



THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4876 Name Augustus Foran Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Augustus Foran
2. What is your full Address? 2. Spring Falls
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 0 Months
5. What is your Trade or Calling? 5. Fireman Paper Lane
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, Augustus Foran 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.

Augustus Foran SIGNATURE OF RECRUIT.
Augustus Foran Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Augustus Foran 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 Spring Falls on this 15th day of May 1918

George Liberty 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 complied with. I accordingly approve, and appoint him to the;

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

Date 15th May 1918
Place Spring Falls } 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 Aquash Fren
 Apparent age 19 years months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 33 inches
 Range of expansion 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Rose Fren
Grand Falls | Relationship Mother

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>1-5-18</u>									<div style="font-size: 2em; text-align: center;">②</div>
Joined at <u>St John's</u> on <u>May 1-1918</u>									
<u>Discharged July 19/1919</u>									<div style="font-size: 2em; text-align: center;">②</div>
<u>Lowberke St. John's train to Halifax N.S. 11-6-18</u>									
<u>to Newfoundland for demobilization 22-5-1919</u>									
<u>Arrives Newfoundland 01-6-1919</u>									
<u>re-mobilization St John's 19-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 19-7-1919 (date of discharge) 1 years 80 days
 " " Pensions " " " " " " " " " " " "

C.R. 4876

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.
St. John's, July 24th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from memo 19-7-19

4876 Pte. Augustus Foran.

C.R. 4876

Extracr from ^Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O. C. Discharge Depot with effect from 5-7-19.

4876 Pte. A. Foran.

C.R. 4876

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4876, Pte. A. Foran.

Reported at Headquarters

1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4876

Extract from Daily Orders Part 11. from Unit The Royal 221st.
Regiment, St. John's, dated June 14th 1918.

4876 Pte A. Foran.

Embarked for Overseas with draft 11-6-18.

C.R. 4876

Extract from Daily Orders part 11, from Unit The Royal
Rif. Regt. St. John's, dated May 2nd, 1918.

#4876 Pte. Augustus Foran.

Attended for General Service with the Royal Rif. Regt.
from 1/8/18

A Koran

C.R. 4876

~~PSD~~

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 Artillery* Former Trade or Occupation } *Papermaker*
2. Regtl. No. *1876* 3. Rank. *4/E* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Foxon Augustus* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday. *19*
6. Posted for duty on *May 11/18* at *St Johns* 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.

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.)

Re Complaints of no Assaults

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 ?

Repatriation

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.

Major Rasmussen

Station *Mazeley Down*

Date *5.14.19*

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

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 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
1876	Plt	Loran A	£2.50	G. Loran

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

G. Loran

ato

July 1/18

No 4250



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Augustine Foran, Regl. No. 4876

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4107	mother	mes Mrs (Rose) Foran	Grand Falls	
Total Allotment, \$				<u>50^e</u>

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

Sig.) G James
Officer Commanding
St John's Company
May 23rd 1918

(S) Augustine Foran
(Rank) Pte

Horan, A

4876

Ray Sept.

Grand Falls Club

GRAND FALLS,
NEWFOUNDLAND

5889

July 27th 1919

To:-

Minister of Militia
Militia Bldg.
St Johns.

Sir,

I received my temporary discharge on the 3rd inst. and was informed that I would be fully discharged 14 days after that date.

I got a 'war service gratuity' form on the 3rd inst. filled it out, got it signed by a lawyer and handed it in at the Militia Bldg.

Since then I have not received
word of my total discharge
nor received any payment
of my War Service Gratuity.

Sir, I beg to be permitted
to request that the matter
be looked into at your
earliest convenience and
that I may soon have
the pleasure of receiving
my discharge and
War Service Gratuities.

I remain Sir,

Your obedient servant

Pte A. Foran
No 4876

Cheque mailed to G. Falls
Jan 27/1919

July 22, 1919

#4876 Pte. Augustus Foran,
Grand Falls.

Dear sir:-

Please find enclosed Discharge Certificate #5148

Yours truly,

Captain & Paymaster.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4876 Rank

Name *Jocan A*

Warned for demobilization on

JUL 3 1919.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4876 Rank. Pte Name. Jordan A
 Intended place of residence. Grand Falls
 2. Occupation Paper Maker
 Classification of soldier. F 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 JUL 3 1919
 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, ST. JOHN'S
 Date JUL 3 - 1919
 Signature of soldier: A Jordan
 Signature of witness: J. J. New 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, ST. JOHN'S
 Date JUL 3 - 1919
 Signature of soldier: A Jordan
 Signature of witness: James Sheveman

31
20
19
P.O.

STATEMENT OF SERVICE

7. Enlisted for service. 1-5-18 No. of days on Military
 Discharged from service. 5-7-19 Plus 14 days Service. 445

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUL 5 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date July 19/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

AD B 2079 / 3148

The Royal Newfoundland Regiment

Class for Demobilization: 7
16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2.7.19

Regimental No 4876

Name Loran Aug Rank Pte

Address Grand Falls

Present Medical Category A7

Recommended for:— (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board

R.H. Lant Major
O.C. Discharge Depot.

Watson
Senior Medical Officer

J.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4876 Rank Pls Name Wogan A
 Date of Enlistment 1-5-18 Address Grand Falls District S. Gates
 Occupation Paper Maker Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 191.5	do 2nd	" 3	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 2-7-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. J. H.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00

(b) Clothing Supplied _____

Amblehurst

Date 3-7-14

O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2222 to his home at Grand Falls and Release Certificate No. 3132 issued.

Date

3-7-19

J.A. Snowball
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

Date

3-7-19

19-7-19
H. Murs
Depot Paymaster.

Discharged approved for

5-7-19

Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

1 *1* *2 Fam B*

Date

3-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 5 1919

R.H. Lait MAJOR
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.

A. Joran

Signature of Man.

Reg. No. 4876

J. D. Snowball

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

JUL 3 - 1919

191

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

MEDICAL HISTORY

Surname Jovan OF Christian Name Augustus

Table I.—GENERAL TABLE.

Birthplace:—Parish Grana Falls County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		191
Declared Age	at	19	at	
Trade or Occupation	Paper maker			
Height	5	feet 4 1/2		inches
Weight		118		lbs
Chest Measurement	Girth when fully expanded	33		inches
	Range of Expansion	4 1/2		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>L. J. Paterson</u>			
(Rank)	Major			
Enlisted	at	St. John's	at	
Joined on Enlistment	on	1 day of May 1918	on	day of 191
Transferred to	Corps.	The Royal Nfld Regt	Corps.	Regtl. No.
		4876		
Became non-effective by	on	day of 191	on	day of 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 *Augustus Moran*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4576*

Intended address *Grand Falls*

Height on discharge *5 Feet 5"*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *William (dead)*

Christian name of Mother *Rose*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Little Bay 1-3- age. 20. 1899*

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) *Augustus Moran*

(Rank) *Plt*

Station *H. P. H.*

Date *June 30-6-19*

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.

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* Former Trade or Occupation } *paper maker*
2. Regtl. No. *4074* 3. Rank *plc* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Foran* *unpublished*
(Surname) (Christian Names)
5. Age last birthday *19*
6. Posted for duty on *May 1, 1918* at *M. J. Jones*
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
(b) Where (if any)
(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
- (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? }

Yes
the complaint of his disability

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.)

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?

Repatiation

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.

WMC
Major Roman

Station *Kazbeg, Abkhaz.*

Date *5/4/14*

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

July 23, 1919

#4876 Pte. Augustus Foran,
Grand Falls.

Dear sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of 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... *Augustus* ... Surname... *Toton*

3. Rank... *Private* 4. Regtl. No... *4876*

5. Address in full to which future payments of gratuity are to be forwarded... *Grand Falls*

6. Date of enlistment in the Regiment... *April 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... *Not applicable*

9. Address in full of such dependents... *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld, if so, give dates and particulars of such service... *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *One Year and two months*

13. Name of dependent, if any, to whom Separation Allowance was being issued, immediately prior to your discharge.....

14. Relationship of such dependents.....

15. Address in full of such dependents.....

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.

no

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?

19. Are you now serving in the Regt.? If not give - (a) date of discharge.

July 3rd 1919

no

(b) Reason for discharge

Demobilized

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.

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.

A no - B no

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: *Augustus Soran*
 Place of Residence: *Grand Falls*
 Declared before me at: *St John*
 This *3rd* day of *July* 19*19*....
Robert Alsep

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 Dependant.	War Service Gratuity.		Net amount due
.....
.....
.....
Certified correct.					Paymaster



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Augustine Foran, Regl. No. 4876
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4107	mother	Mrs Mm (Rose) Foran	Grand Falls		
Total Allotment, £				50 ⁰⁰	

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

Sig.) [Signature]
 Officer Commanding
[Signature] Company
May 23rd 1918

(Sig.) Augustine Foran
 (Rank) Pte

ST. JOHN'S, JUL 3 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To W. A. Foran

Billeting Soldiers as undermentioned

from June 6th /19 to June 28th /19

4876. W. A. Foran 22 70

B. V. M.

ACCOUNT	
CH NO	<u>2105</u> INITIALS <u>Cent</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 22 70

J. A. Snowcroft
A. J. *A. Foran*

Billeting Officer.

A. Foran

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
59.

Number of Sheets one

Regiment of Roy & Newfoundlands

Signature of O. C. Company J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	foran A.	Age on	19 years months	Papermaker			
Joined	Date	Place and Date of Enlistment	1. 5. 18					Religion	R. C.
Joined	Date	Period of	with Colours 10 years. with Reserve 365 years.	Place of Birth	Grand Falls		
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
				Demobilized	St John	19	7		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4876 Rank Plt Name Walter A. Gates
 Date of Enlistment 1-5-18 Address Grand Falls District N. Gates
 Occupation Paper Maker Classification for Discharge E Medical Category A
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	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 400H	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 2-7-19

O. C. Discharge Depot. Miss H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

A. J. ...

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 _____

Date 3-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R2222* to his home at *Grand Falls* and Release Certificate No. *3152* issued.

Date *3-7-19*

J.A. Snowball
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.....

Date *5-7-19*

J.A. Snowball
Depot Paymaster.

Discharge approved for *5-7-19*

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
B179c	B 120	M 93		

Date *3-7-19*

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 5 1919*

R.H. Sait MAJOR
O. C. Discharge Depot.

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

Date *July 21 19*

Reg. No. 4826 Rank Pvt Name Foran, Augustus

Attested Address Grand Falls

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corisican Cause Discharge

3719
5719

~~PASSED TO DEMOBILIZATION OFFICER~~
DISCHARGE APPROVED ON DEMOBILISATION