



# Newfoundland Forestry Companies

## ATTESTATION OF

No. 8319 Name Benjamin Samuel Corp

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Benjamin Samuel</u>          |
| 2. What is your full Address? .....  | 2. <u>Sambo</u>                    |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                      |
| 4. What is your age? .....   | 4. <u>18</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</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>corp</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, Benjamin Samuel, 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.

Benjamin X Samuel SIGNATURE OF RECRUIT.

B. H. [Signature] Signature of Witness.

7 3/9/17

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

I, Benjamin Samuel, 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 3 day of September 1917

[Signature] Signature of Attesting Officer

J. P. Goodyear 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 ..... 1917

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 Benjamin Saunders  
 Apparent age 18 years 4 months. Height 5 feet 4 1/2 inches  
 Chest Measurement { Girth when fully expanded \_\_\_\_\_ inches weight 107  
 Range of expansion \_\_\_\_\_ inches  
 Distinctive marks Dark Brown Hair Brown Eyes

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Saunders  
Gambro | 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>Disch'd. St. John's Sep. 10/1918</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39Number of Sheet *first*Regiment of *10th Forestry Companies*Signature of O. C. Company *J. P. Goodyear capt*

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No. <i>8319</i>	<i>Benjamin Saunders</i>	Age on <i>18</i> years <i>4</i> months		<i>Woodsman</i>	
Joined _____	Date _____	Place and Date of Enlistment <i>St Johns</i>		Religion <i>C of E</i>	
Joined _____	Date _____	Period of <i>with Colours</i> _____ years.		Place of Birth <i>Lamb</i>	
Joined _____	Date _____	<i>with Reserve</i> <i>1 1/2</i> years.			

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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COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
N.F.L.D. No. *1221/17*  
DATED *27 NOV 1917*

*Medically unfit St. Johns 10<sup>9</sup> 18.*

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. 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 **BENJAMIN SAUNDERS**  
 Regiment from which discharged *1st. Newfoundland* **FORESTRY COMPANIES**  
 Regimental number **8319**  
 Intended address **GAMBO**

Height on discharge **5** Feet **4½"**  
 Color of hair on discharge **DARK BROWN**  
 Complexion **FAIR**  
 Color of eye **BROWN**  
 Descriptive Marks  
 Figure on discharge **ERECT**  
 Christian name of Father **JOSEPH**  
 Christian name of Mother **EMMA (DEAD)**  
 Wife's maiden name in full  
 Date and place of marriage  
 Christian names of children

Place and date of soldier's birth. **SALVAGE 1899**  
 Nature and locality of civil employment required **LUMBERMAN**

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) **BENJAMIN SAUNDERS** WITNESS: **C. H. ELLIS**

(Rank) **PIE**

Station **ST. JOHN'S NFLD.**

Date **DECEMBER 18th., 1917**

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.

(SGD) **J. S. TAIT**

Medical Officer i/c Hosp