



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8468 Name William Quirk Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>William Quirk</u> .....            |
| 2. What is your full Address? .....  | 2. <u>Fortune St.</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>22</u> Years <u>6</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</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>R.C.</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, William Quirk ....., 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.

823/1/18

Wm Quirk ..... SIGNATURE OF RECRUIT.  
James S. Wangh ..... Signature of Witness.

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

I, Wm Quirk ....., 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 Falls on this 24 day of Jan 1918

Signature of Attesting Officer W. Sullivan Major

### † 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 ..... 1918 } Approving Officer.  
 Place .....

† 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 William Quirk  
 Apparent age 22 years 1 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches wt 141  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Quirk  
Fortune St | 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 _____									
<u>Wachaga April 17 1919</u>									
Total Service forfeited as above.....									

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39

Number of Sheet *1 of 1*

Regiment of \_\_\_\_\_

Signature of O. C. Company *W. H. H. 23*

Regimental No. and Name	
No.	<i>8466</i>
<i>Phillips Lewis</i>	
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on	<i>22</i> years <i>6</i> months
Place and Date of Enlistment	<i>23/1/14</i> <i>81st Fath.</i>
Period of	with Colours <i>7</i> years. with Reserve <i>1 1/2</i> years.

Trade	<i>Labourer</i>
Religion	<i>R. C.</i>
Place of Birth	<i>Belmont</i>

Good Conduct Badges, Service pay or proficiency pay

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
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*Demobilized St John's 10/14*

To be carried over

Army Form B. 121



## 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. & 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

*Quirk Wm*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*8469*

Intended address

*Torkeur Fr.*

Height on discharge

*5* Feet *10"*

Color of hair on discharge

*Dark*

Complexion

*Dark*

Color of eyes

*Blue*

Descriptive Marks

*—*

Figure on discharge

*Tall*

Christian name of Father

*John*

Christian name of Mother

*Johanna*

Wife's maiden name in full

*—*

Date and place of marriage

*—*

Christian names of children

*—*

Place and date of soldier's birth

*Torkeur Fr. 6.7. 1896.*

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)

*Quirk Wm*

*Witness Sergt Cassin*

*mark*

(Rank)

*Plt*

Station

**ST. JOHN'S.**

Date

*7.3.19.*

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.

Station

Date





# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 8468 Rank Pte Name Quirk, William

Intended place of residence Fortune No. 1, Twillingate

2. Occupation Lumberman

Classification of soldier E Medical Category B 1/11

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 .....

Date MAR 24 1919 *J. M. H.*  
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  
24-3-19

*William Quirk*  
Signature of soldier  
*J. A. Howse*  
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  
24-3-19

*William Quirk*  
Signature of soldier  
*E. Wilson*  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23-1-18 No of days on Military

Discharged from service 27-3-19 plus 14 days Service 443

### 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

Date MAR 27 1919

*R. H. Saint John*  
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 10/1919

*W. Bowley Capt*  
Officer in Charge Records  
The Royal Newfoundland Regiment

*H. B. 2097/1692*

9  
28  
31  
10  
78

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 8466 Rank Plt. Name Lusk, William  
 Date of Enlistment 23-1-18 Address Fortune St. District Antigonish  
 Occupation Lumberman Classification for Discharge Eq Medical Category B.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	<u>26-6-1</u>	" 6
B 179c	B 120	M 93		

Date 24-3-19 for H. M. S. H. O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

Wm Quirk  
 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 2000 Quirk

Date 24-3-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *X 583 9297* to his home

at *Indran H.v.1* and Release Certificate No. *1672* issued.

Date *24-3-19*

*P. S. Dicks Cap*  
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 *10-4-19*

Date *24-3-19*

*H. W. H. H.*  
Depot Paymaster.

Discharge approved for *27-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
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	<i>70-6-1</i>	" 6
B 179c	B 120	M 93		

Date *24-3-19*

*J. A. Snowfoot*  
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

MAR 27 1919

Date .....

*R. H. Jait Cap.*  
O. C. Discharge Depot.

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

Date *28/3/1919*

*W. A. D. Cap.*  
*F. W. H. H.*