



Newfoundland Forestry Companies

ATTESTATION OF

No. 119 Name Aubrey B. Goodyear

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Aubrey B. Goodyear
- 2. What is your full Address? 2. Millerton
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 31 Years 4 Months
- 5. What is your Trade or Calling? 5. Lumberman
- 6. Are you Married? 6. yes
- 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. What is your Religion? 9. Meth.
- 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, Aubrey B. Goodyear 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 B. Goodyear SIGNATURE OF RECRUIT.
Frank C. Payne Signature of Witness.

7/15/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Aubrey B. Goodyear 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 Grand Falls on this 8th day of May 1917

H. J. Fitzgerald Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:

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

Date.....1917 } Approving Officer.
Place.....

† 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 Aubrey C. Goodyear

Apparent age 21 years 4 months. Height 5 feet 8 1/2 in

Chest Measurement { Girth when fully expanded 38 1/2 inches Weight 14
 Range of expansion 2 1/2 inches

Distinctive marks Hair - Light Eyes - Blue Complexion -
 Scars on both legs effects of Broken limb

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Florence B. Goodyear
Millertown | Relationship Wife

Particulars as to Marriage

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

<u>Florence B. Wellon</u> <u>Spinster</u>	(b) <u>April 10, 1917</u> <u>Millertown</u>	(c) <u>Millertown</u>	(d) <u>F. B. T.</u>
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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 _____									
<u>Acherow April 11 1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
Pensions " _____ " " _____ " " _____ " " _____ " " _____ "									

Squadron, Troop, Battery and Company Conduct Sheet.

Ar

Number

Forms
B 121
29.Regiment of *95th Forestry Company*

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>8119 Aubrey Goodyear</i>	Age on	<i>21</i> years <i>4</i> months	<i>Gunsmith</i>	
Joined	Date	Place and Date of Enlistment	<i>Ed. Falls</i>	Religion	
Joined	Date	Period of { with Colours / <i>106</i> years. with Reserve / <i>38</i> years.	<i>7/5/17</i>	<i>Method</i>	
Joined	Date		Place of Birth		

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
<i>Dunkeld, Scotland</i>	<i>18-10-17</i>	<i>Bte</i>		<i>Refusing to obey orders</i>	<i>P. M. James</i>	<i>7 days C. B.</i>	<i>18-10-17</i>	
				<i>Demobilized</i>	<i>A. John's</i>	<i>17 79</i>		

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8119 Rank Plt Name Goodyear Aubrey
 Intended place of residence Grand Falls
 2. Occupation Limberman
 Classification of soldier B Medical Category F

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 APR 2 1919 *W. H. H.*
 for 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 and date **ST. JOHN'S** 2-4-19
A. C. Goodyear
 Signature of soldier
J. A. Newfoot
 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 and Date **ST. JOHN'S** 1-4-19
A. C. Goodyear
 Signature of soldier
E. Wilson Pgt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 8-5-17 No of days on Military 360
 Discharged from service 3-4-19 plus 14 days Service 710
394

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place **ST. JOHN'S** *R. H. Sait Capt.*
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date APR 3 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's Nfld *J. M. Bowley Capt.*
 Officer i/c Records
 The Royal Newfoundland Regiment
 Date April 17/1919
A. C. Goodyear

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 8119 Rank Plt Name Goodyeat Aubrey
 Date of Enlistment 2.5.17 Address Millington St. St. John's District St. John's
 Occupation Lumberman Classification for Discharge D Medical Category ES
 Recommendation S.M.B. Permanently unfit Disability Rating 10% 6-mo

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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		<u>AC 6 1</u>		

Date 1-4-19

H. News H.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

A. C. Goodyeat

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$165.00
 (b) Clothing Supplied A. McLeister Lieut

Date 1-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K1149* to his home at *James Street* and Release Certificate No. *1943* issued.

Date *1-4-19*

J.A. Shaw
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 *17-4-19*

Date *2-4-19*

J.A. Shaw
Depot Paymaster.

Discharge approved for *3-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	<i>Form 1</i>
F 178a	D 400A	B 1915	do 2nd	" 3	<i>2</i>
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 *2-4-19*

J.A. Shaw
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR 3 1919*

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

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

Date *April 12, 1919*

J. A. Shaw
for O.C. Records



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 *Aubrey Charles Goodyear*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8119*

Intended address *millertown*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Left & Right Leg.*

Figure on discharge *medium*

Christian name of Father _____

Christian name of Mother *Elizabeth*

Wife's maiden name in full *Florence Wellon*

Date and place of marriage *millertown, 1917, April 10th*

Christian names of children *Blair*

Place and date of soldier's birth *Safe Hs B B. Jan 22nd 1896*

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) *A C Goodyear*

Pt
(Rank)

Station **ST. JOHN'S.**

Date *24. 3. 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.

Station

Date

