



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8407 Name Oliver Miller Corps .....

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Oliver Miller</u> .....            |
| 2. What is your full Address? .....  | 2. <u>Flat Island P.B.</u> .....         |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>3</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u> .....                |
| 6. Are you Married? .....  | 6. <u>no</u> .....                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                       | 7. <u>no</u> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u> .....                      |
| 9. What is your Religion? .....  | 9. <u>meth</u> .....                     |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? ..... | 10. <u>yes</u> { Name .....              |
|  | { Corps .....                            |

I, Oliver Miller 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.

Oliver Miller SIGNATURE OF RECRUIT.

B. A. Miller Signature of Witness.

Oliver Miller OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Oliver Miller 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 Flat Island on this 20 day of Oct 1917.

Signature of Attesting Officer J. J. Kennedy Capt

† 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 20 Oct 1917 J. J. Kennedy Capt Approving Officer.

Place Flat Island

† 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 Oliver Miller  
 Apparent age 18 years 3 months. Height 125 feet 5-5 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Dark Brown Hair Brown eyes  
Burnt scar on right cheek

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mary Ann American  
Belle Isle, C.B. 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 _____   |               |  |           |       |  |      |  |      |   |
| Joined at _____ on _____  |               |  |           |       |  |      |  |      |   |
| <div style="font-family: cursive; font-size: 2em; opacity: 0.5;">Discharged July 8/1919</div> |               |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....   |               |  |           |       |  |      |  |      |   |

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 Pensions " " [ " " ] " " "

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form  
B. 121  
39

Number of Sheet

Regiment of

Field Forestry Companies

Signature of O. C. Company

W. H. L. P.

|                         |               |                              |                         |                 |   |
|-------------------------|---------------|------------------------------|-------------------------|-----------------|---|
| Regimental No. and Name |               | Enlistment                   |                         | Trade           | Good Conduct Badges, Service pay or proficiency pay |
| No.                     | Oliver Miller | Age on                       | 18 years 3 months       | Fisherman       |   |
| Joined                  | Date          | Place and Date of Enlistment | St John's               | Religion        |   |
| Joined                  | Date          | Period of                    | with Colours 133 years. | Meth            |   |
| Joined                  | Date          | with Reserve                 | 365 years.              | Place of Birth  |   |
|                         |               |                              |                         | Hat Island P.B. |   |

| 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 |
|------------------|-----------------|------|----------------------|---------------------------|--------------------|--------------------|---|--------------------|---------|
| Hazley Down Camp | 193.19          | Pte  |                      | Absent from 3 Prov Parade | G. S. M. Calagay   | 2 days L.B.        |   | Lieut. Lemessurier | M.C.    |
|                  |                 |      |                      | Demobilized St John's     |                    | 8/19               |   |                    |         |

To be carried over

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 84407 Rank Cpl Name Melley Oliver  
 Date of Enlistment 29-10-17 Address Flat 215 District Halifax  
 Occupation Soldier Classification for Discharge E1 Medical Category H1  
 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 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 9-6-19 for O. C. Discharge Depot. H. Miller

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*Oliver Miller*

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 \_\_\_\_\_

*Arthur Johnston*

Date 10-6-19 O. i. c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R 1662 to his home at 1217 1/2 St. ... and Release Certificate No. R 591 issued.

Date 10-6-19 *J.A. Shaw Capt*  
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 8-7-19

Date 10-6-19 *J.A. Shaw Capt*  
Dept Paymaster.

Discharge approved for 29-6-19  
Forwarded with following documents to O.C. Discharge Depot.

|          |        |        |                                     |            |        |                                     |
|----------|--------|--------|-------------------------------------|------------|--------|-------------------------------------|
| N.F. P36 | B 268  | B 121  | <input checked="" type="checkbox"/> | N.F. Med   | D.F. 1 | <input checked="" type="checkbox"/> |
| B 178    | W 3494 | B 122  |                                     | Board Ist. | " 2    |                                     |
| B 178a   | D 400A | B 1915 |                                     | do 2nd     | " 3    | 2 Form B                            |
| 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 10-6-19 *J.A. Shaw Capt*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

- Officer in Charge Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 15 1919 *R.H. Sait Capt.*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date June 27/19 *J. Mellicham / R. H. Sait*  
Prop. Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 2407 Rank Pvt Name Muller D.  
Intended place of residence St. John's

2. Occupation Disherman  
Classification of soldier 2 Medical Category A1

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 ST. JOHN'S 10 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 and date ST. JOHN'S JUN 10 1919  
Signature of soldier Oliver Miller  
Signature of witness Ambleton Lt

### 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 JUN 10 1919  
Signature of soldier Oliver Miller  
Signature of witness W. Beaton Ptes

### STATEMENT OF SERVICE

7. Enlisted for service 29-10-17 No of days on Military  
Discharged from service JUN 24 1919 Plus 14 days Service 615

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
Date JUN 15 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 8/1919  
Officer in Charge  
The Royal Newfoundland Regiment

AD B 2079/5385

3  
20  
31  
31  
31  
31  
30  
8  
253



## 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 *Oliver Miller*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8407*

Intended address *Flat Island. Placentia Bay*

Height on discharge *5 Feet 9*

Color of hair on discharge *Dark*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *—*

Christian name of Mother *Mary Ann*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Flat Island. 21<sup>st</sup>/7/1899*

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) *oliver miller*

(Rank)

Station **ST. JOHN'S.**

Date *6/6/19*

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.



Station

Date