4663



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, , Regl. No. 5 / 6 - 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 or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons

, Regl. No. 5902

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
4221	Mother	Mr. Mcchard Broton	Colly Pour	6
			Buy Botherto	
		by.		
1	nav evel	Mecha		
	K 6514	- 1 B / 18 · ·		
500	'/			
			Total Allotment, S	
Si T	gned by the Office equired payments of		the Paymaster as authority	to make the

Sheet No. Date of last entry in Company Conduct Sheet No. and date } Period not reckening towards freedom from extra fine Cases of Drunken-Names of Witnesses [P.T.O. Bishop, J

5402

Aay Dept.

July 8, 1919

#5402 Pte. John Bishop.

Bay Roberts.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2835

Yours truly

Captain raymast r & 0.1/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE
I. No. 5.44.0.24 Rank Plan Name Buyloh John. Intended place of residence. Bay Robert.
2. Occupation — Modical Category — Medical Category
3. The above named man is discharged in consequence ofDEMOBILIZATION.
Eligible for War Service Gratuity
4. His accounts are correctly balanced and I have impartially inquired into all matters frought before me, in accordance with Regulations. Place HN 21 1919. Comanding Discharge Depot The Royal Newfoundand 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 Signature of soldier 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 JUN 2 1919 Signature of soldier Signature of witness
STATEMENT OF SERVICE 7. Enlisted for service 24-3-18 No of days on Military Discharged from service 2.1-6-19 PLUS 14 DAYS Service 409
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 3T. JOHN'S. Officer Commanding Discharge Depot The Royal Newfoundland Regiment. Date JUN 21 1919
9. The discharge of above mentioned soldier is hereby confirmed Mistory, leasts Place Dulino Get Mistory, leasts Date Date Royal Newfordland Regiment
afis 20 19/28 32

The Koyal Pewfoundland Kegiment

Class for Demobilization:	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters Th	e Royal Newfoundland Regiment
	Date 21.6.19
Regimental No 5402. Name Biskey	oli
	Rank ON
Address Bay Not	John Rank Pla Nos Ith Juace
Present Medical Category A	,
Recommen	ded for :— { (a) Immediate discharge (b) Standard Medical Board
	O.C. Discharge Depot.
M ember	s of Board Senior Medical Officer
	M. O. Dopot

The Koyal Pewfoundland Kegiment

DEMOBILIZATION OF	.T
Reg. No 540 Y Rank Rt. Name Buch St John Date of Enlistment 24 5 18 Address Bay Role 5 District	1
Date of Enlistment 24 5 18 Address Bay Role District	ce_
Occupation Jishernes Classification for Discharge Medical Category	5
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 W 3494 B 122 Board 1st "2 do 2nd "3	
B 179 L D 400B Form L do 3rd	••••
B 179a D 400C Form K de 4th " 5	••••
B 179c B 120 M 93.	
	-
$f = \frac{1}{2} \int d^3x dx dx$	
Date 216.19 0. C. Discharge Depot.	_
PARTICULARS FOR DEMOBILIZATION	
1. Civil Re-Establishment.	
I amin a position to resume civilian occupation.	
f Bishof	
•	
Particulars passed to Vocational Officer for information and action.	
Dote	
Date	
2. Clothing.	
Certified that Clothing Regulations have been wonplied with -	
(a) Clothing Allowance payable f	
(b) Clothing Suppned	
Date 21-6-19 Oilc. Re-clothing	

The above named 1		ith Travelling	Warrants	No. 18	E to his	hoi
at Day / John	and Release	Certificate N	294	7 1631		1101
Date 21-6-1	7 10. HOLE		1 1	wood	11.	
Date	Z40.8016	1	4	Demobiliza	• • • • • • • • • • • • • •	ır
		0	to the print w	AMBH ()	2007	. 32
4. Pay and Allowances.	13: 3	nevibb.		, in this	musical lo	rati
The herein named s nection therewith sett	oldier's accounts h	we been corre	ectly balan	ced and all	matters in	1 00
â	16 mil dilideri	ed pay and ar	iowances to))	M.	16
Date	idani		The resille	1.41	11WY	1
	F			Depot I	dymaster	
Discharged approved for			P 5	1 100 11		
Forwarded with follow	ing documents to (O.C. Discharge	Depot.	1411.97		
7. F. P 36 B 268	B 21 /	11,	1	1. 71		L
3 178 W 3494		N.F. Med		/		
3 178a				9	hum	F
3 179		The state of the s	" 4	- //		~
3 179a D 400C	Form K	. do 4th	" 5.]
В 1796 В 103	✓ ME 2		" 6.			
B179e	М 93					
Date 21-6-19	TATIONAGMAN	VA _	Line	De.	11	
Jave 1					2	
H			Ų	. C. Dischar	ge Depot.	Ç.
APPROVED.	u de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania				in l	
Documents as above fo	rwarded to:—					
• Officer ije	Records. Pension Commission					
with following additional d		oners.				
	ocuments.					
JUN 21 1919	Eligib	e for W	ar Carr	rice Cr	11:11:17	-10
Date JUN A	Eligio	le for W		10 -11		(41/4/19)
Jauc			0	C. Distan		1
	that being mangers	i gyme i missili	god wai	. C. Dischar	ge Depot.	
Received the above noted doc	uments from O. C.	Discharge De	pot.	suide Meloi		
			Testiga ek	painte/2011	Magain	
)ate				3-4		

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.

•		1. 2/0 /	
		Bishof	Signature of Man.
		0 , Reg. No. 3	402
	Signature of the Vocational Officer or his	apol	
0		•	
Place	ST. JOHN'S	Representative.	
ate	2/-6-18.	91	

[P.T.O.

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

Surname Bisho	MEDICA	OF Christian N	00	hu.	The sould
Birthplace:—Parish	Table I.—GE	NERAL TAB	111.	d.	
	on 2 SPECIAL	RESERVE 191		GULAR AR	MY 191
Examined	at 1 A	Thus	at		
Declared Age	1 1	0	s	years	days
Height		D 1/1	8	feet	inches
	129.	lb	3.		lbs.
Chest Measure- Range of Expansion		W. inche			inches
Physical Development		~ w.			
Vaccination Marks Arm	Right	Left	Right		Left
When Vaccinated	("			The state of the s	
Vision	$\left\{\begin{array}{c} R.E V = \\ L.E V = \end{array}\right\}$	Grf.	R.E.—V=		
(a) Marks indicating congenital peculi- arities or previous disease	(a)	1	(a)		
1.1.	(b)		(6)		
(b) Slight defects but not sufficient to cause rejection	2				•
Approved by (Signature)	Lammet	Palena			
(Rank)	m	7~ v.1:.10m			
Bulisted	at Myolinis	Medical Officer	at		fedical Officer.
Joined on Enlistment	Corps.	Regtl. No.	on Corps	day of	191 Regtl. No.
Transferred to	Regiment.	3 70 0			
Became non-effective by	\$	of 191			
(Signatur	on day	01 191	on 5	day of	791

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.

Date	te 11-16 to 9466692	and and a state of a	Brief Details, and Signatures	nederlander	14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
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25-5-18	Vace go				
13.6.12	TAB)	ZP			
20 .6.17	EAB)	P			
27-6-18	TAB)	R			
			Il is hereby certifie	d West 11 1	7 7*
			has been buf ire & T.	00011:00 11	Jin. 1
			-Dialita and I am		
			- 6 for ticken	den demak	ilisa-
			tion. Medical outes	ory all	<u> </u>
			21. 6.19 Date of T.M.B.	# # M En A	11.
			Date of Linds.	Discharge Despt-disk	Julian I Julian I Julian I
			ñ		
		Cable IV.—SE	RVICE TABLE.		
	Date of	Date of		Date of	Date of
Station or Troops	hip Arrival or Embarkation	Departure or Disembarkation	Station or Troopship	Arrival or Embarkation	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
		13			
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	100000000000000000000000000000000000000		er en de la companya		



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.

ould be noted

Changes occurring in the description subsequent to the date of admission to pension she in red ink.
Name in full John Bishof
Regiment from which discharged Royal Newfoundland
Regimental number 5 4 4
Intended address Bay Roberts . Hr. Stace.
Height on discharge Feet 4
Color of hair on discharge Sark Brown
Complexion
Color of eyes B has
Descriptive Marks
Figure on discharge
Christian name of Father Richard
Christian name of Mother Mary Chan
Wife's maiden name in full
Date and place of marriage St Johns 6 July 1918
Christian names of children
Place and date of soldier's birth Bay Roberts Janio 1897
Nature and locality of civil employment required
I declare that I am the soldier referred to show and that all the portlanders and the

ontained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) John Bishop

Station

Date 20-6-19

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 ic Hospital Unit, or Command Depot. HIADQUARTERS

lodge newloundlat

Medical Report on an Invalid.

Station Hazeley D: Camp.

1. Unit Koyal Newfld

2. Regimental No. 5402

3. Rank

4. Name Rishop

5. Age last birthday 2/

6. Enlisted on May 24. 1918

7. Former Trade Josherme and

7a. If with previous service in Army, state-

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Ril

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to veneral disease.

9. Date of origin of disability.

mi

10. Place of origin of disability.

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

me

- Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Me

me

	is his present condition?		
Weig it pro	ht should be given in all cases when is likely to afford evidence of the ogress of the disability.	Accomplain of no decar	hi
l. If the	ne disability is an injury, was it	na	
(a)	'In action?		
(b)	On field service?		
(c)	On duty?		
(d)	Off duty?		
. Was	a Court of Inquiry held on the	ha.	
	→(a) When?		
11 80	(b) Where?		
	(c) Opinion?		
	(c) opinion		
3. Was	an operation performed? If so,	na	
7. If r	not, was an operation advised and ned?		
8. In a loss injuto a	case of loss or decay of teeth. Is the foll teeth the result of wounds, may or disease, directly attributable ective service?	na	
to	e particulars of any other disabilities sting, but not in themselves sufficient cause invaliding, and state whether y are attributable to or have been rawated by service during the present	- la	
	•		
		Repatriation	1
		/	y
		, //	
20. Do	you recommend— (a) Discharge as permanently unfit, or		
	(b) Change to England?	Wr/.	
			<
		Majo	2
		Officer in medical charge of cas	e.
		· · · · · · · · · · · · · · · · · · ·	
	I have satisfied myself of the	general accuracy of this report, and concur therew	vith
except			
Static	m. L. D. Camp.		
		Officer in charge of Hospita	al.
	1. 5 19		

† Delete this word if no exceptions are to be made.

Medical Report on an Invalid.

Station Harley Nown

Date

1. Unit Mayal herrfacendland 7. Former Trade or Occupation or Occupation

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

M

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

au

10. Place of origin of disability.

m

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nie

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

rie

13.	What is, his present condition?	He andler , no deathly
	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.	the complow of no desolus
14.	If the disability is an injury, was it caused—	• • • • • • • • • • • • • • • • • • • •
	(a) In action?	
	(b) On field service?	
	(c) On duty?	M
	(d) Off duty?	
15.	Was a Court of Inquiry held on the	4
	injury? If so—(a) When?	
	(b) Where?	
	(c) Opinion ?	
	(c) opinion.	ч
16.	Was an approximation postermed 2 If an	
10.	Was an operation performed? If so, what?	
17.		´ `
	declined?	
18.	In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?	٦
19.	Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.	
20.	Do you recommend— (a) Discharge as permanently unfit, or	Sapatriation x 21
	(b) Change to England?	Marine
		The the
		Officer in medical charge of case.
		Omoor in medical charge of case,
	I have satisfied myself of the g	general accuracy of this report, and concur therewith,
exc	ept†	• • •
Sta	tion Hazeley Noun	
Dat	1 2 - 10	Officer in charge of Hospital.
eLos	s of teeth on or immediately after, active service, s	hould be attributed thereto, unless there is evidence that it is due to some

† Delete this word if no exceptions are to be made.

Rank	Surname	erms of Service (a) Age on Enl erms of Service (a) Duration rank Date of ap	stian Name	years.; ons from (ance rank.	
) Occupation	Lishern	engaged Qualification or Corps	trade and Hate	Sig	nature of Office
Date	Report From whom received	Record of promotions reductions, transfers, casualities, * &c during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents, The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
-		Embarked Disembarked Joined Batt.	2.8 NOV1	9.19 1 A N 19	19
	,	arrived in WK		3/4/19	
					<i>j</i>

July 10,1919

#5402 Pte John Bishop.

Bay Roberts, C.B.

earcsir:-

Referring to your application I enclose cheque for Seventy dollars (\$70.00), being amount of first payment due you on account of the War Service Gratuity.

Yours truly

Paymaster & Officer i/c Records

DEPARTMENT OF HILLIPTA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Reufoundland Regiment, who claims War Service Gratuity under Order-in-Council dated Jenuary 28th.1919.

lated Jenuary 28th.1919.
A complete reply must be given to every question in this Declaration Phore must be no blanks and no debbes, if any questions are not applianche, the words "NOT APPLIABLE" must be written out. On completion this Declaration as to be returned to THE OFFICER I/C
Christian name
Christian name
Z Bonk A. Regulato
5. Address in full to which future payments of gratuity are to be
6. Address in full to which future rayron's of Barb forwarded. Buy Roberto
6. Date of enlistment in the Regiment. May ut : 1918.
7 Ware of dependent if any to when Separation Allowedge 18 Wellig
issued, or was being issued, inmediately prior to your arsenerge
Prolationship of such dependents
8. Relationship of such dependents
9.Address in full of such dependents
9.,,uagos in 1-1-1
and a resident now on was soil depondent at my time in research
10.18 Sold degender 0, Long on the second of
of Sommetion Allowance on account of another suldiers
the self-surface of such service
per offering 62 contractions and a contraction of the contraction of t
12. give total length of tirk which you served on active service, whether in Pfld.or Oversees. Therefore months
whether in Ffld.or Oversees
and Cliner and A. 1.2

13. Have you had more than one enlistment? If so, give particulars
13. Have you had more than the chilifether.
of discharge and re-enlistments, and under what regimental numbers.
14. Have you already received any payment of Post Discharge pay or
The contract of the trace of the constant you and your dependents
have already received and by whom paid
neve directly room.
······
15. Have you been issued with a War Service Badge?
16. Have you, during the present wer, served in the I perfect better
17. Tro you entitled to receive, or have you received any Gratuity
in the nature of Pest Discharge Pay from the Imperial Forces? If
so, state mount received or to which you are entitled

16. Did you revert oversees to a rank lower than the substantive
renk held by you on your arrival in England?
(b) If so, was such reversion in consequence of misconduct of
inefficiency?
19. Are you now serving in the Rogt. ? If not give?- (a) date
of discharge (ply 5719(b) Foosen for discherge
benobly atom
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
War? If so gife particulars of particulars of many
Tu Detablishment
21.(c) Are you receiving treatment from the Wavil Re-Establishment
Com.(b) If so ere you in receipt of full pay and allowences from
that Committee
and I the this solemn decleration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if

Signature of Applicant: John Bishof

Place of Residence: Bay Roberts

Declared before he at:

This

M - day of

Signature of Kerrister of the

Supreme Court, Stimendiary Maristrate, Notary Public, Justice of the

Peace, or Commissioner of affidevits.

	나는 이 영화 중에 없었다면 하고 하는 사람들이 없는데 없다면 하는데 되었다.	[HERNELET N. MONTE PART] 전 1910	내용화 의용하는 생각이 사고하는 그 나가 얼마나 살아갔다.
Da te	POST DISCHARGE PAR. para perid Poid Soldion. Dependent.	Wer Service	Not amount due
••••			
••••		::	paymastor
• • • •	Cortified correct.		Eco action

ST. JOHN'S, Jm 21 /19 Royal Newfoundand Regiment. Billeting Account, Billeting Soldiers as undermentioned Certified correct for \$ 21.

John Bishot

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet_6 Regiment of Royal Many formed and Signature of O. C. Company Bricks Lieut B 121. Regimental Number and Name Enlistment Good Conduct Badges, Service pay or proficiency pay Place and Date) Toined Toined Date) with Colours Toined Toined Date of award or of order dispensing with trial Place Date of OFFENCE Punishment awarded By whom awarded Offence REMARKS Witnesses Demobilized It Johns 5 19 To be carried over.

The Koyal Pewfoundland Regiment Reg. No 540 Y Rank Att Name Bushoff Date of Enlistment 245. 18 Address Bay Kole for Medical Category Occupation Licherman Classification for Discharge Disability Rating Recommendation S. M. B. Passed to Demobilization Officer with following documents:-N F Med B 268 B 191 N. F. 136 W 8494 D 400A / B 1915 D 400B..... Form L do 3rd Form K..... de 4th.... D 400C..... B 120 Date 21.6.19 O. C. Discharge Depot. PARTICULARS FOR DEMOBILIZATION 1 Civil Re-Establishment. I am in a position to resume civilian occupation. Je Bishop Particulars passed to Vocational Officer for information and action. 2. Clothing. Certified that Clothing Regulations have been complied with:-(b) Clothing Supplied.... Date 2) - 6 - 19 O ic. Re-clothing

3. Transportation and Release Certificate. The above named has been provided with Travelling Warrants No. 7. 18. Sto his home at Buy of the best and Release Certificate No 9.47 issued.
Date 21 6-19 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 Depot Paymaster.
Discharge approved for
N.F. 1/36
Date 19 J. A. J. O. C. Discharge Depot.
APPROVED.
Documents as above forwarded to:— Officer i c Records. Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratulty
Date JUN 21 1919
O. C. Discharge Depot.
Date July 8/19 Low Delta Become Date Sully 8/19
Date July 8/19 four George

Reg. No. 5.	7.03 Rank Mi Name Riskop John Address Bay Roke Is	* C.
Allotment	Allottee	3 - ALTERS
Date of Allots	nent Returned from Overseas. S.S. Cause Descharg	
21.6.19	DISCHARGE APPROVED ON DEMONITISATION.	
	•	September Control