



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

C.R. 4295

No. 4295 Name John Dolomont. Corps Cofr.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Dolomont, Rose Blanche
2. What is your full Address? 2.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 4 Months
5. What is your Trade or Calling? 5. Clerk
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? II. Yes

I, John Dolomont, 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.

H - 7 - 1 - 18 John Dolomont SIGNATURE OF RECRUIT.
Buzenell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Dolomont, 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 7 day of Jan 1918. Signature of Attesting Officer

†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 Jan 7 1918 } Approving Officer.
Place John 8

† 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 John Dolomont
 Apparent age 18 years 4 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Dolomont
Rose Blanche | Relationship Wife

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>28.3.18.</u>									
Joined at <u>St. John's</u> on <u>March 28. 1918.</u>									
<u>Discharged July 3/19</u>									
<u>Embarked St. John's train to Halifax N.S. 28³ 18</u>									
<u>Embarked for 156³ 31-8-18. Disembarked France 31-8-18.</u>									
<u>Joined 156³ Depot Couer 2-9-18. Admitted 20³ 3-11-18.</u>									
<u>Admitted 2³ ban. The Hosp. Boulogne 16-11-18. Dis to details 22-11-18</u>									
<u>Rejoined unit 18.12.18. Transferred from 156³ 22³ 19. Arrived Wombour 23³ 19</u>									
<u>To Newfoundland for demobilization 22.5.19. Arrived Nfld. 7-6-19</u>									
<u>Demobilization St. John's 3-7-19.</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-7-1919 (date of discharge) 1 years 178 days
 " " Pensions " " " " " " " "

C.R. 4295

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st

Bn. 8-11-18

The U/M has been evacuated and is struck off the strength
of the Unit.

4295 Pte. J. Dolliment

C Coy.

C.R. 4295

Extract from Daily Order part II, Unit the A.M.I.D.A.
dated July 6th. 1919.

The discharge of the underoted on demobilization on
has been ~~REMOVED~~ CONFIRMED by officer i/c Records on noted date.

#4295 Pte. J. Dolamount.

3--7-19.

C.R.I 4295

Extract from Daily Orders Part 11 Unit the Royal WFLA.
Regt. Depot St. John's, June 9th, 1919

The discharge of the undemoted on demobilization has been
~~MINISTERIAL~~ APPROVED O.C. Discharge Depot with effect
from 19-6-19.

4295 Pte. John Delomont.

~~Cats~~

4295

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 7th, 1919

4295 Pte. John Dolomont.

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

C.R. 4295

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

The undermentioned of the 1st. Battalion left
Roule Camps #2/4/19, embarked at Havre 23/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4295 Pte. J. Dilimount.

C.R. 4295

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias D.S.O.,
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 5/9/10.

The following arrived to-day and is posted to the
following Company.

C. COMPANY.

4295, Pte. J. Dolmont.

C.R. 4295

Previous report regarding transfer to 9th Divisional Reception
Camp is hereby cancelled.

Authority:

Pay & Record Office, London, 20/12/18. (Memo from Lieut. Cooper)

4295 PTE. J. Donomount.

C.R. 4295

Extract from Casualties received from Pay and Record Office, London
dated December 1918.

Authority Memo from Lieut. L. R. Cooper dated 10/12/18.

#4295 Pte. J. Donomount.

C.R. 4293-

Extract from list of sick and wounded N.C.O's and men of the
Expeditionary Force- France dated Dec. 2nd 1918. List No. H.A
32299.

4295 Pte. Dolomont, J.

Boils Knee Sgt. Dis. to Dtl. Cmp. Terlincthun ex 12 Con. Dep. 22 Nov. 18

C.R. 4296-

Extract from List of sick and wounded N.C.O's and men of
the Expeditionary Force - France, dated Dec. 2nd 1918.
List. NO. H. A. 32287.

4295 Pte. Moulard, J.

BLANDFORD ROAD
Boils Knee Sgt. Adm. 12 Con. Dep. Aubengue 20 Nov '18.
STREMOYRE ROAD
W.S.A.

C.R. 4295

Extract from List of Sick and Wounded N.C.Os. and Men of
the Expeditionary Force - France, dated 23 Nov. 1918.

List No: H.A. 31859.

4295 Pte. J. Dolomont.

1 R. Nfld..... Boils Knee.

ADM. " AUST. GEN. H. BOULOGNE 16 NOV. 1918.

C.R. 4295

Extract from Nominal Roll Draft of 51 to B.E.F. Embarked
Pelfestene, 31-8-18.

4295 Pte. Dolomont J.

C.R. 4295

Extract from Personal File Detached St. John's Bay Garrison,
Mar. 28, 1910.

4295 Pte. Dollemont. J.

C.R. 4295

Extract of Daily Orders Part 11, from 4/1st
Royal Newfoundland Regiment, Headquarters,
dated January 8, 1918.

#4295 Pte. J. Dolloment.

Attested for General Service with the 1st Nfld.
Regiment, posted to H. Coy' and given Numbers as
shown, with effect from January 7, 1918.

J. Polomont

C.R.

4295

~~PRC~~

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 Newfoundland*
2. Regtl. No. *4795* 3. Rank. *plc*
4. Name *Dolomount John*
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *Jan. 1/18* at *St. John's*
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.
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."
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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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.)

He complains 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 invalided at Foreign Stations.

Repatriation
Miss M. D. D. D.
Capt. R. A. M. C.

Station *Hazley D. Camp*

Date *30 4-19*

Medical Officer in charge of case.

* 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

No. 11092/1084

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,
2/Bn. Royal Newfoundland Rgt.,
Winchester.

10th, July 1918

July 13 1918

Subject: 4295, Pte. J. Dolomount D

Receipt hereunder.

With reference to the following telegram (6187) from the Hon. Minister of Militia, received

Chambers
LEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n
Royal Newfoundland Regiment

"Pay to 4295 Dolomount £6. 0. 0

Received the sum of Six

Draft £6. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Revenue on account of cable remittance from Newfoundland.

[Signature]
Chief Paymaster & O. i/c Records

J Dolomount
No. 4295 Rank Private
Witness [Signature]

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
59 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the R.N.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature
4295	Plt	Dolloman, J.	\$2.50	

I have the honour to be, Sir,
~~Yours faithfully~~
Your obedient servant.

Date

June 28th 1916

J. Dolan

5704/279

1st Batt. Ryl. Nfld. Regt.
B.E.F.

10th April 9

4295 Pte. J. Dolomount

126 ✓

4295 Pte J. Dolomount

£10. 0. 0.

Wolomont, John

4295

Ray Sept.

Jul 3, 1919

#4295 Pte. John Delomont,

Rose Blanche.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2322.

Yours truly

Captain
"aymaster" Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4292 Rank Pte Name Solomont John
 Intended place of residence Road, St. John's

2. Occupation Blank
 Classification of soldier E Medical Category A1

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 Commanding Discharge Depot
 Date JUN 5 1919 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 5 1919
 Signature of soldier J. Solomont
 Signature of witness J. A. [unclear] Capt.

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
5-6-19
 Signature of soldier J. Solomont
 Signature of witness James O. [unclear]

STATEMENT OF SERVICE

7. Enlisted for service 7-1-18 No of days on Military
 Discharged from service 19-6-19 14 days Service 543

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 R.H. [unclear] Capt.
JUN 19 1919 Officer Commanding Discharge Depot
 Date The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld. M. Bowley Capt.
 Date July 3/1919 Officer i/c Records
 The Royal Newfoundland Regiment

A.F.B. 2029/2322

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 Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4295* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dolomount* *John* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on *19/18* at *St. John's* in category (or grade).....
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. *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 | na | |
| (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? } na

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.)

no
 he complains of
 no disability

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

na

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?

na

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?

na

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.

Repatriation

Station *Hazeley D. Camp*
 Date *30-4-19*

Medical Officer in charge of case

na
Capt R.A.M.C.
Major D.A.S.

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

MEDICAL HISTORY

Surname Dolomont OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Rose Blanche County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	7th day of <u>July</u> 191 <u>8</u>	<u>Lt. John's</u>		
Declared Age	1 <u>9</u> years	<u>4 Mos</u>		
Trade or Occupation	<u>Clerk</u>			
Height	<u>5</u> feet	<u>6</u> inches		
Weight		<u>137</u> lbs.		
Chest Measurement	Girth when fully expanded	<u>37</u> inches		
	Range of Expansion	<u>2</u> inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>1 Scar</u>		
When Vaccinated				
Vision	R.E.—V= <u>4/6</u>		R.E.—V=	
	L.E.—V= <u>4/6</u>		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>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<u>Lt. John's</u>	at	
	on	<u>7th</u> day of <u>July</u> 191 <u>8</u>	on	
		Corps.		Regtl. No.
Joined on Enlistment				
Transferred to		<u>Royal Nfld Regt</u>		<u>4295</u>
Became non-effective by	on		on	
		day of		day of
		191		191
[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 *John Solomon*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4295*

Intended address *Rose Blanche*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *John Charles*

Christian name of Mother *Susan*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Rose Blanche, Aug 24th, 1900*

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)

John Solomon

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

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *4290*.....

Name *Delmonte John*

Address *Roe Blanche*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

RH Lait Capt
.....
O.C. Discharge Depot.

W. Pearson
.....
Senior Medical Officer

Geo. Berden
.....
M. O. Depot

The Royal Nfld. Regiment

DEMOBILIZATION

No. *4795* Rank

Name *Solomon J*

Warned for demobilization on

JUN 5 1919

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4295 Rank Pte Name Delamont, John
 Date of Enlistment 7-1-18 Address Rue Blanche District B. L. P.
 Occupation clerk 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 <u>3</u>
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 4-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. Delamont

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £50.00
 (b) Clothing Supplied new cap

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. PR 1459 to his home at Rose Blanche and Release Certificate No. 2282 issued.

Date 5-6-19

[Signature]
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 3-7-19

Date 5-6-19

Mess List
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

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 5-6-19

[Signature]
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 19 1919

[Signature]
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

Signature of Man.

Reg. No.

A. H. [unclear]

Signature of the Vocational Officer or his Representative.

J. [unclear]

Place

St Johns.

Date

5-6-19

1919

July 3, 1919

#4295 Pte. John Dolomont,
Rose Blanche.

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,
Quartermaster & Officer in Charge Records.

542

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.

1. Christian name..... *John* 2. Surname..... *Solomount*

3. Rank..... *Pte* 4. Regtl. No..... *4295*

5. Address in full to which future payments of gratuity are to be forwarded..... *Rose Blanche*

6. Date of enlistment in the Regiment..... *Jan. 2: 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..... *Seven teen months and Seven teen days* *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.

..... *\$ 70.60, Cashier, & Ration*

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 19/15*..... (b) Reason for discharge..... *Remobilization*

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 1918 and Germany*

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.....

..... I make this solemn declaration conscientiously believing it to

Signature of Applicant: *John Dolomont*

Place of Residence: *Rose Blanche,
St John Nfld.*

Declared before me at: *St John* day of *June* 19*15*....

John McCarty

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
.....	<i>4 mos.</i>	<i>280</i>
.....
.....

Certified correct.

Paymaster

HC

August 21st. 1918.

The Royal Newfoundland Regiment,

To Mrs. S. Gore,

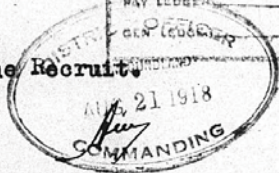
Burgee.

To 3 days board and lodgings for one Recruit.

(As per voucher).

ACCOUNT	B & M.	INITIALS	EW
CR NO	1451	INITIALS	
IND LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN LEDGER		INITIALS	

\$3.00.



I
Military Board
St. John's

Dr. To Mrs. J. Gore
Burgess.

July 30th

To 3 Days Board \$ 3. 00
(~~of~~ Dollimont)

I certify this to be correct
Joseph Small
Commissioner

11

To. Request ✓
Billiting Officer. (certified for)

For your information,
please.

J. Small
Capt

19-8-18

Received
\$ 3.00
J.P.L. 21-8-18
Aug 21-8-18

August 31, 1918.

Mrs. S. Hore,
B u r g e o.

Dear Madam:

I enclose cheque for \$3.00 being
amount due for boarding Chas. J. Dellimount.

Yours truly,

Capt.
Paymaster & O i/c Records.



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.



Fold Here

Aug 25 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Pte. John Dalomont.

in respect of his service as No. 429b Rank Pte.

Name John Dalomont Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Sept 3rd

Signature John Dalomont

Date Sept. 3/21

Address Rose Blanche

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4295 Rank Pte Name Solomon, John
 Date of Enlistment 7-1-18 Address Rue Blanche District B.P.P.
 Occupation Labourer Classification for Discharge E Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. Pj36	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 4-6-19 for O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am unable in a position to resume civilian occupation. *[Signature]*

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £10.00
 (b) Clothing Supplied £10.00

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 145-9..... to his home
at Paris, Blanche and Release Certificate No. 2282..... issued.

Date 5-6-19

[Signature]
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 7-19.....

Date 5-6-19

[Signature]
Depot Paymaster.

Discharge approved for 19-11-19

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
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B 179b	B 103	ME 2			" 6.	
B 179c	B 120	M 93				

Date 5-6-19

[Signature]
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. 10 1919

[Signature]
O. C. Discharge Depot.

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

Date June 11 1919

[Signature]
[Signature]

Reg. No. *4295* Rank *P6* Name *Dolomond, John*

Attested Address *Rose Blanche*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

4-6-19

PASSED TO DEMOBILIZATION OFFICER

19-6-19

DISCHARGE APPROVED ON DEMOBILIZATION.

DEPARTMENT OF VETERANS AFFAIRS
WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address.....

MARK YOUR REPLY:

For attention of:

Director,
War Service Records,
Department of Veterans Affairs,
Ottawa, Ontario.

Re: DOLAMOUNT, John Service No. 4295
(SURNAME) (CHRISTIAN NAMES)

Veteran is stated to have served during 1918-1919
in the following Units Nfld Regt
(STATE WAR OR WARS)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE.

(1) South African War

Date and port of disembarkation.....

(2) World War I — (If Canada only, state if with territorial limitations).

Canada ~~France~~ ~~Britain~~ ~~France~~

IF CANADA { Date(s) disembarked in U.K.
AND { Date(s) S.O.S. in U.K. for Canada.....
U.K. ONLY { Period(s) of desertion in U.K.

(3) World War II — (If Canada only, state if with territorial limitations).

Date of embarkation.....

(4) Korean War

Date of embarkation.....

2. Date and place of all enlistments. 7 Jan - 1918 - St Johns, Nfld.

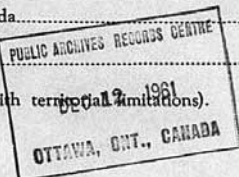
3. Date of all discharges and reason. 3 July - 1919 - Demobilization

4. Date and place of birth as per attestation paper. 24 Aug - 1900 - Rose Blanche, Nfld.

5. Marital status; if married, name in full of wife. Single

6. Any other military service. Nil

7. Decorations, if any. Nil



Director of War Service Records