



Newfoundland Forestry Companies

ATTESTATION OF

No. 9304 Name Hubert P. Dicko Corps Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Hubert P. Dicko</u> |
| 2. What is your full Address? | 2. <u>20 Flower Hill</u>
<u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>27</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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. What is your Religion? | 9. <u>cpfe</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name
Corps |

I, Hubert P. Dicko 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 P. Dicko SIGNATURE OF RECRUIT.

8/15/17

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hubert P. Dicko 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 St. John's on this 15th day of July 1917

Signature of Attesting Officer J. A. Goadyear Capt

† 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 Corps.

If enlisted by special authority, such will be attached to the original attestation.

Date 1917 } Approving Officer.
Place

† 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: vis:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Hubert P Dicks
 Apparent age 21 years months. Height 5 feet 6 1/2 inches
weight 147

Chest Measurement { Girth when fully expanded inches
 Range of expansion inches

Distinctive marks Light Hair Gray eyes two scars on
on left arm and two scars on right arm

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jacob Dicks
20 Flower Hill Relationship Father
St John's 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 Depot	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 _____									
Joined at _____ on _____									
<u>Discharged At John's Sep 31st 1918</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____

N^o 427

ENTERED
PAY LEDGERS
NUM. TICKETS
ALLIANCE
EXAMINED



Newfoundland Forestry Companies.

ALLOTMENTS

I, Hubert Hicks, Regl. No. 8304

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty 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}/_{or} Persons concerned, viz.:

Allotment begins Aug 7/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
480	Mother	Louise Hicks	20 Flower Hill	
Total Allotment, \$				<u>60</u>

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

(Sig.) J. R. Gudgeon capt-
 Officer Commanding
B Company
Aug 7 1917

(Sig.) Hubert Hicks
 (Rank) PC2

Report of Medical Board.

Station **St. John's, Mfld.** Date **August 20th., 1918.**
 No. and Rank **8304 - Pte.** Age **27** Height **5'6"**
 Name **DICKS, HUBERT PATRICK** Complexion **Pale**
 Unit **Mfld. Forestry Co.** Eyes **Blue** Hair **Brown**
 Address **20 Flower Hill**
 Former Trade **Steward on Board Ship**
 Enlisted at **St. John's** On **4/8/17** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **417 CHRONIC INTERSTITIAL INFLAMMATION OF LUNGS**

Subsequent

Present Condition (Compare with previous Board)

AS IN PREVIOUS BOARD

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

AS BELOW

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

Recommendation of Medical Board **DISCHARGE AS PERMANENTLY UNFIT. LESS THAN 20%**

Members of Board

(Sgd) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND.

(Sgd) JOHN G. DUNCAN

ARCH. C. TAIT

J. SINCLAIR TAIT

Approving Medical Officer.

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

Per *AWB*

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

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

A Name in full *Dicks. Hubert Patrick.*
Regiment from which discharged *Newfoundland Forestry Corps.*
Regimental Number *8304*
Where born (Parish, Town and County), and when *St. Johns, Newfoundland. 19th July 1890.*
Intended address *20 Flower Hill, St. Johns, Newfoundland.*

Height on discharge *5 Feet 6 Inches*

Colour of Hair on discharge *Brown*

Colour of Eyes *Blue.*

Descriptive marks *vertical scar on centre of forehead by*
scar on left side of lower jaw

Complexion *Pal.*

Figure on discharge *moderate physique*

Christian name of Father *Jacob.*

Christian name of Mother *Louisa.*

Wife's Maiden name in full } *unmarried.*

Date and Place of Marriage }

Christian names of Children }

Nature and locality of civil employment desired *Steward on board ship.*

COPIES SENT		
To	No.	DATE
M. or M.	<i>12004/08</i>	<i>26 JUL 1918</i>
O.C. 1st. Bn.		
" 2nd. Bn.		

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 Patrick Dicks*

(Rank) *1st Lt*

Date *11/8/18*

Station

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.

A. W. Mackenzie

Medical Officer i/c Hospital.

Station

Date

B Period of Service and in what Corps ...

Regiment	Years	Days	All Service Abroad with Stations	Years	Days
			India		
			S. Africa		
Disallowed			
Service towards Pension			

Date inclusive to which pay has been issued

Sum due on account of advance of Pension }

Sums due on account of public debts ...

Rank on Discharge

Character (as on Certificate of discharge)

Where born, and on what date

Date and Place of first Enlistment

Trade on Enlistment

Cause of Discharge

Number of G.C. Badges

Medals

Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station

Officer in Charge

Date

Records.

Copy

COPY,

This space to be left blank for the Chelsea Number.

Blank space for Chelsea Number

Army Form B. 268.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 8904 Army Rank Private

Name Dick H.P.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Med Forestry Corps

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge September 5th 1918

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age <u>28</u> years <u>1</u> months	Descriptive marks. <u>Vertical scar in centre of forehead,</u>
Height <u>5</u> feet <u>6</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>pale</u>	
Eyes <u>blue</u>	
Hair <u>brown</u>	
Trade <u>labourer</u>	
Intended place of residence (To be given as fully as practicable) { <u>20 Lower Hill</u> <u>St. John's</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for active service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

[OVER.]

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

{ _____

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ *Hubert Dick* (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

(Date) _____

Signature _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations
Hubert Dinks

Witness