



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8761 Name Leo P. O'Brien Corps

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

1. What is your name? ..... 1. Leo P. O'Brien
2. What is your full Address? ..... 2. 27 Adelaide St.
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 28 Years 4 Months
5. What is your Trade or Calling? ..... 5. Clerk
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.C.
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 .....

Leo P. O'Brien 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.

Leo P. O'Brien SIGNATURE OF RECRUIT.  
Ralph P. Peto Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Leo P. O'Brien 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 St. John's

on this 9th day of July 1917.  
Signature of Attesting Officer H. MacRosa 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 completed 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).....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Leg. P. O'Brien.  
 Apparent age 18 years 4 months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches W. 179  
 { Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Brown eyes, and Brown hair.  
Scar on left wrist

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Mary O'Brien  
27 Adelaide St. | 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 _____									
<u>Discharged March 10 1869</u>									
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. 8261 Rank Lt. Name Pte O. Brian

Intended place of residence St John's

2. Occupation Clarke

Classification of soldier 4th Medical Category E

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

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

Place .....

Date JAN 14 1919 W. H. L. Capt.  
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 14. 1. 19  
Signature of soldier LOB  
Signature of witness C. Dicks Capt.

## 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 Jan 14<sup>th</sup> 1919 LOB  
Signature of soldier  
L. J. Bonner  
Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 3. 7. 17 No of days on Military  
Discharged from service 14. 1. 19 28 days Service 589

## 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. L. Capt.  
Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.  
Date JAN 14 1919

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
Place St John's M. Bowley Capt  
Date March 10/1919 Officer i/c Records  
The Royal Newfoundland Regiment

LOB 2079/1190

7  
30  
31  
30  
21  
19  
365  
119  
246

# The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 8261 Rank PT6 Name OBrien Leo  
 Date of Enlistment 3.7.17 Address St John's District St John's  
 Occupation Clerk Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Privately unfit Disability Rating 20% mo.  
 Passed to Demobilization Officer with following documents:—

N.F. P36	1	B 268		B 121	1	N.F. Med		D.F. 1	
B 178	1	W 3494		B 122		Board 1st		" 2	3463 A 1
B 178a	1	D 400A		B 1915		do 2nd		" 3	3 5463 B 1
B 179	2	D 400B		Form L		do 3rd		" 4	
B 179a		D 400C		Form K		do 4th		" 5	
B 179b	1	B 103		ME 2				" 6	
B 179c	1	B 120		M 93					

Date 14.1.19

*W. O'Brien Capt.*  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment. *W-*

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

*W. O'Brien*

Particulars passed to Vocational Officer for information and action.

Date.....

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6000  
 (b) ~~Clothing~~ Supplied Joseph A. Snowsfoot

Date 14-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. me to his home at St John and Release Certificate No. 770 issued.

Date 14-1-19

OSDicks 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 11-2-19

Date 14-1-19

Waley Capt.  
Depot Paymaster

Discharge approved for 14-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 304	1	B 268		B 121	1	N.F. Med		D.F. 1	11 Form	B
F 178		W 3494		B 122		Board 1st		" 2	2	3468A 1
B 178a	1	D 400A	1	B 1915		do 2nd		" 3		3468B 1
B 179	1	D 400B		Form L		do 3rd		" 4		3468B 1
B 179a	1	D 400C		Form K		do 4th		" 5		
B 179b	1	B 103		ME 2				" 6		
B 179c	1	B 120		M 93						

Date 17-1-19

OSDicks Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

JAN 14 1919

Date .....

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

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

Date Jan 21/19

Waley  
Depot Paymaster



## 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.

**O'BRIEN LEO. P.**

Name in full

Regiment from which discharged *1st. Newfoundland* **FORESTRY CORPS**

Regimental number **8261**

Intended address **ADELAIDE STREET**

Height on discharge Feet

Color of hair on discharge **BROWN**

Complexion **RUDDY**

Color of eyes **BROWN**

Descriptive Marks **SCAR ON LEFT WRIST**

Figure on discharge **MEDIUM**

Christian name of Father **PATRICK**

Christian name of Mother **MARY**

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. **ST. JOHN'S MARSH 17th., 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) **(SGD) LEO P. O'BRIEN**

(Rank) **PTE**

Station **HAZELEY DOWN** Date **6/13/18**

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

THIRD BOARD.

Report of Medical Board

Station St. John's, Nfld. Date FEBRUARY 17TH, 1920.,  
 No. and Rank 8261. PRIVATE Age 21 Height  
 Name O'BRIEN. L. P. Complexion RUDDY  
 Unit Royal Newfoundland Eyes BROWN Hair BROWN  
 Address 27 ADELAIDE STREET  
 Former Trade CLERK  
 Enlisted at ST JOHN'S On 3-7-17 (The Board will please note how the soldier's appearance corresponds with above description).  
 Disease or Disability Original OLD INJURY TO LEFT WRIST.

Subsequent

Present Condition (Compare with previous Board)

Pulse 88. Weight 145 pounds. No accompniments inchest.  
 Compalins of cough and expectoration. General condition good.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

NIL

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

NIL

Recommendation of Medical Board

Members of Board

SGD. CLUNY MACPHERSON

SGD. N. S. FRASER

LT/COL.

I. B. O'REILLY CAPT

L. PATERSON. LT/ COL.

Approving Medical Officer.

