

THE ROYAL NEWFOUNDLAND REGIMENT

	Questio	ons to be put to the	Recruit be	fore Enlistmen	t. p	2
1. Wha	t is your name?		1 <i>H</i> .	The	More	een.Ch
2. Wha	t is your full Address?		2	A	andlo	n) I
	you a British Subject?		32	D. Vears		
5. Wha	t is your Trade or Call	ing?	5	Justo	man	ł
7. Have	ou Married?	y Branch of His Ma	6	20		
	s Forces, naval or mil		8	NS		
	ed?	l for General Service?	0	nes		
). Did y	ou receive a Notice, and who gave it	d do you understand)	10	Name		
	ou willing to serve upo by you if you are accer	n the conditions as emb	died in the	roll of service to	be } 11	100
I ade by	me to the above question	ns are true, and that the	hell miles	2 //2		OF RECRUIT.
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viz:—(Name)......on the (Date)

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Chest Measurement {	irth when fu	To be) ACC	. 7		
Distinctive marks	A CONTRACTOR		67	e e	A STATE	
	164/					
Name and Address of ne	INFORMA	TION S	UPPLIED	BY RE	CRUIT	chile
Helbriew,	San	don)	Relation	ship	Ent	The S
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(a) Christian and Suri	(c) Preser	t address. (d)	Initials of Office	cer verifying en	trv.	(d)
			-08	7 m 4 4 1		
	al er 7	Particula	rs as to Ch	ildren		
· Christian Name	88			A. Carlo	Date and Pla	ce of Birth
Secretary of the secret	STATE	EMENT	OF THE	SERVIO	CES	
Corps in Rgt. or Promoti Cas	ion, Reductions, sualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension Years Days	Commendation of the comment	Signature of Officers cert fying correctness of entries
Service towards lighted everygen	nent reckons from	6 24 -	5-18			
Discharged	July	1919			1 (a = 7)	
Dewlocker MAN	his ff	Standelle	& Stolf	y N. 2.	7-18	
undocker for Bridge 5 14	1. 23.11-18 Troppe	ne for	Rowen	Fraue 22 to	acres H	Jandator 28 tig
After Lemole	Galion	22/5-19	- Erriu	a Aftel	1-6-19	9
	Demo	bilgas	tion s	Sie	5-1-1	919
Total Service forfeited	as above		isomethical and the	to the second	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
Total Service towards Engagement Pensions	10 5-	7-1919	[date of dische		enrs 43 day	S

Sielvin. CU-13.19 a. E. Tribman C.R. 5411 Duar Sire I notice by the papers: There was a issu of ribbon for all Soldiers if of am entitled to any. Thease Send it to me I rimeins Jour truly Of a Churchiel Fillows tunty say. Rivard Post 25/19/

Artract from Daily Orders part II. Unit the Royal Hild. Regiment dated July 9th. 1919.

The discharge of the undernoted on demobilization has been COMFINISH by C.C. Discharge Depot on 5-7-19.

#5411 Pte. Abel Churchill.

C.R. 3411

Extract from Daily Orders Part 11 Depot, St. Johns, Date June 18th 1919.

5411, Pte. A. Churchill.

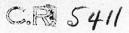
Reperted at Headquarters 1/6/19. ox "Gorsican" which sailed Liverpool May 22/1919.

C.R. 5411

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt. Depot St. John's, June 11th, 1919

The discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot with effect from June 21/19

5411 Pte. Abel Churchill.



Extract from Paily Orders Part 11 Depot, St. John's, Date 10-6-19.

5411 Pte. Abel Churchill

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

Extract from Mominal Roll of draft No. 86. from the End.. Battalian of the Perfoundlend Augment to the Int. Batt. Ferfoundlend Regiment No. 8. F., Raburked Southwapton 50/11/18..

#5411 Pte. A. Churchill.

Extract from Daily Orders part 11, from Unit The Royal . Nfild.Regi.St. John's, dated Julym25, 1918.

The Rollowing men embarked for overseas on H.M.S. "Columbolla" July 22,1918.

#5411 Pte .Abel Churchill.

Extract from Duily Orders part 11, from Uni She Royal Hild. Rogt.St. John's, dated May 27,1918.

#5411 Pte. A. Churchill.

Attested for general Service with the Royal Hild Regt. from 26.6.18.

C.R. 5411

Extract from Mondres, Foll Swam Ist. Partalion Royal Newfoundland Roginsont dated 50-4-19.

The undermentioned of the 1st. Battalian left Rouen Camps 32/4/19, orcharked at Eavre 22/4/19; disembarked at Southampton 23/4/19 and reached Razeley Down Camp 23/4/19.

#5411 Pte. A. Churchill.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE
I. No. 5411 Rank 1 12 Name & Routh Obel
Intended place of residence. Randon
2. Occupation Inshorman
Classification of soldier £
3. The above named man is discharged in consequence of
Cuille for War Carrica Cratrity
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 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. 30 21919 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 Strature of soldier ST. 70HN'S JUN 7-1919 Signature of witness
STATEMENT OF SERVICE
7. Enlisted for service 24.5.18
Discharged from service JUN 21 1919 Plus 14 Days Service 40 8
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 Officer Commanding Discharge Depot The Royal Newfoundland Regiment.
Date
CONFIRMATION OF DISCHARGE
9. The discharge of above mentioned soldier is hereby confirmed the Stow level of
Place Things I was a Control of the Place Officers in Records
Date

a 9182019/26151

Medical Report on an Invalid.

Station Magely Lown
Date 1/5/19

and 7. Former Trade 1 Trades Royal Newfoundland 7. Former Trade or Occupation } 2. Regimental No. 5411 3. Rank Pt 7a. If with previous service in Army, state-(a) Former Unit; 4. Name Churches Abox (b) Regimental No. ; 5. Age last birthday 22 (c) Date of Discharge; 6. Enlisted on May 24/18

8. Disability in respect of which invaliding is Proposed. (Other disabilities should be reported upon in answer to question No. 19).

(d) Cause of Discharge.

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.

nil
nil
nil
nil
nil 9. Date of origin of disability. 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.

- 12. Give your opinion as to the causation of the disability, stating whether in your
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condi-tion 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., misconduct, &c.



be complains of dioability. 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? Was an operation performed? If so, what? If not, was an operation advised and 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? 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. Repatriation Do you recommend-(a) Discharge as permanently unfit, or (b) Change to England? Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, except † Hazeley Down Officer in charge of Hospital. eLoss 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 4762



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

	Whether Wife, Child other Relative or Friend		R (in full)	to the	Address		OUNT
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	, and a second		103			•	
							-
					Total Allotment,	s	1
8.	his form must be igned by the Office equired payments	er Commanding C	Officer Con	manding (Company, signed by the Voluto the Paymaster as authorit	nteer, co	unter te the

Nº 4762



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS 1, Ald Charolise

, Regl. No. 5411

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)		Address	AMO (each p	
	Full	2. Show Che	chill	Hillmin Rus		6
		18				= 1
		· · · · ·				
			w-s.			
				•		
				Total Allotment,	5	1
Sig.)	equired payments	on application. Officer Commanding Company		Company, signed by the Volt to the Paymaster as authorise to the Paymaster as a through the Paymast		

From:

No6407/957

EWFOUNDLAND.

Chief Paymaster & 0.1/c Records Newfoundland Contingent,

Pay & Record Office. 58, Victoria Street. London, S.W. 1.

29th April 191 9

5411 Pte. A. Churchill

With reference to the following telegram from the Minister of Militia /

"Pay to5411 A. Churchill

£4. 2. 0.

Mulidell May.

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

Chief Paymaster & O. i/c Records.

commanding, 2nd Batt. Ryl. Nfld. Begiment

inchester

191

N.F.P. /79.

Receipt hereunder.

Officer Commdg.

Received the sum of Tour pounds

Two Skillings (4-2.0 n respect of telegraphic remittance from the Minister of Militia.

No 54 // Rank

No.5411 Name Church Date of last entry in Company Conduct Sheet No. and date Period not reckening towards freedom from extra fine Sheet No. Signature O.C. Company, etc. Cases of Drunken-Date of award or of order dispensing with trial Date of Rank By whom awarded offence [P.T.O. Churchill, a - 5411

Aay Dept.

July 5,1919

#5411 Pts./bel Churchill, Random, T.B.

Dear Sir:-

Please find enclosed Discharge Certificate No.2615.

Yours truly

Captain.

The Koval Mild. Kegiment

No. 5411	Rank
01	1 '000
Name & Lu	refull li

Warned for demobilization on

JUN 7 1919

The Royal Newfoundland Regiment

Class for Demobil- ization;—	Travelling Board, held on soldier for
4 .	discharge.
16/	
Francisco (Francisco)	adland Dogiment
Discharge Depot: Headquarters The Royal Newfour	ndiand Regiment
	Date
Regimental No 5.411 Cherchiel	abel
Charle	abel.
Name	
Address Mandon	
/	
A =	
Present Medical Category	
	(a) Immediate discharge
Recommended for:—	
	((b) Standing Medical Board
	- 11 A
	· HILLON
	O.C. Discharge Depot.
	Le aterson
Members of Board	Senior Medical Officer
	Senior Medical Officer
	I wal
	Su Burdon
	M . O. Depo t

The Royal Aewfoundland Regiment

Reg. No. 14/ Rank Name Schulle
Reg. No. 141
Date of Enlistment 34. 5.1.8 Address Translow District
Occupation Fishermony Classification for Discharge Medical Category
Recommendation S.M.B
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
B 179
B 179a D 400C Form K do 4th " 5 "
B 179b B 103 ME 2 " 6 " 6
B 179c B 120 M 93
Date
1
I. Civil Re-Establishment.
I amin a position to resume civilian occupation.
· or Chichiel
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:-
(a) Clothing Allowance payable.
(b) Clothing Supplied WWW 2 DAY AND
2 /
Date/-b-1.9. Oilc. Re-clothing.

3. Transportation and Release Certificate. Release Vertificate.
The above named has been provided with Travelling Warrant No
at
2 6-19 We then toft
Date Demobilization Officer
The state of the s
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
21-6-19
Discharge approved for.
Forwarded with following documents to O.C Discharge Depot.
N.F. P[36
Б 178 W 3494 В 122 Board 1st " 2 У
B 178a D 400A B 1915 do 2nd " 3 Z / D / D / D
B 179
B 179a D 400C Form K do 4th " 5
B 179b B 103
B 179c B 120
7-6-19 JA Annin oggs
Date Demobilization Officer.
The second secon
APPROVED. Documents as above forwarded to:—
Officer ilc Records.
Board of Pension Commissioners.
with following additional documents.
Eligible for War Service Gratuity
7 1010
O. C. Discharge Depot.
O'C PLA
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 for	mer Gocupation	
		a Chuchie	

		Signature of Man.
I how capt.	Reg. No.	5411
Signature of the Vocational Officer or his Rep	resentative.	
Place st- Johns		
Date 1919 191		

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

MEDICAL HISTORY

Surname

Churchee

Christian Name.

the abel.

Birthplace:—Parish	Table I.—GEN	NERAL TABL	146.	
			Í	
	SPECIAL SPECIAL	Way 1918.	REGULA	RARMY
Examined	at 5,590		on day	of 191
Declared Age	20. years	days	_{shanouskee} year	s days
Trade or Occupation	130	Therm an.		
Height	S feet	5 7/4. tuches	feet	inches
Weight	/3	q. lbs.		lbs.
Chest Girth when fully expanded Measure-Range of Expansion	35	inches inches		inches inches
Physical Development				
Vaccination Marks Arm	Right	Left	Right	Left
When Vaccinated	RHY =	6	R.E.—V=	
Vision	I. E. – V =	. Gb.	1, EV=	
. (
(a) Marks indicating congenital peculi- arities or previous disease	(a)	., -	(a)	i
(b) Slight defects but not sometiment to cause rejection	(b)	16 Helio.	(b) ·:	•
Approved by (Signature)	X amont	alexan		
(Rank)	ma	m .		
		Medical Officer.		Medical Officer.
Bulisted	at Styohus	· 110 - 0	at	
	on All day	Regtl. No.	on day Corps	of 191 Regtl. No.
	House Head	Regu, No.	Corps	Regti. No.
Joined on Enlistment	Requient.	5411.		
Transferred to	,			
Became non-effective by				
(Signature)	on day	of 191	on day	of 191
(Rank)				

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	distributions and the state of	Brief Details, and Signatures
		,
	2008-010-010-01	
25-5-18	Vacc go	
3-6-18	TAB SP	
4-7-18	TAB 10	
1-7-18	TAB #	
		His handy contined the 10
14		It is hereby oertified that this
		Board, and has been classified as
		6 for Discharge on Demobilisa-
		tion. Medical category
		6.6.19 HIME Spatial
		Direlined Lond-Reviews

Table IV.—SERVICE TABLE.

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
*					
			David Company		

Medical Report on an Invalid.

	Station Hozeley Down
•	Date 1/5/19
1.	Unit Royal Newfoundland 7. Former Trade or Occupation } Teacher man
3.	Rank ple
4.	Name Churchill abel (b) Regimental No.;
5.	Age last birthday 2 2 (c) Date of Discharge;
6.	Enlisted on may 94/8 (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.

7.0

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.

 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.

La

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?

declined?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and
- 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?
- 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

 Do you recommend—

 (a) Discharge as permanently unfit, or

 (b) Change to England?

Repotration

Are complains of two disability

W. E Progune

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

Hozeley Soron

Officer in charge of Hospital.

*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

Regimental number Intended address

Height on discharge

Station



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 Ic 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 Abel Chaulk - Regiment from which discharged Royal Newfoundland

Color of hair on discharge	
Complexion Fair	
Color of eyes Assour	
Descriptive Marks	
Figure on discharge Medium	
Christian name of Father Homes	
Christian name of Mother	
Wife's maiden name in full	
Date and place of marriage	
Christian names of children	9
Place and date of soldier's birth Random 1897 Nov 13 1	
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 statement are; to the best of my knowledge correct	ibove
(Soldier's signature in full) Wile Chaulk	0
Station ST, JOHN'S. Bais 5- (12	11

I certify that the above named soldier signed the foregoing declaration in my presence, and that the

Date

Medical officer ije Hospital?

HEADQUARTERS

John's, Newloundlan

above description and details are, to the best of my knowledge correct:

Re-engaged

Qualification (b).....

or Corps Trade and Rate

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 queted in each case. Remarks Taken from Army Form B.213, Army Form A.36, or other official documents Date of Place of Casualty Casualty Date From whom reteived Embarked Disembarked Joined Batt. .

(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) Spanaller, Shoeing-Smith, &c (17591.) Wt. W 1887—P 1124, 1,000,000. 6/18. D & S. Form B/103, (E. 1239.)

[P.T.O.

Extended

July 16,1919

#5411 Pte.Abel Churchill,
Rendom, T.D.

Dea Sir:-

Referring to your application I enclose chaque 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 MILLIPIA.

WAR SERVICE GRASVIEY:

St. John's, Newfoundland.

Decignation required of Officers and men of the Royal Payfoundland Regiment, who claims War Service Gratisty under Order-in-Council dated January 28th.1919.

12. Give total length of time which you served on active service, whether in liftld.or Oversees. Thereteen months.

13. Have you had more than one enlistment? If so, give particulars
of discharge and re-enlistments, and under what regimental numbers,
not apparable
• • • • • • • • • • • • • • • • • • • •
14 House you cheeds were a
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

15. Have you been issued with a War Service Badge?
16. Have you, during the present war, served in the Imperial Borocs.
17. Are you entitled to receive, or have you received my Gratuity
in the nature of Post Discharge Pay from the Imperial Forces? If
so, state mount received, or to which you are entitled
18.Did you revert Oversees 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 Rost.?If not give?- (a) date
of discharge. June 31/19. (b) Reason for discharge
Semedial scherge
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
hand & Sermany
21.(a) Are you receiving treatment from the Wivil Ro-Establishment
Com.(b) If so are you in receipt of full pay and allowances from
that Committee
And I take this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if

Date paid Faid Paid War Sorvice Soldier, Dependent Gratuity.

Cortified correct.

-3-
Signature of Applicant: abel Churchill
Place of Residence: Caudon
Declared before me at: 81 John aged
This of June 19.19
Signature of Berrister of the
Supreme Court, Stipendiary Magis-
trate; Notary Public, Austice of the Peace, or Commissioner of affidevits.
POST DISCHARGE DAY

Net amount due

Paymester

Nº 4762



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

full) ADDRESS AMOUNT (each person	NAME (in	hether Wife, Child other Relative or Friend	Identity Certificate No.
Levelel Hellowin Ranson 60	as Homes C	ath	4387
			•
Total Allotment, 5 67	JA .		

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms B 121. Regiment of Rayal New Jauns Casset of O. C. Company OBDicks .

No. S111 ined ined ined ined	l	TO REPORT OF THE	ી (d	Period of with Colours / 43 year with Reserve years	Religion rs. Place of Birth	Good Conduct Badges, S		roficiency pay	
Place	Date of Offence	Rank	Cases of Drunken- ness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				-	01.	7			
			R	Demobilged 2	I then .	5 79			
				<u> </u>					
								· · · · · · · · · · · · · · · · · · ·	
									121.
							-		Form B.
									ıy Fo
					133				Army
				To be carried over.					

The Royal Newfoundland Regiment

3411

Reg. No D411 Rank Str. Name Schurt allel
Date of Enlistment, 24. 5.18 Address Landom District Soundty.
Occupation Instance
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. 2511 B 178a. D 400A B 1915 do 2nd 3
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 " 6 " 6
B 179c B 120 M 93
PARTICULARS FOR DEMOBILIZATION 1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
· a Chuchil
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable.
11/1/11/10/10/10/10/10/10/10/10/10/10/10
(b) Glothing Supplied
7-6-19
Date Q ilc Re-clothing.

3. Transportation and Release Certificate.
3. Transportation and Release Certificate. The above named has been provided with Travelling Warrant No
at Random and Release Certificate No. 240 issued.
7 1-10 PA Thew all
Date
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 Hayhaster.
Discharge approved for
Forwarded with following documents to O.C Discharge Depot.
N.F. P 36 B 268 B 121. N.F. Med. D.F. 1
Б 178
B 178a D 400A B 1915 do 2nd " 3 4 10m/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 " 6
B 179c B 120 M 93
y 1 10 Il day fast
Date
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
LAIGING TO.
- "A r
Date
O. C. Discharge Depot.
Received the above noted documents from O. C. Discharge Depot.
1 Same youth 7/hh
pare June 16/19 1 Drikerod
Date June 10/19 Jone Practions

June 16/19

Attested	Address Landorn: Allottee Petured from Ourseass 1.4.19.	
	otment Returned from Overseas	6
1.1 19	rn	
216 19	DESCRIPCE APPROVED OF DESCRIPTION.	
1		