



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *568 #*

Name *Aubrey Fudge* *CofC*

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <i>Aubrey Fudge</i> |
| 2. What is your full Address? | 2. <i>Round St</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>19</i> Years <i>0</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Fisherman</i> |
| 6. Are you Married? | 6. <i>no</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>no</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps <i>Yes</i> |
| 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. <i>Yes</i> |

I, *Aubrey Fudge* 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.

Aubrey FudgeSIGNATURE OF RECRUIT.
R. K. PowerSignature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Aubrey Fudge* 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 *H. Johns* on this *11* day of *June* 191*8*

Signature of Attesting Officer *A. B. Dickson Lieut.*

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the *...* If enlisted by special authority, such will be attached to the original attestation.

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

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificates 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

5684.

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

Name Aubrey Fudge
 Apparent age 19 years 0 months. Height 5 feet 4 1/4 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter Fudge
Round Hill, | Relationship Father,
N.D.B. Particulars as to Marriage

<small>(a) Christian and Surname of Woman to whom married, and whether spinster or widow.</small>		<small>(b) Place and date of marriage.</small>	
<small>(c) Present address.</small>		<small>(d) Initials of Officer verifying entry.</small>	
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>

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>11-6-18</u>									
Joined at <u>St. John's</u> on <u>June 11-1918</u>									
<u>Discharged August 16 1919</u>									
<u>Embarked St. John's N.S. to Halifax N.S. 22-7-18.</u>									
<u>To Newfoundland for demobilization 24-6-19.</u>									
<u>Arrived Newfoundland 1-7-19.</u>									
<u>Demobilization St. John's 6-8-19.</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-8-1919</u> [date of discharge] <u>1</u> years <u>57</u> days									
Pensions " " " " " " " " " " " "									

Reg. No. 5684 Rank. *1st Lt.* Name *Fudge Aubrey F. Boy*
Attested *11-6-78* Address *Round No. N. O. B.*
Allotment *60* Allottee *Sophia Fudge (mother)*
Date of Allotment *1-8-78* Returned from Overseas.....
Embarked for Overseas *JUL 22 1918* Cause.....

11/6/18 Vacc. 15th Nov 20-7-18

15/6/18 Admitted Barracks No.

22/6/18 Discharged

15/6 23-6-18 to 3-7-18 S.L. 5-7-18

C.R. 5684

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, Aug. 15th, 1919.

The discharge of the Undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 6-8-19.

5684 Pte. A. Fudge.

C.R. 5684

Extract from Daily Orders Part II Unit The Royal Newfoundland Regt.
St. John's, July 14th, 1919.

The discharge of the undersigned on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 23-7-19.

5684 Pte. A. Fudge.

C.R. 5684

Extract from Daily Orders Battalion Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5684 Pte. A. Fudge

Reported at Headquarters 1-7-19 on "Onsmantra" which
sailed Glasgow June 24th, 1919.

C.R. 5684

Extract from Daily Orders part 11, from Unit The Royal
Nfld. "Regt. St. John's", dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5684 Pte. Aubrey Fudge.

C.R. 5684

Extract from ~~Selected~~ Daily Orders part 11,
from Unit The Royal Wfld.Regt.St.John's, dated June 13, 1918

#5684 Pte.A.Fudge.

Attested for General Service with the Royal Wfld.Regt.
from 11.6.18

A Judge

C.R. 5684

1180



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Aubrey Judge, Regl. No. 5684

hereby agree, until further notification by me and in similar official form to make an Allotment of Dollars and Sixty 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 August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
49744	mother	Sophia Judge	Round HARBOR	60
Total Allotment, \$				60

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.) H. G. James / Leut
 Officer Commanding
 F. Company
July 15th 1918

(Sig.) Aubrey Judge
 (Rank) Pte

No. 1572/232/P&AM

066970
NEWFOUNDLAND CONTINGENT
29 JAN 1919

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

Officer Commanding,
2/Bn. Royal Nfld Regt.,
Winchester.

27th January, 1919

Jan 25th 1919

Subject: 5684, Pte. A. Fudge,

With reference to the following telegram (846) from the Hon. Minister of Militia, received

"Pay 5684, Fudge, £5.0.0.

Draft £ 5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. A. Minshall Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

A. Fudge
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. ~~2~~ Batt'n,
Royal Newfoundland Regiment.

Received the sum of *Five pounds*

_____ on account of
cable remittance from Newfoundland.

A. Fudge.

No. *5684* Rank *Private*

Witness *M. Roberts*

No. 1572/232/P&AM

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29 JAN 1919

N.F.P./79.

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A. O. Minshall Maj.
Chief Paymaster & O. i/c Records.

Receipt hereunder.
A. Fudge
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. ~~2~~ Batt'n,
Royal Newfoundland Regiment.

Received the sum of *Five pounds*
on account of
cable remittance from Newfoundland.

A. Fudge.
No. *5684* Rank *Private*
Witness *M. Rockett*

No. 19230/2159

065555
PC

N.F.P./79.

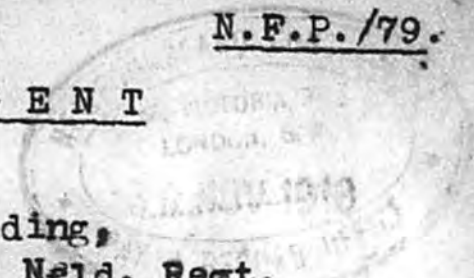
NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.



25th November 1918

Subject: 5684, Pte. A. Fudge B

With reference to the following telegram (10080) from the Hon. Minister of Militia, received

• pay to 5684 Fudge £8:0:0

Draft £ 8:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Nov. 28th 1918

Receipt hereunder.

Cham
**LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment

Received the sum of Eight
pounds on account of
cable remittance from Newfoundland.

a Fudge
No. 5684 Rank Pte.

W Power. Pte

Sudge, A

5684

Hay Dept.

August 6th 1919.

#5684, Pte. A. Fudge,

Round Hr. N. D. B.

Dear Sir:

Enclosed please find Discharge Certificate
3424.

Yours truly,

Capt.

Officer i/w Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5684 Rank. Pte Name. Judge a
 Intended place of residence. Round Bay
 2. Occupation Fisherman
 Classification of soldier. E Medical Category. A.I.

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 9 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 9 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S
 Date JUL 9 - 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 11-6-18 No. of days on Military
 Discharged from service. 23.7.19 Plus 14 days Service. 422

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
 Date JUL 23 1919
 for L.R. Cooper Capt
 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 August 6/1919
 Officer i/c Record
 The Royal Newfoundland Regiment

20
32
6
59

713 20 7913 424

The Royal Newfoundland Regiment

Class for Demobilization:

76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. ... *5684*

Name *Judge Aubrey*

Address *Round St*

Present Medical Category *A7*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

J. Palmer
.....
Senior Medical Officer

Geo. Burdett
.....
M. O. Depot

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2282 to his home at Roundhill and Release Certificate No. 3363 issued.

Date 9-7-19

J.A. Snowcroft
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 6-8-19

Date 9-7-19

J.A. Snowcroft
Depot Paymaster.

Discharge approved for 23-7-19

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	<i>2 Form B</i>
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 9-7-19

J.A. Snowcroft
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 JUL 23 1919

D.R. Cooper Capt
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

a Judge

Signature of Man.

J. A. Howlapp

Signature of the Vocational Officer or his Representative.

Reg. No. 3684

Place

St. Johns

Date

9-7-79.

191

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

MEDICAL HISTORY

OF

Surname Judge

Christian Name Aubrey

Table I.—GENERAL TABLE.

Birthplace:—Parish Round Hill T.D.B.

County Barfingland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>11</u> day of <u>June</u> 191 <u>8</u>	on	day of	191
	at <u>St John's</u>	at		
Declared Age...	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>2 1/4</u> inches	feet		inches
Weight	<u>172</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>34 1/2</u> inches			inches
	Range of Expansion... <u>4</u> inches			inches
Physical Development...				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/9</u> L.E.—V= <u>6/9</u>	R.E.—V=	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>Commander Paterson</u>			
(Rank)	<u>Major</u>	Medical Officer.		Medical Officer.
Enlisted	at <u>St John's</u>	at		
	on <u>11</u> day of <u>June</u> 191 <u>8</u>	on	day of	191
	Corps. <u>Royal</u>	Corps		
	Regtl. No. <u>5684</u>	Regtl. No.		
Joined on Enlistment...	<u>4.7.18</u>			
Transferred to..				
Became non-effective by	on	day of	191	on
(Signature)		day of		191
(Rank)				

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 Newfound Land* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5684* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Fudge* } (Surname) } *Antrey* } (Christian Names)
5. Age last birthday... *20*
6. Posted for duty on..... at.....
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?
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Date of Discharge;
(b) Where (c) Cause of Discharge.
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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? } ✓

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 complaints of no sensibility

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?

Refaturation

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

Note—(b) is only applicable to soldiers invaded at Foreign Stations,

W. S. Proctor Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Mazeley Down*

Date *14/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



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 *Judge Aubrey.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5684*

Intended address *Round Av. T. G. H.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Md.*

Christian name of Father *John*

Christian name of Mother *Sophia*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Round Av. 13 Sept. 1898.*

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) *Judge Aubrey*

(Rank) *Pls*

Station **ST. JOHN'S.**

Date *5-7-19*

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

August 15, 1919

Mr. Aubery Fudge,
Round Harbor, N.D.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the war Service Gratuity.

Yours truly,

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 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. *Shury* 2. Surname. *Judge*
3. Rank. *Quartermaster* 4. Regtl. No. *5684*
5. Address in full to which future payments of gratuity are to be forwarded. *Round Harbor Fort. Dame Bay*
6. Date of enlistment in the Regiment. *11th June 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*
8. Relationship of such dependents. *—*
9. Address in full of such dependents. *—*
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. *Infantry*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *13 months*
- 1. $\frac{3}{4}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No*

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?

..... *No*

19. Are you now serving in the Regt.? If not give (a) date of discharge *7th July 1919* (b) Reason for discharge *Dismissed*

.....

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.

..... *No*

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.

..... *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: *Edward Aubrey Judak* *Bay*
 Place of Residence: *Round Harbor Notre Dame*
 Declared before me at: *St Johns*
 This *10th* day of *July* 19.*19*...

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

Wm James AP

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

FORM K

No. 6383



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Aubrey Fudge, Regl. No. 5684 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 Persons concerned, viz:

Allotment begins August 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4859	mother	Sophia Fudge	Round St. N.B.		60.
Total Allotment, \$					60

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.) H. G. James 2/Lieut
Officer Commanding
F. Company

(Sig.) Aubrey Fudge
(Rank) Pte

July 15th 1918

5084
5500

Norris arms

19/6/19

To pay and Richard
office Stephens N. Y.

Dear Sir when sending
my final discharge
and my gratuity money
please send it to
my address

A Judge

Norris Arms

Exposite Bay

and if this address
needs to go to some other
office as ~~Colonel~~^{Empire} Barnett
please send it

Yours truly

A Judge

Cheque mailed JUL 4 - 1918

June 13th. 1918.

To be sent to Princess Ruth.

The Royal Newfoundland Regiment,

To 5684 Pte. A. Fudge.

MB

May 28th/18 To Board while waiting passage to St. John's. \$0.60.

ACCOUNT	<i>1818</i>
CHEQUE NO.	<i>1818</i>
ISSUED TO	<i>SRJ</i>
PAY TO ORDER OF	<i>SRJ</i>
AMOUNT	<i>60</i>
DATE	<i>13/6/18</i>
BY	<i>SRJ</i>

Coniect. Inv.
 DIE JUN 17 1918
 NEWFOUNDLAND
 COMPANY *13/6/18*

Sixty Cents.
C.B. Dick
 OK. *Lieut*
ADP

Minutes of the Board of Directors
and
Executive Committee
held at
Tulsa

1915

May 28. Board to A. P. ...
...
...
...
... 60¢

Acc. June 11th.
5684

Recd Payment
L... ..

To be sent to
P. Pink.

1891

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



[101]

OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal
is/are forwarded herewith to

Aubrey Fudge

in respect of his service as No. 5684 Rank Pte/

Name A. Fudge Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

Medal

Signature

Aubrey Fudge

Date

October 25th 1921

Address

Round Harbor

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Signature of O. C. Company

Number of Sheet

One
P. S. Dicks, Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>568 H Aubrey Judge</i>	Age on	<i>19</i> years	<i>Indennan</i>			
			months	Religion			
Joined	Date	Place and Date of Enlistment		C of C			
Joined	Date	Period of } with Colours <i>59</i> years. with Reserve <i>1 3/4</i> years.		Place of Birth			
Joined	Date			<i>Road Mt. H.A.B.</i>			

Place	Date of Offence	Rank	Cases of Default or Delinquency	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St John's	6 8/19				

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5684 Rank Plt Name Aubrey R. Judge
 Date of Enlistment 11.6.18 Address Road 5 St. Dunlop District Dunlop
 Occupation Supermarket Classification for Discharge R Medical Category AI
 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 8-7-19

O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Aubrey R. Judge

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 *[Signature]*

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2282 to his home at Rounded and Release Certificate No. 3363 issued.

Date

9-7-19

J. H. Knowlton
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 6-8-19

Date

9-7-19

H. M. [unclear]
Depot Paymaster.

Discharge approved for

23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 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

9-7-19

J. H. Knowlton
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

JUL 23 1919

Date

H. R. Cooper Capt.
O. C. Discharge Depot.

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

Date

July 21/19

C.R. 5684
Army Form 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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. *5684* 3. Rank. *plto*
- 4. Name *Judge Aubrey*
(Surname) (Christian Names)
- 5. Age last birthday *20*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- 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
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

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

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

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

The complaint 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?

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

Repatriation

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

W. E. Premier *Capt. R. A. M. C.*
 Medical Officer in charge of case.

Station *Mazeley Down*

Date *2/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause