

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 274 Rank *Coo-pl* Name *Sparks Geo*
 Intended place of residence. *Gloucester*
 2. Occupation *Lumberman*
 Classification of soldier *E* Medical Category *B11*

3. The above named man is discharged in consequence of
 **Eligible for War Service Gratuity**
 **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*
 Date *APR 10 1919*
J. H. M. H.
 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*
APR 10 1919
George Sparks
 Signature of soldier
J. A. Newfield
 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*
10-4-19
George Sparks
 Signature of soldier
W. J. Sealton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *14-5-19* No of days on Military
 Discharged from service *12-4-19 Plus 14 days* Service *713*

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*
APR 12 1919
R. H. [unclear] Capt.
 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 26/1919*
Mr Bowley Capt
 Office i/c Records
 The Royal Newfoundland Regiment

Ad. B. 5099/708

*14

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307*



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 *George Sparks*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8164*

Intended address *Glenerton, N.B.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Jacob*

Christian name of Mother *Priscilla*

Wife's maiden name in full *Matilda Bruce*

Date and place of marriage *Millerton, 4th March, 1914.*

Christian names of children *Violet*

Place and date of soldier's birth *Glenerton, 21st Feb, 1891*

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) *George Sparks* *Cpl.*

(Rank)

Station *St. John's* Date *9-4-19*

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.

