



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5445 Name Arthur Squires Corps C of C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Arthur Squires</u> |
| 2. What is your full Address? | 2. <u>Gander Bay</u>
<u>Wing Point.</u> |
| 3. Are you a British Subject? | 3. <u>Yes.</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes.</u> |

I, Arthur Squires 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.

25/5/18 Arthur Squires SIGNATURE OF RECRUIT.
Pte R Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Arthur Squires 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 defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, 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 25 day of May 1918

Signature of Attesting Officer

†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 compiled 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

5445

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

Name Arthur Squires

Apparent age 21 years months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Squires
Gander Bay, | Relationship Father
Wing Point Particulars as to Marriage Father.

(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 L'epot	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 <u>25-5-18</u>									
Joined at <u>St John's</u> on <u>25-1918</u>									
<u>Discharged August 1919</u>									
<u>Embarked St John's St. Columella to Halifax N.S. 22-7-18</u>									
<u>Left for demobilization 24-6-19</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 9-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>9-8-1919</u> [date of discharge]									
" " Pensions " " " " " " " " " " " "									
" " " " " " " " " " " "									

C.R. 5445

extract from Daily orders Part II Royal Newfoundland
Regiment, dated Aug. 20th 1919. Depot St. John's.

The discharge of the undernoted on demobilization has
been CONFIRMED by officer i/c records from noted date
9-8-19.

5445, rte. Arthur Squires.

C.R. 5445

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 14th, 1919.

5445 Pte. J. Squires

App. in D.O. Pt. 11 #104(1919) para. 1. this entry is cancelled.
as far as it concerns marginally noted.

C.R. 5445

Extract from Daily Orders Part II Unit The Royal Field.
Regt. St. John's, July 15th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.C. Discharge Depot with effect from 26-7-19.

5445 Pte. Arthur Squires.

C.R. 5445

Extract from Daily Orders Battalion Unit The Royal Field
Regt. St. John's, July 3rd, 1919.

5445 Pte. A. Squires.

Reported at Headquarters 187-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

C.R.†

5445

Extract from Daily Orders part 11, from Unot The Royal Nfld.
Regt. St. John's, dated July 25, 1919.

The following man embarked for overseas on H.M.S
"Columbella" July 22, 1918.

#5445 Pte. Arthur Squires.

C.R. 5445

Extract from Daily Orders part 11, from Unit The Royal Wilt.
Regt. St. John's, dated May 28, 1916

#5445 Pte. A. Squires.

Attested for General Service with the Royal Wilt. Regt.
from 25.5.16

a. Aquires

5445

P. + R. 0

No. 1165/2401

066284

N.F.P./79.

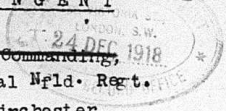
NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O.1/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.



20th December 1918

191

Subject: 5445, Pte. A. Squires.

With reference to the following telegram (11083) from the Hon. Minister of Militia, received

pay to 5445 Squires £4:2:0

Draft £ 4:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. J. M. [Signature]
Chief Paymaster & O. 1/c Records.

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
OFFICER COMMANDING BATTAL
ROYAL NEWFOUNDLAND REGT.

Received the sum of _____

_____ on account of
cable remittance from Newfoundland.

5445 Pte A Squires

No. _____ Rank _____

Witness _____

No. 2837/402.

N.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
59, Victoria Street,
London, S.W. 1.

TO: Officer Commanding.

2nd Bn. Ryl Nfld Regt.
Winchester.

19th February 1919

February 21st 1919

5445. Pte Squires. A.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / (34)

Camt LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n.

"Pay to- 5445. Squires

Received the sum Four pounds

£4.0.0.

Cheque £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

in respect of telegraphic remittance from the Minister of Militia.

A. D. Minnaert Maj.

A Squires

Chief Paymaster & O. i/c Records.

No. 5445 Rank Private

Witness G. Rickett

No. 4741

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Squires, Regl. No. 5445 ⁵⁹⁹⁵
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4368	Father	Mr John Squires	Gander Bay Fogo	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) Cawston Lieut

Officer Commanding
 & Company

St Johns

June 12 1918

(S) Arthur Squires

(Rank) Pvt

Squires, A

5445

Pay Dept.

August 14, 1919

#5445 Pte. Arthur Squires,
Gander Bay.

Dear Sir:-

Please find enclosed Discharge Certificate #3666.

Yours truly,

Captain & Weymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5445 Rank Plt Name Squire R
 Intended place of residence Gender Bay 700
 2. Occupation Frederman
 Classification of soldier E Medical Category A 1

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 JUL 12 1919

[Signature]
 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, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Signature of soldier

[Signature]
 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, ST. JOHN'S

Date JUL 12 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25-5-18 No. of days on Military
 Discharged from service JUL 26 1919 Plus 14 days Service 442

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 JUL 26 1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 9/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

CRB 204913666

7
30
31
9
27

The Royal Newfoundland Regiment

Class for Demobilization: —

6

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *5445*...

Name .. *Squires* .. *Arthur* ..

Address .. *Sander Bay* .. *702* ..

Present Medical Category .. *A 1* ..

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

R.H. Last Major
O.C. Discharge Depot.

Peteram
Senior Medical Officer

See Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 4445 Rank Pvt. Name Squires R
 Date of Enlistment 25.5.14 Address St. Charles Bay District ago
 Occupation Instrument Classification for Discharge 6 Medical Category AI
 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. <u>3</u>
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 July 1/19

O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

a. Squires

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

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92438 to his home at Wander Bay and Release Certificate No. 3527 issued.

Date 12-7-19 *J.A. Snowcroft*
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 1-5-19

Date 12-7-19 *J.A. Snowcroft*
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 19-7-19 *J.A. Snowcroft*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 26 1919 *R.R. Coombe Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation,

A. Squires

Signature of Man.

Reg. No. 511415

J. B. Hawcroft

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

12-7-19

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To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Squires OF Christian Name Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish		SPECIAL RESERVE		REGULAR ARMY	
on <u>15th</u> day of <u>May</u> 191 <u>8</u> .		on _____ day of _____ 191		_____ day of _____ 191	
at <u>Sydney</u>		at _____		_____	
Declared Age... <u>21</u> years		_____ days		_____ years _____ days	
Trade or Occupation... <u>fisherman</u>		_____		_____	
Height... <u>5</u> feet <u>7</u> inches		_____ feet _____ inches		_____ feet _____ inches	
Weight... <u>135</u> lbs.		_____ lbs.		_____ lbs.	
Chest Measurement { Girth when fully expanded... <u>37</u> inches		_____ inches		_____ inches	
Range of Expansion... <u>5 1/2</u> inches		_____ inches		_____ inches	
Physical Development... _____		_____		_____	
Vaccination Marks { Arm... _____		Right / Left		Right / Left	
Number... _____		_____		_____	
When Vaccinated... _____		_____		_____	
Vision... _____		R.L.—V= <u>6/6</u> L.L.—V= <u>6/6</u>		R.E.—V= _____ L.E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease		(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection		(b) _____		(b) _____	
Approved by (Signature) <u>[Signature]</u>		_____		_____	
(Rank) <u>Major</u>		Medical Officer.		Medical Officer.	
Enlisted... at <u>Sydney</u>		at _____		_____	
on <u>28th</u> day of <u>May</u> 191 <u>8</u> .		on _____ day of _____ 191		_____ day of _____ 191	
Corps. _____		Regtl. No. _____		Corps. _____	
Regiment. <u>Royal Nfld. Regiment.</u>		<u>5445</u>		Regtl. No. _____	
Transferred to... _____		_____		_____	
Became non-effective by... _____		on _____ day of _____ 191		on _____ day of _____ 191	
(Signature) _____		_____		_____	
(Rank) _____		_____		_____	



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 *Aguirre Arthur*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5445*

Intended address *Grand Bay, Fejo.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *None*

Figure on discharge *None*

Christian name of Father *John*

Christian name of Mother *Sarah*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Grand Bay, 12 Mar. 1897.*

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) *Aguirre Arthur*

(Rank) *Private*

Station **ST. JOHN'S.**

Date *7-7-19.*

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

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. Royal W. Desford Lancers Former Trade } Fishman
or Occupation }
2. Regtl. No. 5445 3. Rank... Plt. 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name Squires Arthur
(Surname) (Christian Names)
5. Age last birthday 29.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. ^a If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. nil
12. Place of origin of disability. nil
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service.. .. . | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaint of disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Rehabilitation

W.B. Proctor - Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Mozley Barr.*

Date *27/4/1919*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Squires, Regl. No. 5935
 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
436-8	Father	Mr John Squires	Gander Bay Fogo	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]
 Officer Commanding
8 Company
[Signature]
 June 12 1918

(S) Arthur Squires
 (Rank) Pf

August 22, 1919

Mr. Arthur Squires,
Gander Bay

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70 00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly,

Captain & Paymaster.

6410

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Arthur* 2. Surname..... *Squires*
- 3. Rank..... *Pte* 4. Regtl. No..... *5445*
- 5. Address in full to which future payments of gratuity are to be forwarded..... *Gander Bay*
- 6. Date of enlistment in the Regiment..... *May 1878*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*
- 8. Relationship of such dependents..... *no*
- 9. Address in full of such dependents..... *no*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
- 11. Were you on active service only in field, if so, give dates and particulars of such service..... *England only*
- 12. Give total length of time which you served on active service, whether in field or Overseas..... *1 year 1 mo*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

No

15. Have you been issued with a War Service Badge?

No

16. Have you, during the present war, served in the Imperial Forces?

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

No

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

No

19. Are you now serving in the Post? If not give - (a) Date of discharge.

July 17/19
admiral

No

Dismissed

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.

No *England only*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

..... in consequence of misconduct or inefficiency?

19. Are you now serving in the Post? If not give - (a) Date of discharge. (b) Reason for discharge.

Arthur Squire

Signature of Applicant:

Place of Residence:

Declared before me at:

This

12

day of

July

19...*19*...

John W. Carthy

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependant:	Gratuity.	due

.....

.....

.....

Certified correct.

By: *John W. Carthy*

27th. 1918.

The Royal Newfoundland Regiment,

To 5445 Pte. Arthur Squires.

May 24th./18 To Passage from Glenwood to St. John's.

\$4.65.

(As per voucher).



Correct. For \$4⁶⁵
C. S. Dicks *hines*

27/5/18

To be sent to *Edwards* Pte Arthur Squires.

Powells *Rmk.*

J. C. P.

Transport *Henry*
1/162
Must *JRS*

OK Just

#5445

REID-NEWFOUNDLAND COMPANY.

Form 463

PASSENGER DEPARTMENT.

AGENTS', CONDUCTORS' & PURSERS' RECEIPT.

Received from

Arthur D. Gure

the sum of

four

Dollars

65

Cents,

being the amount of

Second

Class Fare

From

Glenwood to

St. Johns

and have issued him Ticket No

233

Form No

Date

May 14

191

8

Agent, Conductor or Purser

W. T. Powell

This form to be used when requested to give receipt for amount paid for tickets.

May 31st. 1918.

Private Arthur Squires,

No. 5445,

Prince's Rink.

Dear Sir,-

I enclose herewith cheque for \$4.65, being the amount due you for passage from Glenwood to St. John's.

Yours faithfully,

Capt. C. Fawceter.

J/B



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

Signature of O. C. Company

one
Robt. H. G. ...
lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>5445 Squires Arthur</i>	Age on	<i>21</i> years <i>3</i> months	<i>Boysman</i>			
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion			
Joined	Date	Period of	with Colours <i>1 1/2</i> years.	Place of Birth	<i>Wing Pt. Gander Bay</i>		
Joined	Date						

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>9</i>	<i>8</i>	<i>19</i>		

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

D 5445

DEMOBILIZATION OF

Reg. No. 5445 Rank Plt Name Squires A
 Date of Enlistment 25 5 18 Address St. Lawrence Bay District Logg
 Occupation Fisherman Classification for Discharge 6 Medical Category A I
 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. <u>3</u>
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 July 11/19

O. C. Discharge Depot. Miss H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

a Squires

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2438 to his home at Spencer Bay and Release Certificate No. 3527 issued.

Date 12-7-19

J.A. Linnecoff
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

Date 12-7-19

J.A. Linnecoff
Depot Paymaster.

Discharge approved for 26-7-19

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
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		" 6
B 179c	B 120	M 93		

J.A. Linnecoff
Demobilization Officer.

Date 19-7-19

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 20 1919

D.R. Cooper Cabot
O. C. Discharge Depot.

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

Date Aug 2/19

J.A. Linnecoff

Reg. No. *5245* Rank *Pt* Name *Squires, A.*

Attested Address *Wind Pt. Gandy Bay*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *discharge*

12 4 19
26 7 19

~~PASSED TO DEMOBILIZATION OFFICER~~
~~DISCHARGE APPROVED ON DEMOBILIZATION~~