



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6250 ~~1270~~ Name Thomas Mullens Corps C of E

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Thomas Mullens.....
- 2. What is your full Address? } 2. St. John's.....
- 3. Are you a British Subject? 3. yes.....
- 4. What is your age? 4. 22 Years Months
- 5. What is your Trade or Calling? 5. fisherman.....
- 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
- 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, Thomas Mullens.....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.

Thomas Mullens.....SIGNATURE OF RECRUIT.

[Signature].....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Mullens.....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 St. John's on this 13th day of Oct.....1918

Signature of Attesting Officer [Signature].....

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date..... OCT 11 1918.....1918

Place ST. JOHN'S.....

[Signature]..... 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 Thomas Mullins

Apparent age 22 years months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 35½ inches
 Range of expansion 3½ inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Mullins
Remounts / IP | Relationship Father

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

No. 6250
~~270~~ Name Thomas Mullins Corps 6 of 6

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Thomas Mullins</u> |
| 2. What is your full Address? | 2. <u>St. John's</u>
<u>Fortune</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years |
| 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. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>yes</u> |

I, Thomas Mullins

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.

Thomas S. Mullins

SIGNATURE OF RECRUIT.

C. J. Peters

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Mullins

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 St. John's on this 10th day of Oct

1918

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. OCT 11 1918

Place. ST. JOHN'S

Robert C. [Signature]

Commanding Officer } Approving Officer.

The Royal Newfoundland Regiment

† 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

6250

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

Name Thomas Mullins

Apparent age 22 years months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Mullins
Kenmore St. B. | Relationship Father

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 _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] " " "

C.R.

6250
F

Extract from Daily Orders Part 11 Unit the Royal Field.

Regt., S^t. John's, Dec. 12th, 1918.

The undrenoted man discharges on Demobilization has been approved by O.C. Discharge Depot from Noted date. He is removed from D^{ep}ot Strength to Discharge Depot Pending confirmation by Officer i/c Records.

6250 Pte. Thos. Mullins.

12-12-18.

C.R. 6250

Extract from Daily Orders part 11, Depot. St. John's dated Dec. 4th., B

6250 Pte. T. Mullins

Discharged from 21 Field Street 2-12-18.

C.R. 6250

Extract of Daily Orders Part II, dated Jan. 10th 1919.

Demobilisation.

The discharge of the undernoted has been confirmed by the
Officer i/c Records on noted dates.

6250 Pte. Thos. Mullins.

Discharged 9-1-19

C.R. 6250

Extract from Daily Orders part 11, Depot St. John's
dated November 11th., 1918.

HOSPITAL

6250 Pte. T. Mullins.

Admitted 21 Field Street 9/11/18.

BC.

C.R. 6250

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated October 12th 1918.

Strength Increases.

6250 Pte. Thomas Mullins.

Attested for General Service with The Royal Newfoundland Regiment,
from 10/10/18.

Mullins, T.

6250

Pay receipt.

January 9th., 1919.

#6250 Pte. Thomas Mullins,

Rencontre,

F.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No.358."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6250 Rank P.O. Name Mullins Thomas

Intended place of residence Perceps

2. Occupation Fishing

Classification of soldier S.C. Medical Category A1

3. The above named man is discharged in consequence of Demobilisation

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place DEC 9 1918

Date DEC 9 1918 W. H. C. Lobb
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 Johns

Dec 9th 1918

Thomas Mullins

Signature of soldier

C. Dicks M. Capt.

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 Dec 9th 1918

St Johns

Thomas Mullins

Signature of soldier

Raymond Sgt

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10. 10. 18 No of days on Military

Discharged from service 12. 12. 18 plus 28 days Service 92 days

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

R. H. Lobb Capt.

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date DEC 12 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St Johns, Nfld

W. H. C. Lobb Capt.

Officer in Charge

The Royal Newfoundland Regiment

Date January 9/1919

2079/358

22
30
31
9
92

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6250 Rank. Plt Name Mullins, Thomas
 Date of Enlistment 10.10.18 Address Rencontre District St. John's
 Occupation Spsherman Classification for Discharge f Medical Category A.II
 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.....
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 7.12.18

W. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) ~~Clothing~~ Supplied.....

Date 9-12-18

Joseph A. Handley
O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ... *R-143* ... to his home at ... *Bellorane* ... and Release Certificate No. ... *218* ... issued.

Date ... *9-12-18*

C. B. Dickson 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 ... *9-1-19*

Date ... *9-12-18*

W. H. C. Cash
Depot Paymaster.

Discharge approved for ... *12-12-18*

Forwarded with following documents to O.C Discharge Depot.

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	1	<i>Form B</i>
B 178a	D 400A	B 1915	2	do 2nd	" 3	2	
B 179	D 400B	Form L		do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2			" 6		
B 179c	B 120	M 93	1				

Date ... *9-12-18*

C. B. Dickson Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
— with following additional documents.

Date **DEC 12 1918**

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

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

Date *Dec-12/1918*

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

MEDICAL HISTORY

Surname Mullins

OF St. John's
Christian Name Thomas

Table I.—GENERAL TABLE

Birthplace:—Parish St. Anthony's Fortune County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	10 th day of Oct 1918	St. John's	day of	191
Declared Age	22 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 6 inches		feet	inches
Weight	135 lbs.			lbs.
Chest Measurement {	Girth when fully expanded	35 1/2 inches		inches
	Range of Expansion	3 1/2 inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= 4/60		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>Lambertson</u>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at	St. John's	at	
	on	10 th day of Oct 1918	on	day of 191
Joined on Enlistment	Corps	Royal Nfld Regt	Corps	
	Regtl. No.	6250	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table III—Orders: Course of Inquiry, Vaccination, Incubation, etc. in case of Warrant Officers treated in quarters

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Robison

It is hereby notified that this soldier
has been before a Trenchard Medical
Board and has been assigned as
for discharge on 1/1/1918
from Medical category

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 work at Feeding

Thomas Mullins
Signature of Man.

C. B. Dicks Reg. No. *6250*
Signature of the Vocational Officer or his Representative.

Place *St. John's*

Date *9/12/18* 191

Fortune

g

The Royal Newfoundland Regiment

Class for Demobilization:—
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2-12-18

Regimental No. 6250.....

Name Mullins, Thomas

Address Rencontre Fortune Bay

Present Medical Category A.I.

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

Members of Board {

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

..... Peterson
Senior Medical Officer

..... S. W. Burden
M. O. Depot



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 **Thomas Mullins**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **6250**
 Intended address **Renc on tre**
 Height on discharge **5 Feet 6**
 Color of hair on discharge **Brown**
 Complexion **Fair**
 Color of eyes **Blue**
 Descriptive Marks
 Figure on discharge
 Christian name of Father **John**
 Christian name of Mother
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth.
 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)

(Rank)

Station

Date

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

FORM K

No. 7516



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas S. Mullins, Regl. No. 6850

hereby agree, until further notification by me, and in similar official form to make an Allotment of
Sixty Dollars and 00 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 Nov 15 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		(Julia)		60
7530	Mother	Mr John Mullins	Rencantre East Johns Bay	
Total Allotment, \$				60

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
John Company
Oct 14 1918

(Sig.) Thomas S. Mullins
 (Rank) Pte

Report for Dennis 2934

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *Adgits* on *Oct 10* 191*8*

1. Name *Thomas Mullins* Age (a) Declared *22*
(b) Apparent

2. Do you know of anything wrong with you? *No.*

What severe illnesses have you had? *Bronchitis 5 years ago.*

*Eye Blue
Comp Pain.
Nails*

3. Height *5 ft 6* Weight *135*
Fracture nail of Ring finger

4. Eyesight (a) Left *6/60.* (b) Right *4/6.*

5. Physical Defects (Examine after strenuous exercise) *-*

6. Examination of Lungs

Measurement (a) Expiration *37* (b) Inspiration *35 1/2*

7. Examination of Heart

8. Examination of Urine *-*

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? *No.*

11. Name and address of next of kin *Father John. Pencontre 40 B. Dist*

12. Category

REMARKS—

A"

*W. J. ...
Medical Examiners.*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland Regt Signature of O. C. Company P. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<u>6250 6270</u>	Name	<u>Thomas Mullin</u>		<u>Furberman</u>			
		Age on	<u>22</u> years	months	Religion			
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>		<u>C. of E.</u>			
Joined	Date	Period of	with Colours <u>92</u> years.		Place of Birth			
Joined	Date		with Reserve <u>363</u> years.		<u>St. John's N.S.</u>			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St Johns</u>	<u>9</u>	<u>19</u>		

To be carried over.