



Newfoundland Forestry Companies

ATTESTATION OF

No. 8276 Name John Norman Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------|
| 1. What is your name? | 1. John Norman |
| 2. What is your full Address? | 2. Red Island
Placentia Bay |
| 3. Are you a British Subject? | 3. Yes |
| 4. What is your age? | 4. 19 Years 4 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. What is your Religion? | 9. R. L. |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. Yes |

I, John Norman 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.

John Norman SIGNATURE OF RECRUIT.

Mark H. Ross Capt. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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..... day of..... 191

Signature of Attesting Officer

Mark H. Ross 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, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8276 Rank PLS Name Norman John
 Intended place of residence Red Island, Placentia

2. Occupation Fisherman
 Classification of soldier B Medical Category E

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 MAR 29 1919
 Comanding 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
29. 3. 19.
 Signature of soldier John X Norman
 Signature of witness Edwards Cpl

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
29- 3 - 19
 Signature of soldier John X Norman
 Signature of witness E. Wilson Sgt.

STATEMENT OF SERVICE

7. Enlisted for service 17- 7- 17 No of days on Military
 Discharged from service 31- 3- 19 plus 14 days Service 637

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 MAR 31 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, Nfld
 Date April 14/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

Handwritten note: J.F.B. 1097/1889

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 8276 Rank Pvt Name Norman, John
 Date of Enlistment 17-7-17 Address Red Sea District Halifax
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanently unfit Disability Rating 10% 3 months + Leaden
 Passed to Demobilization Officer with following documents:— include cert.

N.F. P36	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	<u>gal</u>	" 6
B 179c	B 120	M 93		

Date 29-3-19

H. M. H.
 J.O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

His
John X Norman
Mark

Particulars passed to Vocational Officer for information and action.

Date

Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

Date 29-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 1100*

at *Red Island Phoenix* and Release Certificate No. *1894* issued.

Date *29. 3. 19*

J.A. Snowland
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 *11-4-19*

Date *29-3-19*

J. Williams
Depot Paymaster.

Discharge approved for *31-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
F 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 *29. 3. 19*

J.A. Snowland
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 *MAR 31 1919*

R.H. Sait
O. C. Discharge Depot

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

Date



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 **JOHN NORMORE.**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8276.**

Intended address **RED ISLAND, P.B.**

Height on discharge **5 Feet 5**

Color of hair on discharge **BROWN**

Complexion **FAIR**

Color of eyes **BLUE**

Descriptive Marks -----

Figure on discharge **MEDIUM**

Christian name of Father **FRED**

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 **RED ISLD. P.B. 29/4/1898.**

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) **HIS
JOHN X NORMORE
MARK R.A. EDWARDS Q.M.S.**

(Rank) **PTE.**

Station **ST. JOHN'S.** Date **15/3/19.**

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.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date