



FIRST NEWFOUNDLAND REGIMENT

4364

ATTESTATION OF

No. 4364 Name Patrick Dobbin Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. Patrick Dobbin
- 2. What is your full Address? ..... 2. St. Mary's
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 20 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 6. Are you Married? ..... 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
- 9. Are you willing to be enlisted for General Service? ..... 9. yes
- 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. yes

I, Patrick Dobbin 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.

Patrick Dobbin SIGNATURE OF RECRUIT.  
James Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Patrick Dobbin 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 St. John's on this 21 day of March 1918

Signature of Attesting Officer W. H. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....191.....  
Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Patrick Dobbin  
 Apparent age 20 years — months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Patrick Dobbin Gaskie  
S. Mary's | Relationship Father  
 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 <u>21-3-18</u>									
Joined at <u>St John's</u> on <u>March 21-1918</u>									
<u>Discharged July 4-1919</u>									
<u>Embarked St John's St. John's to Halifax N.S. 11-6-1918</u>									
<u>To hospital for demobilization 22-5-1919</u>									
<u>Arrived to embarkation 1-6-1919</u>									
<u>To Active Service 4-7-1919</u>									
<u>Demobilization St John's 4-7-1919</u>									
<u>To Active Service 4-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-7-19 (date of discharge) 1 years 106 days  
 " " Pensions " " " " " " " " " " " "





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

# MEDICAL HISTORY

Surname Dobbin OF Christian Name Patrick

Table I.—GENERAL TABLE.

Birthplace:—Parish Gaspar's, St. John's County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>21</u> day of <u>March</u> 191 <u>8</u> at <u>Headquarters St. John's</u>		on _____ day of _____ 191 <u>8</u>	
Declared Age	<u>20</u> years _____ days		_____ years _____ days	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet <u>7 1/2</u> inches		_____ feet _____ inches	
Weight	<u>138</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of Expansion... <u>5</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R. E.—V= <u>66</u>		R. E.—V= _____	
	L. E.—V= <u>66</u>		L. E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
	(b) _____		(b) _____	
Approved by (Signature)	<u>Samuel Palmer</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>21</u> day of <u>March</u> 191 <u>8</u>		on _____ day of _____ 191 <u>8</u>	
Joined on Enlistment	Corps.	<u>Royal Newfoundland Regt.</u>	Corps.	_____
	Regtl. No.	<u>4264</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
[Signature]	_____		_____	
[Rank]	_____		_____	





## 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 *Patrick Dobbin*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4364*

Intended address *St Mary's*

Height on discharge *5* Feet *10*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks *Scar left knee*

Figure on discharge *medium*

Christian name of Father \_\_\_\_\_

Christian name of Mother *Mary*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St Mary's Aug 19<sup>th</sup> 1897*

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) *Patrick Dobbin*

*Pte*  
(Rank)

Station *St Johns*

Date *4-6-19*

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 i c Hospital.  
Unit, or Command Depot.

Station

Date



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal N. F. B.*
2. Regtl. No. *4264* 3. Rank. *P. Lt.*
4. Name *Johnston Patrick*  
 (Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i) Service during the present war
- (ii) Previous active service
- (iii) Climate in pre-war service
- (iv) Ordinary military service before the war
- (v) Serious negligence or misconduct on the man's part.

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

15. What is his present condition?

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

*No complaints of no sensibility*

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

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriated*

*W. E. Proctor*  
Medical Officer in charge of case.

Station *Haystack*

Date *15.4.19*

\* 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



C.R. 4364

Extract from Daily Orders Part II Royal Newfoundland Regt.  
depot St. John's dated 8-7-19.

The discharge of the undernoted on ~~domestic~~ demobilization  
has been CONFIRMED by officer i/c records from 4-7-19.

4364, Pte. Patrick Dobbin.

C.R. 4364

Extract from Daily Orders Part II Unit The Royal  
WFL Regt. Depot, St. John's, Newfoundland: June 10th/19.

The discharge on demobilization of the undernoted has  
been APPROVED BY C.O. DISCHARGE DEPOT WITH EFFECT FROM  
20-9/19.

4364 Pte. P. Dobbin.

C.R. 4364

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

Date 9-6-19 (9-6-19)

4364 Pte. P. Dobbin

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



C.R. 4364

Extract from Orders by Lt. Col., B.J. BARTON, Commanding 2nd.,  
Battalion of the Newfoundland Regiment, dated 31-10-18.

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#4364 Pte. P. Dobbin.

THE ABOVEMENTIONED HAVING REPORTED BACK FROM THE 1st., BATTALION  
IS TAKEN ON THE STRENGTH AND POSTED TO "H". CO.,

BE.

C.R. 4364

Extrakt from Daily Orders Part 11. from Unit The Royal Wfld.  
Regiment, St. John's, dated June 14th 1918.

4364 Pte P. Dobbin.

Embarked for Overseas with draft 11-6-18

C.R. 4364

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated March 22, 1918.

#4364 Pte. P. Dobbin.

Attested for General Service with effect from 21/5/18.



Dobbin, T.

C.R. 4364

P.V.R.C.



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

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

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

1. Unit and Corps.....
2. Regtl. No. 4364 3. Rank. Plt.
4. Name Sobbin Ratk  
(Surname) (Christian Names)
5. Age last birthday... 21.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } Jobman
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil



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

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

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

*The complaints of no disability*

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

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

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

*Repatriation*

*W. E. Pocumier, CAPT RAMC*  
 Medical Officer in charge of case.

Station *Wagley Down* .. .. .

Date *1/4/19* .. .. .

\* 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

To:- The Chief Paymaster,  
Royal Newfoundland Regiment,  
55 Victoria Street,  
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
1364	Plc	Dobbin P.	£250	P Dobbin

I have the honour to be, Sir,  
Your obedient Servant.

P Dobbin

Date

July 1/18

Lobbin, S.

4364

May Sept.

July 4, 1919

#4364 Pte. Patrick Dobbin,

Cookiers

St. Mary's.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2601.

Yours truly

Raymaster & O.i/c Records.  
Captain



# The Royal Newfoundland Regiment

Class for Demobilization:—

*1*  
*17*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *11-5-19* .....

Regimental No. *4364*.....

Name ..... *Dobbin* ..... *Sgt R.* ..... *PLC* .....

Address ..... *Gas-gin* .....

Present Medical Category ..... *A-1* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. Last Capt*  
.....  
O.C. Discharge Depot.

*Robinson*  
.....  
Senior Medical Officer

*Swinden*  
.....  
~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4364 Rank Plt Name Dobbin P  
 Date of Enlistment 21-3-18 Address Gasquet District P. + St. Mary's  
 Occupation Cook Classification for Discharge E Medical Category 11  
 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
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 5-6-19

J. H. Must  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

P. Dobbin

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 none

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.15219.630 to his home  
 at Past Keel St. Mays and Release Certificate No. 2363 issued

Date 6-6-19

*J.H. Shaw 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 4-7-19

Date 6-6-19

*J.H. Shaw Capt.*  
 Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	2 Form B
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

*J.H. Shaw 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 20 1919

*R.H. Sait Capt.*  
 O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

*To resume former Occupation*

*W. P. Dobbin*

Signature of Man.

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Reg. No. *4364*

Place

*St. Johns.*

Date

*6-6-19.*

191



July 24, 1919

#4364 Pte. Patrick Dobbin,  
St. Mary's.

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 *Parmer* ..... S. Name *Rabbit* .....
3. Rank *Pte* ..... 4. Regtl. No. *4364* .....
5. Address in full to which future payments of gratuity are to be forwarded *St Mary's* .....
6. Date of enlistment in the Regiment *March 21 1915* .....
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 *Fifteen months* .....
- ..... 1.  $\frac{1}{2}$  .....

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.

*Yes*  
*\$ 106- Clothing and Ration allowances*

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? If not give? - (a) Date of discharge

*June 20/19*

*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.

*England*

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: *Wm P. Dobbin*  
 Place of Residence: *St. Mary's*  
 Declared before me at: *St. Johns Afd.*  
 This *6<sup>th</sup>* day of *June* 19*19*....  
*John M. Carthy*

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

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





Magistrate O Riley  
Please Pay Mrs Dunphy  
2.20 cents for board from  
Private Patrick Dobbin  
No 4364

Correct for \$2<sup>20</sup> <sup>20/10</sup>

OK

W. O. Reilly  
S.M.

Plunkett

CERTIFIED CORRECT

ACCOUNT

OF NO

AND SUBJECT

PAY ORDER

PER ORDER

W. O. Reilly  
S.M.  
Plunkett

INITIALS

INITIALS

INITIALS

INITIALS

DISTRICT OFFICER  
NEWBURN  
MAY 1917  
COMMANDING

May 14th. 1918.

Mrs Dunphy,

Flaentic, P.B.

Dear Madam,-

Enclosed please find a cheque for \$2.20,  
being the amount due you for Boarding Private Patrick  
Dobbin.

Yours faithfully,

Capt. G. Laymaster.

JH/.



Galtiers  
June 13<sup>th</sup> 1918

Major Carby

Dear Sir

I drop you those few  
lines to let you know  
that I did not know  
my brother no of  
regiment I did not  
know I only thought  
it might be it you  
may know better I  
mother got the papers  
signed by doctor  
Hogan I remain  
yours

Major Carby





**THE ROYAL NEWFOUNDLAND REGIMENT**  
**HEADQUARTERS**

*St. John's, Newfoundland,*

June 18th, 1918 *191*

To Paymaster and Officer i/c Records,  
Royal Newfoundland Regiment,  
Militia Department

Herewith Separation Allowance Form received  
today from Mrs. Mary Dobbins, Gaskiers.

*R. H. Lait*

Captain  
For O.C. Depot.

Enclosure.

FIRST BATTALION AND REGIMENT.

## Separation Allowance Branch.

NOTICE.

THIS STATUTORY DECLARATION is to be filled in correctly in very detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the Form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to :-

THE PAYMASTER,  
Separation Allowance Branch,  
St. John's, Hill.

*For completion*

Name in full of Soldier	Rank	Reg't or Unit	Regn. No.	
<i>Patrick Dobbin</i>	<i>Lt. Col.</i>	<i>St. John's Hill.</i>	<i>44. 64</i>	
Age of Soldier	Married or Single			
<i>20 - 8/17</i>	<i>Single</i>			
Name in full of Mother	Age	Occupation	Permanent Address	
<i>Mary Dobbin</i>	<i>64</i>	<i>Housewife.</i>	<i>Gaskiers, St. Mary's Bay.</i>	
Give name of your husband	Age	Occupation	here Employed.	
<i>"Late" Patrick Dobbin</i>	<i>48</i>	<i>Fisherman.</i>	<i>Gaskiers</i>	
If your husband is not supporting you state the reason.				
<i>My husband is dead.</i>				
If your husband is a chronic invalid and totally incapacitated state nature of invalidity. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)				
If you are a widow state date and place of death of your husband.				
<i>May 9/18. Gaskiers St. Mary's Bay</i>				
Have you married again since death of above mentioned husband?				
<i>No.</i>				
Names of your other Children	Address in Full	Age	Occupation	Married or Single.
<i>Christopher Dobbin</i>	<i>Gaskiers, St. Mary's</i>	<i>23.</i>	<i>Fisherman.</i>	<i>Single.</i>
<i>Mary Frances Dobbin</i>	<i>"</i>	<i>19.</i>	<i>Housework.</i>	<i>Single</i>

State amount earned by (a) yourself *none*  
(b) your husband. *—*

11. State amount and source of any other income. *None.*
12. State value of real property belonging to you and your husband. *2 Acres Sand*
13. State value of personal property belonging to you and your husband. *none*
14. If husband is dead state value of real and personal property left by him. *none*
15. Actual amount contributed by soldier during the year prior to enlistment. *\$ 260.00*
16. Was this amount contributed weekly or monthly. *In two months.*
17. Did this amount include payment of son's Board etc. *yes.*
18. State your son's trade or occupation prior to enlistment *Fishing*
19. State amount of his wages per week.
20. State name and address of his *none* last employer. *Peter Critch Gaskiers St Mary*
21. State amount of monthly support from son since enlistment. *— None.*
22. State amount of allotment received by you from son monthly. *None.*
23. State from what date did you receive allotment?
24. Actual amount contributed by 

	Weekly	Monthly.
other children.		
25. Are any of these children in the employ of you or husband? *yes.*
26. If not receiving support from either children state cause. Explain fully.
27. With whom are you residing at present.
28. Have you made a previous claim for Separation allowance? If not, why? Give particulars. *With my son - Christopher Gobben*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *yes.*
- No.*



30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

*No.*  
31. Was the soldier at the time of his enlistment an employee of the Mfld. Government.

*No.*  
32. In what capacity and in what place?

33. Is he in receipt of a salary as much while serving in the 1st. Mfld. Regt. If so, how much?

I herewith make this solemn declaration conscientiously believe the same to be true and knowing it to be of the same force and effect if made under Oath and in virtue of the Evidence Act.

Signature of applicant..... *Mary Dobbin*

Place of Residence..... *Gashier*

Declared and subscribed before me at..... *St. Mary*

this..... *12<sup>th</sup>* day of..... *June* 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary..... *Wm. Hogan*  
Public or Justice of the Peace.

This application must be signed by two responsible Parties of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman..... *S. O'Briscoll P.P.*

Signature of Member of Patriotic Fund Committee..... *Stephen Gibbons*

.....



Duplicate

ACCOUNT	<i>Trans</i>
CH NO	<i>3839</i>
INITIALS	<i>Co</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
C. D. LEDGER	INITIALS

4364

The Department of Militia

The sum of Twenty Five Dollars \$ 25.00 is due

Mr Sandy Besse for Transportation and Meals for Pte P. Debbin  
from Holy-Reed to Gasker Distance 58 Miles

*Account for \$ 25.00*

*26-7-19*

*Sandy Besse*

*J. A. Snow Capt.*



Demobilization Officer  
District of Newfoundland

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

FORM B 121  
39Number of *Sgt*Regiment of *The Royal Newfoundland* Signature of O. C. Company *W. H. H. H.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Patrol Bobbin</i>	Age on	<i>20</i> years - months	<i>Fishermen</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i> <i>21-3-18</i>	Religion	
Joined	Date	Period of } with Colours <i>1 1/2</i> years. with Reserve <i>2 1/2</i> years.	<i>R.C.</i>	Place of Birth <i>St. John's, Nfld.</i>	
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hazelby Down Camp</i>	<i>28-8-18</i>	<i>Pte</i>		<i>Reporting sick without a cause</i>	<i>Sgt Hatcher</i>	<i>Extra Requisite</i>	<i>29.8.18</i>	<i>Capt Emerson</i>	<i>J.M.B.</i>
				<i>Demobilized St John's</i>	<i>4-7-19</i>				

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4. 26. 44 Rank P. 6 Name Dobbin P  
 Intended place of residence Gebeien - St Marys

2. Occupation Fisherman  
 Classification of soldier E Medical Category A. 1

3. The above named man is discharged in consequence of DEMOBILIZATION.

### Eligible for War Service Gratuity

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

Place ST. JOHN'S  
 Date JUN 6 1919  
 for H. W. Serat  
 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 6 1919  
P. Dobbin  
 Signature of soldier  
J. A. Snowball  
 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 6 1919  
P. Dobbin  
 Signature of soldier  
James O. Heenan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 21 - 3 - 18 No of days on Military  
 Discharged from service 20 - 6 - 19 plus 14 days Service 471

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
JUN 20 1919  
R. H. Sant Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St. Johns, Nfld  
July 4/1919  
M. Bowley Capt  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

a 27079/2001



14364

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4564 Rank Plt Name Dobbin P  
 Date of Enlistment 21-3-18 Address Gasquet District P. St. Mary's  
 Occupation Cook Classification for Discharge E Medical Category H.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.....	Beard 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 5-6-19 O. C. Discharge Depot J. H. Marshall

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation. P. Dobbin

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied none

Date 6-6-19

O i/c. Re-clothing.



14364

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4564 Rank Private Name Doobin P  
 Date of Enlistment 21-3-18 Address Gasquet District P. & S. Bay  
 Occupation Chesterman 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	Beard 1st	" 2
B 178a	D 400A	B 125	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 5-6-19

J. H. Marshall  
O. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

P. Doobin

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$60.50
- (b) Clothing Supplied none

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.15219.630* to his home at *Post Office St. Marys* and Release Certificate No. *2363* issued.

Date *6-6-19* *H. H. H.*  
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 *1-1-19*

Date *6-6-19*  
Depot Paymaster *H. H. H.*

Discharge approved for *20-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	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
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 9?		

*1*  
*2 Form B*

Date *6-6-19* *H. H. H.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 20 1919

Date .....  
O. C. Discharge Depot.

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

Date *June 11/1919* *H. H. H.*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 15218.630* to his home at *Park Street, St. Mary's* and Release Certificate No. *2363* issued.

Date *6-6-19* Demobilization Officer *[Signature]*

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *4-7-19*

Date *6-6-19* Depot Paymaster *[Signature]*

Discharge approved for *20-6-19*

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
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 9?		

*2 Form B*

Date *6-6-19* Demobilization Officer *[Signature]*

APPROVED.

Documents as above forwarded to:-  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 20 1919

Date ..... O. C. Discharge Depot.

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

Date *June 11/1919*

*[Signature]*

Reg. No. 4364 Rank Pfc. Name Bobbin, P.

Attested ..... Address Gasiers

Allotment # ..... Allottee .....

Date of Allotment ..... Returned from Overseas 1-6-19

Returned on S.S. Corsican Cause Discharge

5-6-19  
20-6-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED BY DEMOBILIZATION