



Newfoundland Forestry Companies

ATTESTATION OF

No. 8312 Name Wm Murphy Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? Wm J. Murphy
2. What is your full Address? St. John's
3. Are you a British Subject? yes
4. What is your age? 19 Years 8 Months
5. What is your Trade or Calling? Blacksmith
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. What is your Religion? R/C
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? yes { Name
Corps

I, Wm J. Murphy 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.

William J. Murphy SIGNATURE OF RECRUIT.
Rev. Hutchings Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William J. Murphy 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.....

on this 21 day of Aug 1917
 Signature of Attesting Officer J. P. Goodgear 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.....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 Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: vis:—(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 Wm Murphy
 Parent age 19 years 8 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks Dark Hair
Brown Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Murphy
 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 for fixing the rate of pension		Service in Re-serve 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 _____									<div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;">Discharge March 9/1919</div>
Joined at _____ on _____									

Total Service forfeited as above.....

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8312 Rank Private Name Murphy W J
 Intended place of residence Kelbosc

2. Occupation Black Smith
 Classification of soldier E Medical Category B.I.

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

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 Commanding Discharge Depot

Date FEB 22 1919 W. J. Murphy Capt
 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 W. J. Murphy
 Signature of soldier

22-2-19 Pedricko 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 ST. JOHN'S Seal W. Ventral Officer
 Signature of soldier

22-2-19 Pedricko Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-8-17 No of days on Military
 Discharged from service 22-2-19 Plus 28 day r. Service 579

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 R. H. Lat Capt
 Officer Commanding Discharge Depot

Date FEB 22 1919 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld W. Rowley Capt
 Officer in Charge

Date March 9/1919 The Royal Newfoundland Regiment

579
362
212

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 8312 Rank Pte Name Wm J. Murphy
 Date of Enlistment 21-8-17 Address Kilbride District St Johns West
 Occupation Blacksmith Classification for Discharge E Medical Category B.I
 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	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	7C b	" 6	1
B 179c	B 120	M 93			

Date 21-2-19

W. J. Murphy Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

W. J. Murphy

Particulars passed to Vocational Officer for information and action.

Date 22-2-19

W. J. Murphy Capt

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable

(b) Clothing Supplied

Joseph Snowford

Date 22-2-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to _____
 at _____ and Release Certificate No. 1160 issued.

Date 22-2-19 ASD ASDicks 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 23-3-19

Date 22-2-19 W. M. Miley Capt.
 Depot Paymaster.

Discharge approved for 22-9-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1	J. M. M. ✓
F 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 400A	B 1915	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2	sec 1	" 6		
B 179c	B 120	M 93				

Date 22.2.19 ASDicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

FEB 22 1919

Date _____ R. H. Lat Capt.
 O. C. Discharge Depot.

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

Date Feb 27 1919 J. M. Miley Capt.
 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 *Murphy, Wm. J.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8312.*

Intended address *Kilbride*

Height on discharge *5* Feet *6.*

Color of hair on discharge *Dark.*

Complexion *Fair.*

Color of eyes *Brown.*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Henry.*

Christian name of Mother *Bridgett.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Kilbridge Feb 20th 1894.*

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)

William J. Murphy

(Rank)

Pte.

Station **ST. JOHN'S**

Date

FEB 17 1919

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