



Newfoundland Forestry Companies

ATTESTATION OF

No. 8455 Name James Follett Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. James Follett
2. What is your full Address? } 2. Shed Brook
- } Bonne Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 17 Years, 5 Months
5. What is your Trade or Calling? 5. Lumberman
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
- } well
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? 10. yes } Name
Corps

I, James Follett 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.

9/4/17 SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Follett 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 Shed Brook on this day of 1917

Signature of Attesting Officer W. J. [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 Dec 14 1917
Place Shed Brook } 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 James Gollett
 Apparent age 19 years 5 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks Dark Brown Hair Blue Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Gollett
School Brook | Relationship Father
Bonneton 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 _____									

Total Service forfeited as above.....

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

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 *Follett, James*
Regiment from which discharged *N.F.L.D. Faesty Coy*
Regimental Number *8455*
Where born (Parish, Town and County), and when *Bonne Bay, West Coast. N.F.L.D. 1898.*
Intended address *Bonne Bay. N.F.L.D.*

Height on discharge *5* Feet *8.* Inches

Colour of Hair on discharge *Dark*

Colour of Eyes *Grey*

Descriptive marks *Scar on nose.*

Figure on discharge *Slim*

Complexion <i>ES B&T</i>		
To	No.	DATE
M. of M.	<i>1324/18</i>	<i>23 SEP 1918</i>
G.C. 1st Bn.		
" 2nd Bn.		

Christian name of Father *Henry*

Christian name of Mother *Elizabeth*

Wife's Maiden name in full } *N.A.*
Date and Place of Marriage }

Christian names of Children *none*

Nature and locality of civil employment desired *Fisherman. Bonne Bay. N.F.L.D.*

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) *James Follett.*

(Rank) *Private*
 Date *14-8-18.*

Station *Kenmore Perthshire*

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.

S. J. Fairweather
Capt R.A.M.C.
 Date *14/8/18.*

Medical Officer i/c unit
Hospital

Station *Kenmore Perthshire*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
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
Wounds, and Actions in which received

Medals

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.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. <u>8455</u>	Army Rank <u>Private</u>															
Name <u>Follett James.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>																
Corps <u>Newfoundland Forestry Corps.</u>																
Battalion, Battery, Company, Depot, &c. <small>(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.)</small>																
Date of discharge _____																
Place of discharge _____																
1. Description at the time of discharge.																
Age <u>19</u> years <u>5</u> months Height <u>5</u> feet <u>8</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes <u>Pale</u> Hair <u>Grey</u> Trade <u>Dark</u> Intended place of residence { <u>Bonne Bay.</u> (To be given as fully as practicable) { <u>Newfoundland.</u>	Descriptive marks. <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p style="text-align:center; font-weight:bold;">COPIES SENT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TO</th> <th>No</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>M. OF M.</td> <td><u>15/11/16</u></td> <td></td> </tr> <tr> <td>O.C. 1ST. BN.</td> <td><u>15/11/16</u></td> <td></td> </tr> <tr> <td>" 2ND BN.</td> <td><u>15/11/16</u></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align:right; font-weight:bold; margin-top: 5px;">23 SEP 1916</p> </div>	TO	No	DATE	M. OF M.	<u>15/11/16</u>		O.C. 1ST. BN.	<u>15/11/16</u>		" 2ND BN.	<u>15/11/16</u>				
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" 2ND BN.	<u>15/11/16</u>															
<p>2. The above-named man is discharged in consequence of _____</p> <p>_____</p> <p>_____</p> <p><small>(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.)</small></p>																
<p>3. Military character :—</p> <p>_____</p>																
<p>4. Character awarded in accordance with King's Regulations :—</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																
<p>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.</p> <p style="text-align:right;">_____ Initials of Commanding Officer.</p>																
<p>Army Form B. 2088 has been issued to* _____</p>																

To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

[OVER.]