

Newfoundland Forestry Companies

| No. 8366 Name Joseph Dulard Corps |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Questions to be put to the Recruit before Enlistment. |
| I. What is your name? |
| 2. What is your full Address? |
| 3. Are you a British Subject? 3 |
| 4. What is your age? 4 |
| 5. What is your Trade or Calling? 5 |
| 6. Are you Married? 6. 20 |
| 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? |
| 8. Are you willing to be vaccinated or re-vac- |
| 9. What is your Religion? 9. |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? |
| Signature of Witness. Logarth To BE TAKEN BY RECRUIT ON ATTESTATION. do make oath, that I will be faithful and bear true allegiance to His Appliesty 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 interest. |
| as replied to, and the said recruit has made and signed the declaration and taken the oath before me at |
| CERTIFICATE OF APPROVING OFFICER. |
| I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re- |
| quired forms appear to have been complied with. I accordingly approve, and appoint him to the: |
| If milisted by appealed authority, such will be attached to the printial attestation. Date Defect Think Approving Officer |
| The signature of the Approving Officer is to be affixed in the presence of the Recruit. There insert the "Corps" for which the Recruit has been callisted. |
| • If so, Recruit is to be easked the particulars of his former service, and to produce, if possible, his Cartificate electarge and Cartificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: (Name) |

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Name. vears months. (Girth when fully expanded.... Chest Measurement INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Mary Su 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. Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. Signature of Officers certied to reckon to-wards G. C. Pay Army Rank Dates fying correctness of entries Days Years Days Service towards limited engagement reckons from Joined at escharge fail 10 Total Service forfeited as above..... Total Service towards Engagement to. Idate of discharge l. era e de apella en la composición del

Squadron, Troop, Battery and Company Conduct Sheet.

Number -Forms Regiment of Ifld. Forestry Companies B. 121 Regimental No. and Name Good Conduct Badges, Service pay or proficiency pay Joined Date Joined Date Joined Date of award or of order dispensing with trial Names of Witnesses Date of Offence Rank OFFENCE Punishment awarded By whom awarded Place Smelela Sottas T. S. to trible fine on says by who other my ed of it they bill single to Demobilized Sphen's 10

To be carried over

The Royal Newfoundland Regiment

| | PROCEEDINGS ON DISCHARGE |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | No. 8366 Rank Pla Name Juhant Joseph Intended place of residence St Georges |
| _ 2. | Occupation Limiter Medical Category BIL |
| 3. | The above named man is discharged in consequence of |
| | Eligible for War Service Gratuity |
| | His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations. |
| | Date MAR. 25. 1919. Comanding Discharge Depot The Royal Newfoundland Regiment |
| | CERTIFICATE TO BE SIGNED BY 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, and hereby release the Discharge Depot, Royal Newtoundland Regiment of all financial responsibility in my connection. Place and date 33-19 Signature of witness |
| 6. | CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation imprediately on discharge. Place and Date Dispature of soldier 25.3-19 Signature of witness |
| _ | STATEMENT OF SERVICE |
| 7. | Enlisted for service 8-10-17. No of days on Militar Discharged from service 27:3-19 Plus 14 days Service 550 |
| | APPROVAL OF DISCHARGE |
| 8. | The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ic Record. The Royal Newfoundland Regiment, twenty-eight days from date. Place ST. JOHN'S. Officer Commanding Discharge Deport The Royal Newfoundland Regiment. Date MAR 27 1919 |
| | 10 CONFIRMATION OF DISCHAPGE |
| 9. | Place of the Monte |

a 413 2019/1708

The Royal Newfoundland Regiment

| Reg. No. 8366 Bank Mane Suchant Joseph | | | | | 4 | | | | | |
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| Date of Enlis | | 1 0- | | | 1 | 1 / | 1 | ,Dist | / - | TD- |
| Occupation | he | indserm | wil | .Classification | for I | Discharge. | F.J | Medical | Category | DIII |
| Recommendat | tion S | S.M.B | | | I | Disability Rat | ing | | | |
| Passed to Der | mobil | lization Offic | er with | h following do | cumen | its:— | | | | |
| N.F. P 36 | | В 268 | | В 121 | . <u>/</u> . 1 | N.F. Med | D | .F. 1 | | |
| В 178 | | w 3494 | | В 122 | | | 1.50F(25) | " 2 | | |
| В 178а | No. of the last | D 400A | / | в 1915 | | do 2nd | | " 3 | 3 | |
| В 179 | THE | | 55) (E549) | Form L | | do 3rd | | " 4 | | |
| В 179а | 1400 | | | Form K | 1000 | do 4th | | . 5 | •••• | |
| | 200 | | 101 (170) | ME 2 | (45 Sec.) | .7 | ·/··· | 6 | | |
| В 179с | | В 120 | | М 93 | | •••••• | | 11.1 | | |
| Date | | | | | | | | | | |
| r. Civil Re-F | z. Civil Re-Establishment. | | | | | | | | | |
| | | | in a | position to re | esume | civilian occu | pation. | + | | 144 |
| | | | | | 1/ | July | aer | | | |
| Kenne | | | | 0 | | 4 | | v ad a safe | | |
| | | | | | | | 世。 | | | |
| AND RESIDENCE OF THE PARTY OF T | Particulars passed to Vocational Officer for information and action. | | | | | | | | | |
| Part | icula | s passed to | , ocat | | | | action | | | |
| Part Date | icula: | passed to | is er. | HSA | | | | | | hy |
| | · į · į š | S. passed to | ler. | HEST | • • | ••••• | | | : | ₹ |
| Date | .).40 | 5tia | Les. | egulations have | | | | | : # <i>f</i> | \$ |
| Date | ·å· Æ | SLine | Ler. | HSA. | e been | | th:— | 0 | = HP | · · · · · · · · · · · · · · · · · · · |
| Date | · · · · · · · · · · · · · · · · · · · | SLine | ning Re | egulations have | e been | | | 0 | : HP. | <u>*</u> |

| 3. Transportation and Release Certificate. |
|------------------------------------------------------------------------------------------------|
| The above named has been provided with Travelling Warrant No |
| at |
| |
| Date 125-5-19 |
| 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 |
| 75-3-19 WIIIWH |
| Date |
| |
| Discharge approved for |
| Forwarded with following documents to O.C Discharge Depot. |
| Forwarded with following documents to O.C Discharge Depot. |
| N.F. P 36 B 268 B 121 N.F. Med D.F. 1 |
| Б 178 W 3494 В 122 Board 1st " 2 |
| B 178a D 400A B 1915 do 2nd " 8 |
| B 179 D 400B Form L do 3rd " 4 |
| B 179a D 400C Form K go 4th " 5 |
| B 179b |
| B 179c B 120 M 93 |
| |
| 25. 3. 19 ElSTUKOLA |
| Date |
| Wy Madematical St. 13 |
| APPROVED. |
| Documents as above forwarded to:- |
| Officer i c Records. |
| Board of Pension Commissioners. |
| with following additional documents. Elis for War Service Gratuity |
| 2318.2.2 101 Was Strice Gratuity |
| |
| R. J. Jail Capl. |
| Date MAR 27 1313 |
| O. C. Discharge Depot. |
| Received the above noted documents from O. C. Discharge Depot. |
| man. ed |
| metroligia garaferoras/ |
| Date metroligia gener Records |

Regimental number 7 3 6 6



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 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 Joseph Dulart

Regiment from which discharged Royal Newfoundland

AT. JOHN'S.

| Intended address Hat Bay. July to | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Height on discharge 5 Feet 5 | |
| Color of hair on discharge Black | |
| Complexion Lair | |
| Color of eyes brown | |
| Descriptive Marks | |
| Figure on discharge medium | |
| Christian name of Father | |
| Christian name of Mother | |
| Wife's maiden name in full | |
| Date and place of marriage | |
| Christian names of children | |
| Place and date of soldier's birth Hat Bay, april: | 2 nd 1901 |
| Nature and locality of civil employment required | |
| I declare that I am the soldier referred to above and that all the partic statement are, to the best of my knowledge, correct | |
| (Soldier's signature in full) Japh historhart. | Under Love of the |

Medical Officer de Hospital Unit, or Command Depot. bove

Date

Date 2 4 3 . 1 9

Station