



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5575 Name Alman Carvan Corps Medth

### Questions to be put to the Recruit before Enlistment.

- |                                                                                                                                    |                          |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. What is your name? .....                                                                                                        | 1. <u>Alman Carvan</u>   |
| 2. What is your full Address? .....                                                                                                | 2. <u>Long Idld G.B.</u> |
| 3. Are you a British Subject? .....                                                                                                | 3. <u>Yes</u>            |
| 4. What is your age? .....                                                                                                         | 4. <u>20</u> Years ..... |
| 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, Alman Carvan 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.

Alman Carvan SIGNATURE OF RECRUIT.

H. R. Power Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alman Carvan 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 30 day of May ....., 1918

Signature of Attesting Officer Asst. Dick Lieut

### † 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 compiled 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) .....



C.R. 5515

Extract from Daily Orders part II, Unit the Royal Nfld.

Regiment dated July 9th .1919.

The discharge of the undernoted pn demobilization has been  
CONFIRMED by Officer I/G. Records.

#5515 Pte. Almon Carevan.

C.R. 5515

Extract from Daily Orders Part 21 Depot, St. John's,

Date 10-6-19.

5515 Pte. A. Caravan

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5515

Extract from Nominal Roll of Draft No. 56. from the  
2nd., Battalion of the Newfoundland Regiment to the  
1st., Battalion of the Newfoundland Regiment. Embraked  
Southampton 23/ 11/ 18.

5515 Pte. A. <sup>a</sup>Uarvan .

Royal Newfoundland Regiment dated 30-4-19.

C.R. 3575

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  
Hazeley Down Camp 23/4/19.  
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  
Hazeley Down Camp 23/4/19.

#5515 Pte. A. Carvan.

Extract from Nominal Roll from 1st. Battalion

C.R. 5515

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

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

#5515 Allan Caravan.

C.R. 5515

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's dated May 31, 1918

#5515 Pte. A. ~~Carbon~~

*Carbon*

~~Carbon~~

Attested for General Service with the Royal Nfld. Regt.  
from May 30, 1918



A Caravan

C.R.

5515

~~P. 10~~

## Medical Report on an Invalid.

Station Hazley DownDate 20/1/19

1. Unit Royal Newfoundland
2. Regimental No. 5515
3. Rank plc
4. Name Carraan abman
5. Age last birthday 20
6. Enlisted { on May 25/18  
at St Johns
7. Former Trade } Postman  
or Occupation }
- 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).*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.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*nil*  
*nil*  
*nil*  
*nil*

12. 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.

*na.*

*He complains of no disability*

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*na.*

17. If not, was an operation advised and declined?

*na.*

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?

*na.*

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.

*na.*

*Repatriation*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

W.F. Proctor      Capt Rame  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Hazeley Down

\_\_\_\_\_  
Officer in charge of Hospital.

Date 1/5/19

\*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.

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



No. 17756/1924

049923  
AE



NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

2nd November 1918

Nov 6 1918

Subject: 5515, Pte. A. Caravan,

With reference to the following telegram (9426) from the Hon. Minister of Militia, received

Pay to 5515 Caravan £4:2:0

Receipt hereunder.

*Cham*  
LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.

Received the sum of four  
pounds two shs on account of  
cable remittance from Newfoundland.

Draft £4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*H. A. Minnifield Maj.*  
Chief Paymaster & O. i/c Records.

at Caravan  
No. 5515 Rank Private

Witness

A. L. Carter Pte.

Caravan, A

5515

Hay Dept

July 5, 1919

#5515 Pte. Alvan Caravan,  
Long Island,  
Green Bay.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2614.

Yours truly

Captain,  
Paymaster & O.i/c Records.

The Royal Mfld. Regiment

DEMOBILIZATION

No. 5515 Rank

Name Saravan A

Warned for demobilization on

**JUN 7 1919**



## Medical Report on an Invalid.

Station Hazelton DownDate 1/5/19

1. Unit Royal Newfoundland
2. Regimental No. 5515
3. Rank Pte
4. Name Caravan Helman
5. Age last birthday 20
6. Enlisted { on May 24/18  
at St John
7. Former Trade } Testerman  
or Occupation }
- 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).

#### 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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. 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.

na

13. What is his present condition?

*He complains of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

*na*

17. If not, was an operation advised and declined?

*na*

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?

*na*

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.

*na*

*Repatriation*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*W. C. Proctor*

*Sgt. M. J. M., Capt Ran. C.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Wyeleydown*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1/5/19*

\*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.

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

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

# MEDICAL HISTORY

Surname Baron OF Christian Name Alan

Table I.—GENERAL TABLE.

Birthplace:—Parish Long Green Nfld. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30th	May	1918	191
Declared Age	20	years		days
Trade or Occupation	Fisherman.			
Height	5	feet 3 3/4	inches	inches
Weight	129	lbs.		lbs.
Chest Measurement	Girth when fully expanded	36	inches	inches
	Range of Expansion	5	inches	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	3/6	R.E.—V=	
	L.E.—V=	4/6	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)	<u>Thomas Baron</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	day of <u>May</u>	on	day of
		1918		191
Joined on Enlistment	Corps.	<u>Royal Nfld. Regiment.</u>	Corps.	Regtl. No.
		<u>5515</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				





## 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*

*a barabar*

Signature of Man.

Reg. No. *5515*

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

191

**JUN 7 1919**

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5515 Rank Pte Name Alman Caravan  
 Date of Enlistment May 1918 Address Long Island District Placentia St. Mary  
 Occupation Fisherman Classification for Discharge E Medical Category A I  
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	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 400B	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 6/6/19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

**i. Civil Re-Establishment.**

I am Alman Caravan in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

**a. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied by [Signature]

Date 7-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 15-97 to his home at Long Island and Release Certificate No. 2467 issued.

Date 7-6-19 *J.A. Snow*  
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 5-7-19

Date 7-6-19 *J.A. Snow*  
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268.	B 121.	/	N.F. Med.	D.F. 1.	/
F 178.	W 3494.	B 122.	/	Board 1st.	" 2.	/
B 178a.	/ D 400A.	/ B 1915.	/	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.	
B 179c.	B 120.	M 93.				

Date 7-6-19 *J.A. Snow*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 21 1919 *R.H. Jait Capt.*  
O. C. Discharge Depot.

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

Date .....



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5515 Rank Private Name Baravan A.  
 Intended place of residence. Long Island
2. Occupation Drumman  
 Classification of soldier E Medical Category AI
3. The above named man is discharged in consequence of... **DEMORILIZATION.**

## 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 JUN 7 1919 *Jr. Mess Lieut.*  
 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 and date ST. JOHN'S  
JUN 7 - 1919  
A. Baravan Signature of soldier  
[Signature] 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 ST. JOHN'S  
JUN 7 - 1919  
A. Baravan Signature of soldier  
[Signature] Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service May 15 1918 No of days on Military  
 Discharged from service JUN 21 1919 Plus 14 days Service 417

## 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. JOHN'S  
 Date JUN 21 1919  
[Signature]  
 Officer i/c Records  
 The Royal Newfoundland Regiment.

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's Nfld  
 Date July 5 1919  
[Signature]  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*a. J. B2079/2614*

# The Royal Newfoundland Regiment

Class for Demobilization:—

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*6.6.19*

Regimental No. *5515*

Name

*Caravan Almon Pt*

Address

*Long Island*

Present Medical Category

*A.I.*

Recommended for:—

(a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board

*R.H. Galt*  
O.C. Discharge Depot.

*H. Adams*  
Senior Medical Officer

*W. Borden*  
M. O. Depot

July 16, 1919

#5515 Pte. Almon Caraven,

Long Island, N. D. B.

Dear Sir:-

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

Captain & Paymaster.

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 28th. 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 *Alman* ..... Surname *Cayanan* .....

3. Rank *Pte* ..... 4. Regtl. No. *5513* .....

5. Address in full to which future payments of gratuity are to be forwarded, *Loup Island, N.A.B.* .....

6. Date of enlistment in the Regiment *May 11 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*not applicable*

8. Relationship of such dependents.....  
*do*

9. Address in full of such dependents.....  
*do*

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.....  
*thirteen months*  
*ans. 3 weeks* ..... 13.

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

*Not applicable*

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.

*# 76.29 Clothing, etc*

15. Have you been issued with a War Service Badge? *no*

16. Have you, during the present war, served in the Imperial Forces? *no*

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. *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *no*

19. Are you now serving in the Regt.? *no* If not give - (a) date of discharge. *June 21/19* (b) Reason for discharge.

*Demobilization*

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.

*France & Belgium*

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: *a Caravan*  
 Place of Residence: *Long Island N.Y., B.*  
 Declared before me at: *St John's N.Y.*  
 This *7<sup>th</sup>* day of *June* 19*18*.

Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.  
*John M. Carthy*

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



**Casualty Form - Active Service.**

Regiment or Corps P. Newfoundland  
 Rank Pte Surname Caravan Christian Name A  
 Religion Methodist Age on Enlistment 20 years — months  
 Enlisted (a) 30/5/18 Terms of Service (a) Duration Service reckons from (a) 30/5/18  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation Fisherman W. H. Jones Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &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
Date	From whom received				
			Embarked ...		
			Disembarked... <u>25 NOV 1918</u>		
		<u>Arrived in UK</u>		<u>23/4/19</u>	
	<u>Jones</u>				

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c

(17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D. S. Form B.103. (E, 1256.)

[P.T.O.]

Next of kin: Father: Caravan Wm. Long Island: Green Bay: N.F.L.D.





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5515 Rank Pvt Name Alman Caravan  
 Date of Enlistment May 1918 Address Long Island District Placentia St. Mary's  
 Occupation Fisherman Classification for Discharge E Medical Category A I  
 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
B 178a	D 400A	B 1915	do 2nd	" 3 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
B 179c	B 120	M 93		

Date 6/6/19 \_\_\_\_\_ O. C. Discharge Depot. H. H. H.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation.

a caravan

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 new caps

Date 7-6-19 \_\_\_\_\_ O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1597* to his home at *Long Island* and Release Certificate No. *2467* issued.

Date *7-6-19* *J.A. Brown Capt*  
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 *5-7-19*

Date *7-1-19* *J.A. Brown Capt*  
Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	A.F. Med.	D.F. 1
E 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
B 179c	B 120	M 93		

*Form B*

Date *7-6-19* *J.A. Brown Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 21 1919* *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date *Jan 14/19* *J.A. Brown Capt*  
*for Records*





## 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

*Almer Caravan*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5515*

Intended address

*Long Island*

Height on discharge

*5* Feet *4*

Color of hair on discharge

*Dark Brown*

Complexion

*Fair*

Color of eyes

*Grey*

Descriptive Marks

Figure on discharge

*medium*

Christian name of Father

*William*

Christian name of Mother

*Larab*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

*Long Island, Sept. 14<sup>th</sup> 1898*

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)

*Almer Caravan**Pr.*  
(Rank)

Station

**ST. JOHN'S.**

Date

*6-4-11*

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.

Station

Date

