

REGIMENTAL DOCUMENTS

NAME Copeland, Arthur Harold Madill REGT. NO. Lieut UNIT C.A.S.C. H. Q. FILE NO. _____

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TO WHOM FORWARDED

DATE FORWARDED

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DEATH

Category

35438

DISCHARGE

Category

DEMDB

DESERTION

1
1-10
1-10

Box 403910

Ref O.M.S. 0565



30-C-206

R.O. 1818

Temp. original **Fill in only—Unit, Number, Rank and Name.**

M. F. W. 54. (A. F. B. 103:

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C.A.S.C.

Regimental No. Rank Capt. Name COPELAND, Arthur Harold Madill
C. E. F.

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	O.M.F.C.	T.O.S. #2 D.D.	Toronto	9-1-19	Auth. R.O. 1562 Pt. 2 D.O. 25 <i>A.M. Turner</i> Major, For Lieut.-Colonel, O.C. No. 2 District Dep
		S.O.S. on gen. demob.	Toronto	23-3-19	Auth. R.O. 1818 Pt. 3 D.O. 35 <i>A.M. Turner</i> Major, For Lieut.-Colonel, O.C. No. 2 District Dep

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form—Active Service.

Regiment or Corps.....

Rank CAPT Surname COPELAND Christian Name ARTHUR HAROLD

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and Rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
19-12-16	CRO	Now reported			
		Prisoner of War at Douai			CH 031
9-3-17	WO	to be flying officer			
		with security from 26-8-18			LG 29976
9-10-18	WO	to be Temp Capt			LG 30943
18-12-18	AMS	Now rpt reparations			
		of arrears at Hull		12-12-18	CH 1167
4-2-19	WO	Relinquish com RAF in			
		ceasing to be employed		2-19	LG 31162

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Casualty Form—Active Service.

Regiment or Corps C.A.S.C.

Regimental No. _____ Rank Lieut. Name COPELAND, A.H.M. *Arthur Harold Madill*

Enlisted (a) 5/1/15 Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank } 1/1/16. Date of appointment to lance rank } _____ Numerical position on roll of N.C.Os. } _____

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>28. 1. 16</u>	<u>C.T.D.</u>	<u>T.O.S. and passed to C.A.S.C.T.A. proceeded o/seas</u>		<u>1.1.16</u>	<u>D.O. 418</u>
					<u>11/3/16. K.R. 1451.</u>
					<i>J. B. Bunker</i> <u>Major</u> for Lt-Col. i/c. Records, C.E.F.
		<u>Arrived in France</u>		<u>11/3/16</u>	<u>SM LX⁵⁰³ fol 1583.</u>
<u>16-3-16.</u>		<u>+ Taken on strength of case Pool.</u>			
		<u>Att^d for M.T. duty to Reint. 1st Base H.T. Depot</u>		<u>11-3-16</u>	<u>Part 2 orders. No 13 - 21-3-16</u> <u>do - 14 - 31-3-16</u>
<u>16-3-16.</u>					<u>Ext. moves. App^{ts}. etc. Officers ASC + S.T. Corps.</u>
<u>16-3-16.</u>	<u>O.C. B.H.T.D.</u>	<u>Joined B.H.T.D. from England.</u>		<u>15-3-16</u>	<u>Cas. Ret (Arr)</u>
<u>27-3-16</u>	<u>Pool. Hosp. Havre.</u>	<u>Measles. Adm. Isolation Hospital. Havre</u>		<u>27-3-16</u>	<u>act. asc Section W 3034</u>
<u>6-4-16.</u>	<u>W.O.</u>	<u>Ref. to 1st Can. Cavalry Bde Supply Column</u>		<u>6-4-16</u>	<u>movers. App^{ts}. etc. Officers ASC + S.T. Corps. BE 7 list 198/3.</u>
<u>14/4/16</u>	<u>O.C. Base H.T.D.</u>	<u>Proceeding to</u>	<u>do do</u>	<u>13/4/16</u>	<u>Cas. Return.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
6-4-16	W.O.	Taken on strength on Trans from C.A.S.B. Pool	Field	4/4/16	Auth: moves, appointments etc, off. A.S.B. & S.V.T. Corps B.C.F. List. 198/3. Part II order no 37 dated 2/4/16
13/4/16	b.b. Isolation House.	Measles.	Discharged To Duty	13/4/16.	W 3034
		Transferred to 3 rd C.A.S.P.		1-7-16 15/6/16	Authy. moves appointments etc. of officers List No. 215 d. 16.6.16. Pt. 2 ord. 1 7-7-16.
		Taken on strength 3 C.A.S.P.		16/6/16	Pt. 2 ord. 21 21.7.16
20.8.16	moves appts. etc of officers.	Attd. to R.F.C. as observer on probation		24.8.16	List. No. 268 d. 20.8.16 Part. II order. 28 d. 4.9.16
20.10.16	do.	Ceases to be attached to R.F.C. on being reported "missing"		10.10.16	List. No. 324 d. 20.10.16 Pt. II order No 48 31.10.16

Amidheses

Del. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q., 3rd Echelon, B. E. F.

CANADIAN EXPEDITIONARY FORCE

W.H. 8-27.
L.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....Captain......

(Name in full).....Arthur Harold McGill COPLAND......

Enlisted in.....The Canadian Army Service Corps......

CANADIAN EXPEDITIONARY FORCE, on the.....~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~.....

day of.....~~XXXXXXXXXXXX~~.....191.....AND WAS APPOINTED to COMMISSIONED RANK

in.....The Canadian Army Service Corps......

CANADIAN EXPEDITIONARY FORCE on the.....Fifth.....day

of.....July.....1915.

He SERVED in CANADA,.....England and France, with the Canadian.....

.....Army Service Corps......

and was STRUCK OFF THE STRENGTH on the.....Twenty-third.....day

of.....March.....1919 by reason of.....General Demobilization.

Dated at Ottawa, this.....Twenty-second.....day

of.....March.....1911920.

Prisoner of War, 10-10-16.

Repatriated Prisoner of War, 14-12-18.

Seconded to the Royal Flying Corps, 26-8-16.

Ceases to be seconded to the Royal Air Force, 1-1-19.

for.

285

.....Maj. J. J......
Director of Personal Services.

mf

9 C-758/ cap

Rank and Name **COPELAND, Arthur Harold Madill**

LIEUT.

Regimental No.

Name and Address of Next-of-Kin

A.F.B. 158.

Unit **Supply Col. C.C.B.**

C.M. Copeland,

**Supp. Col.
C.C.B.**

Date of enlistment

109, Evelyn Crescent,

1-3-16.

Place of birth **Winnipeg,**

TORONTO. ONT.

1-4-16.

Married (Yes or No)

Date and place of discharge

1-5-16.

If in Permanent Force

Reason for discharge

JUL 30 1916

AUG 30 1916

Character on discharge



Promotions or appointments

**A.F.B. 103.
14/3/16.**

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
1	28/1/16. C.T.D.	Taken on strength and posted to C. A. S. C. T. D.		1-1-16.	C.A.S.C. TD Pt ii Ord. 29. D.O. 418.
2	12/3/16. do	proceeded overseas		11-3-16.	CASC.TD. Pt ii Ord. 29. D.O. 1247.K.R. 1451.
3	21/4/16. Pool CASC.	transfd to 1st Can.Cav. Bde.		6/4/16.	Pt ii Ord. 17.
	21/4/16. C.C.B. Supl.Col.	Taken on strength	France	7-4-16.	Pt ii Ord. 37.
4	21/7/16. 1st C.P.B.S.C.	Transferred to 3rd C. Amm. Sub. Park		15/6/16	Pt ii Ord. 49.
5	21-3-17 3rd DA S.Pk	appt flying officer observer 15-11-16 with anxiety from 26-8-16		15-11-16	Pt ii Ord. 19 - see over for 49.
6	4. 9. 16. 3rd C.A.S.C.	Att'd to R.F.C. as Observer on Probation		24.8.16.	Pt ii Ord 28.
7	31-10-16 3rd W.A.Pk	causes to be att'd on being kept missing		10-10-16	Pt ii Ord 48.
8	14.10.16 3rd W.A.Pk	Reported from Gen. H.Q.s. Missing		10.10.16	b.L. 495.
	22. 1-17 3rd W.A.Pk	Report H.Q. corrected to Real Prisoner of War		10-10-16	Pt ii Ord 5
8	19.12/16 L.B.R.X.	Previously rpt'd Missing now rpt'd Prisoner of War at Douai			b.L. 551.
9	4.1.17 L.B.R.X. list	Previously kept Prisoner of War at Douai Now kept Prisoner of War at Wahn bei Koln			b.L. 593.

A.F.B. 103
23 NOV '16

P.T.O.

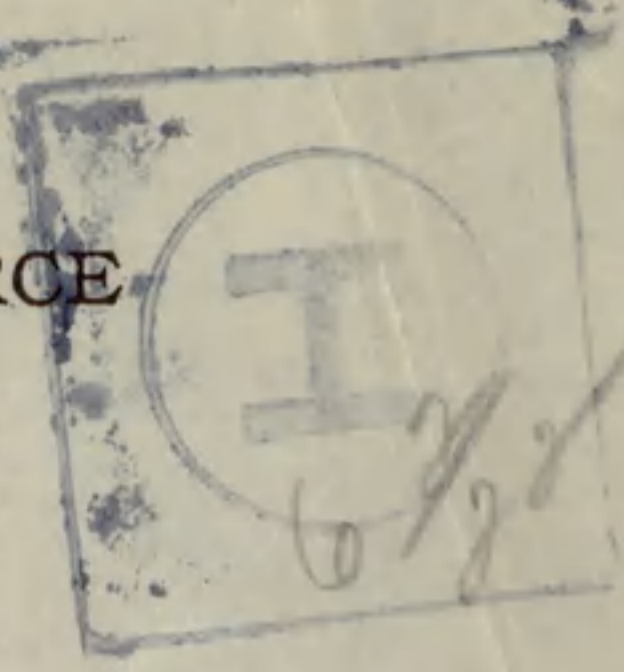
Report		Record of promotions, reductions, transfers, casualties, etc. during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
26.2.17	10	Previously reported	Prisoners of War at Wahn bei Bdm now at Stralsund Dannholme Pommern		67609
9.3.17	W.D.	Shipping Officer Observer		15.11.16	How Guy 29946
26.5.17	11	C.R.O.	Previously reported Prisoners of War at Stralsund Dannholme Pommern		67684
8.2.18	12	C.R.O.	Now Rpt'd at Schweidnitz Silesia		67902
7.6.18	13	AMS	Now at Holzminden		671002
28.6.18	14	do	Now at Mainz		671020
9.10.18	15	W.D.	To be Temp Captain	CASC 1.5.18	L.G. 30943 AL 440
15.10.18	16	AMS	Now reported at Holzminden		671112
18.12.18	17	do	Now reported repatriated & arrived at Hall	11/2/18	671167
21-1-19	18	C.A.S.C.	Address T.O.S.C.A.S.C. Corps Dep. Bordon on ceasing to be seconded to the R.A.F. & is granted leave pending return to Canada	1-1-19	672066
4-2-19	19	W.D.	Relinquish Comm. on ceasing to be employed	2-1-19	L.G. 31162
1-2-19	20	C.E.F.	Address B.O.S.C.M.F.C. on transfer to C.E.F. in Canada upon cess- of Hostilities	9-1-19	R.O. 5252

Unit 221 CANADIAN CAVALRY BRIGADE SUPPLY COLUMN.

Rank Lieut Name A.M. Copeland

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE



original

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? COPELAND
- (b) What are your Christian Names? ARTHUR HAROLD MADILL
2. (a) Where were you born? (State place and country) Winnipeg Manitoba Can
- (b) What is your present address? 109 Evelyn Crescent Toronto
3. What is the date of your birth? Aug 27th 1889
4. What is (a) the name of your next-of-kin? C.M. Copeland
- (b) the address of your next-of-kin? 109 Evelyn Crescent Toronto - Ont
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Office manager
6. What is your religion? Presbyterian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? No. 11 Co. C.A.S.C. Winnipeg
9. State particulars of any former Military Service. _____
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

A.M. Copeland (Signature of Officer.)
Lieut

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date June 14 1916

Place Field

W. H. ...
Medical Officer.

*Insert here "fit" or "unfit".

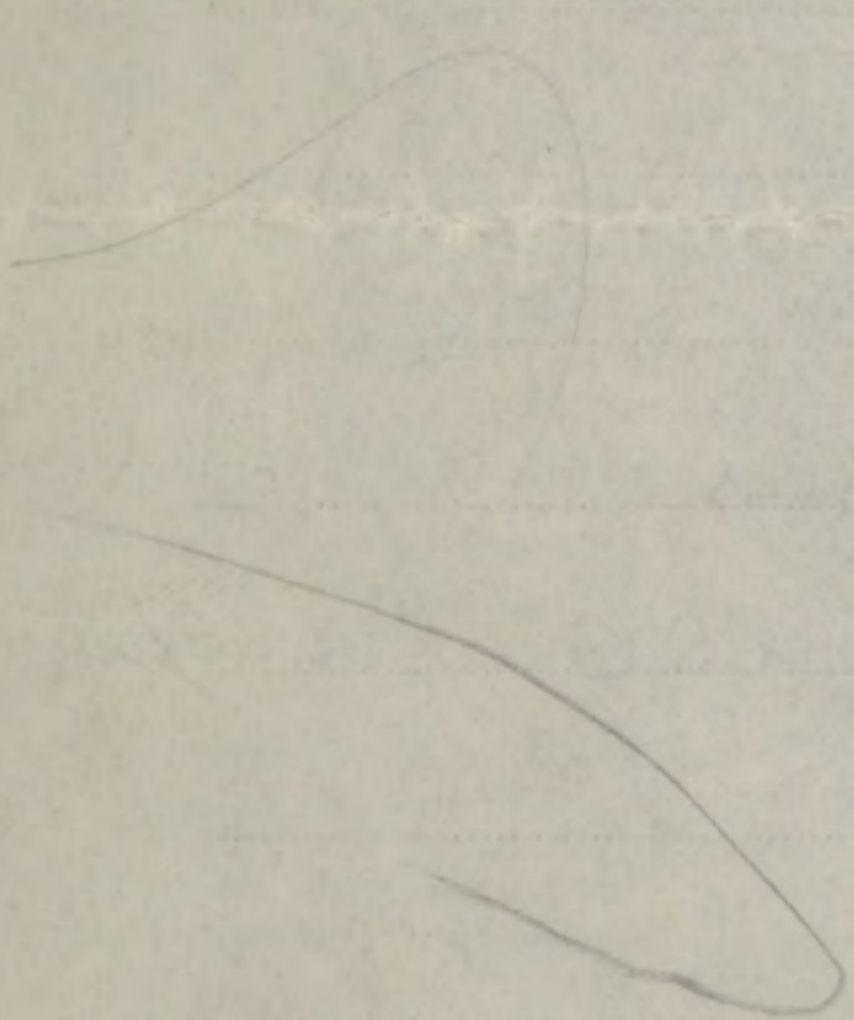
Supply base

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)



1. What is your present address? (Give house and street)

2. What is the date of your birth? (Give day, month and year)

3. What is the name of your present employer? (If you are not employed, state this)

4. (a) the address of your next of kin? (Give name, address and telephone number)

(b) the relationship of your next of kin?

5. What is your profession or occupation?

6. What are your religious beliefs?

7. Are you willing for us vaccinated or vaccinated and inoculated?

8. To what Unit of the Active Militia do you belong? (Give name of unit)

9. Are you entitled of any former Military Service?

10. Are you willing to serve in the

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named Officer in accordance with the Regulations for Active Militia

and consider him fit to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Signature: *[Handwritten Signature]*

Date: *[Handwritten Date]*

Copeland. A. H. M.

Lieut. 3rd. Amn. Sub.Pk. att.R.F.C.

Reported from Gen. Hqtrs.

MISSING:-. 10-10-16.

now reported:-. Pris. of War at
Douai.

now reported:- Pris. of War at
Wahm bei Coln.

now at ~~Stralesund~~ Stralsund Danholme
Pommern.

Now reported at Augustadab Bie Neubradenburg

Now reported at Schweidnitz Silesia.

Now reported at Holzminden.

Now reported at Mainz.

Now reported at Holzminden

Now REPATRIATED & Arrived at Hull:-14-12-18

C.L. 14-10-16. 495.

19-12-16. 551. C.L. 18-12-18 1167-2.

7-2-17. 593-3.

26-2-17. 609.

26-5-17 684

8-2-18 902

7-6-18 1002

28-6-18 1020.

15-10-18 1112-2

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

IR R

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1112-2.

Pres. rep. P. of W. at. Mainz, now
rep. P. of av. at. Holzminden (D) de rep. 15¹⁰

1167²

Pres. rep. P. of W. now reported. Repatriated
& arrived at Hull 14-12-18

NAME

Copeland Arthur Harold

REGT. NO.

Madill

RANK AND UNIT

Lieut 3rd Amm. Sub. Park R. F. C.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

3-

2.

02221

19-12-18.

preo/kept P. of W now kept
 Dec 14th 1918

1398 by Air Min. Act: 357-11-14

Number Rank CAPT.

Surname COPELAND.

Christian Name ARTHUR HAROLD MADILL.

Units Theatre of War FRANCE.

Date of Service 11.3.16

Remarks *In view of above remarks these medals to be handed over as wastage*

Latest Address *2* 306-21

109 Evelyn Crescent - Toronto.

Roll No. *B. Page 18318 Ont.*

200m.-6-21. ul. C.A.S.E.

P.T.O.

1398

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

This man's dup BAW to be re-ent'd for 504120 a/2nd/Cpl. John

SCHEDULE No.

LINE No.

Thompson "B" 12307 whose med's were ret'd to this Dept. & misplaced in med

UNIT RETIRED OR DISCHARGED FROM

room

4/23

LLH

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
(1100) (wo of 7097) LX V63	Prisoner of War at ✓ ✓	Holymunden Mainy Holymunden	100 1020 1172	0527 0583 01811		
14-12-18	now rep. (wo of 1116) arrived Hull Dashed	repatriated &	1167	02221		

Name COPELAND

Rank

Capt
Lieut.

Reg. No.

9-C-758

Unit

Arthur Harold Madill.

3rd Amm. Sub. Park att R.F.C.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
10-10	Rept. from Gen. HQ.	MISSING		495	02836	14/10
	<i>now reptd.</i>	<i>Pof War at, Davao</i>				
		<i>Wd. Knee + arm</i>		551	06551	19/12
	<i>now</i>	<i>at Wahn bei Boh</i>		593		
	<i>now</i>	<i>at Strakund, Danneholme, Pommern.</i>		609		
	<i>"</i>	<i>" Augustabad bei Neubrandenburg</i>		684		
	<i>"</i>	<i>" Schwidnitz ... Silesia</i>		902	089	

(BRX 811)

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Office manager.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Field

DATE

June 14th - 1916.

Present address:

109 Evelyn Crescent, Toronto,
Ont.

SURNAME.

Copeland.

CHRISTIAN NAMES

Arthur Harold Madill.

REGL. NO.

RANK

Lieut. Capt

UNIT

3rd Ammunition Sub Park attached. Royal Flying Corps.

FORMER CORPS

C. A. S. C. (Winnipeg)

805-23-3-19 Memorial
FOLL
10085 of 26-3-19
#2.10.10.

NEXT OF KIN.

NAMES IN FULL

Copeland. C. M.

RELATIONSHIP TO SOLDIER

(R. N. S.)

ADDRESS

109. Evelyn Crescent.
Toronto. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Winnipeg, Man.

DATE

Aug. 27th 1889.

PLACE OF ATTESTATION

DATE

R/C 17-1-19 ²⁵⁴/₁₂ 2. (Capt)

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
495 ¹	Rep. from Gen. H. Q's.	10-10-16	Missing
551	Prev rep missing now rep prisoner of war at Douai		
593 ⁽³⁾	Prev. rep. P. of W. at Douai now rep. P. of W. at Wahn Bei Coln. (Crt list) H.L. dated 7-2-17.		
609 ¹¹	Prev. rept. Pris. of War at Wahn, Bei, Coln Now at Stralsund Danholm Pommern		
684 ¹⁰	Prev. rep. P. of W. at Stralsund Danholme, Pommern, now at Augustabad Bei Neubrand- enburg (H.L. date 26 in May 1917)		
902-1	Prev rept P. of W. at Holzminden, Brunswick Now rept P. of W. at Clausthal a/Harz.		
1002 ¹ 7-6-16	Prev. rep. P. of W. at Schweidnitz Silesia at Holzminden		
1020.	Prev rep P. of W at Holz at Mainz		

NAME

Copeland Arthur Harold

H. Q. FILE No. 649-

REGT L. No.

RANK AND CORPS

Lieut. 3rd Armm. Sub Bn. R. F. C.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
02836.	14.10.16	Rep. Missing Oct 10 th /16 ✓
OR 595	18-10-16	h " "
4199.	18.10.16	
4355.	8.11.16	Enquiries have been made. G.S.M.
06551	18.12.16.	Re. rep. missing now. P.O.V. at Douai Wounds Free Arm
0889 ¹⁵	8.2.18	Reported pris. of war, Schweinitz, Silesia ✓
n of K.	C M Copeland	R N S
1-4.		109 Evelyn Crescent, Toronto Ont
0527	8-6-18	P. at Holzminden
0583	28.6.18	P. at Mainz ✓
		P. at Holzminden.

Bullet wd. Lt up arm.

wd. Lt High

10-10-16

~~wd. Lt~~ Lt up arm

10-10-16

P-15.	ASSIGNED PAY.	UNIT.	RANK.	NAME.
		NAME OF	DATE	AUTHORITY
Beneficiary		608620	Lieut	1 1/16
Address		atd. R.F.C.		D.O. 41801028 1/16
Amount. \$		Prisoner of War at Douai 60551. 1916		
Separation Allowance issued. Yes or No.		Missing 10/16. 60495. 11/16		
				Name Copeland
				Initials A.N.K.
				Bank of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
Apr 25	Pay Apr (R)		108			108		
	Bank	1092		108				3681-ah
May 23	Pay May (R)		111 60					
	Ord. issue C.S.P. 20/3/16			10 71				
	" " 19/3/16			2 25				
	" " "			42 77	31.73			
	Bank			79 87				
June 19	June Pay R		108					
26	Bank			108				
July 20	July Pay R.		111 60					
27	Bank 5565			111 60				
Aug 19	Aug Pay R.		111 60					
26	Bank 7462			111 60				
Sept 20	Sept Pay R.		108					
27	Bank 9531			108				
Oct 19	Oct Pay R.		111 60					
Nov 22	Oct. Nov + Dec P.A.			331 70				
	Bank			111 60				
1917	Trf to N.E. Branch.							
Jan 20	P.A. + Messing 1 1/16 - 31 1/16		219 60					
" 20	Jan Pay R.		111 60					
" 20	Excess transfr to N.E. Branch in error		111 60					
" 26	Bank 19288			111 60				
Feb 15	Feb Pay R.		100 80					
" 22	Bank 21930			100 80				
			1202 40	1170 67				

P.A. to be confirmed
 for way until 31 12/16
 for N.E. Branch
 Dep. P.A. as usual.

21219 60
 21331 20

Continued on page 2

ASSIGNED PAY.

UNIT.

RANK.

NAME.

1917-18

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Capt. J. D.
attd R.F.C.
R. F. C.

Pay 2.
Ftd 6.
mess 1/6
3/6

Lieut
F. O.

1 1/6 D.O. 418.
6.5.20. 28 1/6
15 1/6 V.O. 20381

Name Copeland
Initials A. H. M.
Bank of Montreal

Prisoner of War at Stralsund Danholme Pommern

6.2.609-26 3/7

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1917-18

Apr 16	Adjst Lt. to Flying Officers rates 15 1/6 - 31 3/7 V.O. 20381		328 80						
24	Flying pay @ 50% p.d. 15 5/6 - 14 1/6 V.O. 11121		92						
25	April Pay R		180						
30	Bank	3010			600 80				
May 22	May Pay R		186						
26	Bank	6029			186				
June 19	June Pay R. V.O. 4683		108						
19	Adj diff between F.O. & Lt rates 1 1/7 - 3 1/7 V.O. 1649				146 40				
26	Bank	7999			73		111 40		
July 20	July Pay R.		111 60						
21	Nav. fld 125 Pcs. chgd to Lt W.M. Copeland see D.O. 3374				21 80				
26	Bank	13071			54 80		76 40		
Aug 18	Pay R		111 60						
26	Bank	17361			76 60		41 40		
Sept 19	Pay R		108						
	Bank	21814			73		6 40		
Oct. 23	Pay R		111 60						
	Bank	76282			105 20				
Nov 15	Pay R		108						
24	Bank	30676			108				
Dec 10	Pay R		111 60						
17	Bank	35096			111 60				
1918 Jan 17	Pay R.		111 60						
24	Bank	39425			111 60				
Feb 12	Pay R.		100 80						
	Bank	40979			100 80				
			1769 60		1769 60				

3681-24

Reduct @ 35 p.m. V.O. 1649.

1769.60
146.40
1623.20

Carried For'd.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

C. A. S. C. W. S.

Att. R. F. C.

Prisoner of War at Stralsund Danholme. Pommern

*Pay.
F. A.
mess.*

Lieut.

Name *Copeland.*

Initials *A. H. in.*

Bank of *Montreal.*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1918

Chk. Balance Forward.

Pay. A.

22

Bank 42598

111 60

111 60

nil

✓

ASSIGNED PAY.	UNIT.	RANK.	NAME.
Beneficiary	C. A. S. C. 4. 11	Lieut.	L30 Name Copeland.
Address	6 R. 1167 d/18 1/18 Prisoner of War at Stralsunda Danholme	7.0. 7/Capt	Initials A. H. M. Bank of Montreal.
Amount. \$	Rep. 14 1/2/18	15 11/16. 15/18.	
Separation Allowance issued. Yes or No.....	Add. outfit allowance 1/18	14 1/2/18. 26 2/17.	

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
------	-------------	---------	-----	-----	-----------------------------	---------	--	----------

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr. 17	Pay R.		108					
26	Bank			108				
May 4	Adj of Pr to Str. Off rate @ 6 ⁰⁰ p.d. less 40 ⁰⁰ p.d. ratio No. 295		788					
	Bank	1559		788				
15	Pay May R.		173 60					
27	Bank	2645		173 60				
June 3	Pay June R.		168 -					
25	Bank	4144		168 -				
July 7	Pay July R.		173 60					
125	Bank	5607		173 60				
Aug 20	Pay Aug R.		173 60					
24	Bank	7235		173 60				
Sept 25	Pay Sept R.		168 -					
	Bank	9162		168 -				
Oct 15	Pay R.		173 60					
22	Bank	10393		173 60				
31	Add. outfit allow		100					
Nov 15	Pay R.		168					
25	Add. outfit allow		100					
	Bank	12605		268				
Dec 12	Pay R.		173 60					
14	Bank	13770		173 60				
1919	Jan 6 Bal Jan P & A		144 33					
	Bank			164 20				
23	Pay A. 1-2 1/4 2 days @ 6 ⁰⁰		12.					
	3-31 1/4 29 " @ 5 ⁰⁰		145					
	14-31 1/4 18 " @ 40 ^x		7.20					
1919	over		2532 20					

1918-19

3681-24

Fr L. 5 to L. 30 - 7 1/8.

18460 }
246 }
2975 }
Revised to be sent 2-1-19
Ret'd. to loan.
R.P. Et 31/19
Refer to N.E. Ledger
Transf. from Feb. 10 to Feb. 12 6 3/4

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Att. R.F.C.
F.O. 7/Capt.
Ceases to be rec'd RAF 2¹/₉, L.G. 1800 of 4²/₉ No. 23589
Ceases to be rec'd RAF 1¹/₉ Letter from A.G. No. 22072

Name Copeland
Initials A. H. M.
Bank B
Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1919	6 th pd diff. bet. F.O. & Capt's rates for 1 day 2 ¹ / ₉					0		
Feb 18	auth Lr. fr a.g. on file, PE %	No. 152		1		0		
22	Diff bet. F.O. & Capt's rates for 1 day 2 ¹ / ₉		1			0		

9.1.19

AP. 3611. 24

Capt.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No.

RANK ~~Lieut.~~ NAME (IN FULL)

COPELAND, A.H.M.

AUDITOR PAYMASTER

17

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS		Subs	23-1-19	8035	11 Co., C.A.S.L.	109 Evelyn Cres. Toronto, Ont.
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	DATE
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE
					PAYABLE TO	RELATIONSHIP
					ADDRESS	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	REASON
						AUTHORITY
						IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
1919																		
Feb 1														22 00	22 00	22 00		Rel. Messing 10. 3/1/19.
Feb 1	28	4 ⁵⁰	112	62 90	174 90	244 12			122 90				22 00	174 90				T.O.S. 2025
Mar to	31	4	124	52 70	176 70				176 70					176 70				
Mar 23	23	4	92	39 10	131 10	108347			131 10					131 10				
183 days		4 ⁰⁰		732 -	732 -													
									Apr 17 7082657	124				124		608		
									May 17 385949	120				244		488		
									June 18 388232 AR	45.124				368		364		
									AR 65 July 14 757078	120				488		244		
									AR 89 Aug. 13. 754021	244				732		closed.		
183 days		2 ⁰⁰		366 -	366 -				193 Dec 15 1752752	366				366		366		
										732				1098				
																160		
														102		58		
														7		51		
														51		160		
														160 00		160 00		

B.P.C. ORIGINAL

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."

3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.

4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.

6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."

7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.

8. The nomenclature of diseases must be followed, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

1. 1 (a) Unit **C.A.S.C. WD#2**, (b) Regimental No. **COPELAND**, (c) Rank **Capt.**
 (d) Surname **COPELAND**, (e) Christian name **Arthur, Harold, Madill**,
 (f) Home address **109 Evelyn Crescent, Toronto, Canada**,
 (g) Next of Kin **C.M. Copeland**, (h) Relationship **father**,
 (i) Address of Next of Kin **109 Evelyn Crescent, Toronto, Canada**,
 2. Age last birthday **29 years**, Date of birth **Aug, 27th, 1889**,
 3. Enlistment, or Appointment (if an Officer) (a) Place **Winnipeg, Man.**, (b) Date **Mar, 8th, 1915**,
 4. Personal description:
 (a) Height **5ft 8 ins.**, (b) Weight **125 lbs.**, (c) Complexion **Fair**,
 (d) Colour of hair **L. Brown**, (e) Colour of eyes **Blue**, (f) Identification marks, Scars, etc. **Scar**
 Left knee (bullet wound) Bullet wound scar left upper arm.
 5. Former trade or occupation **Office Manager**,
 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

From	To	Periods
Mar, 8th, 1915	Jan, 1st, 1916	Canada
Jan, 10th, 1919	Apr, 22nd, 1919	Canada
Jan, 1st, 1916	Mar, 10th, 1916	Canada
Dec, 14th, 1918	Jan, 10th, 1919	Canada
Mar, 10th, 1916	Dec, 14th, 1918	England
Mar, 10th, 1916	Dec, 14th, 1918	France or other theatres of War in Germany from
Oct, 10th, 1916	Mar, 10th, 1916	France or other theatres of War in Germany from

7. Original disease, or injury **Disorder of Digestion**

(a) Date of origin **Jan 1917**

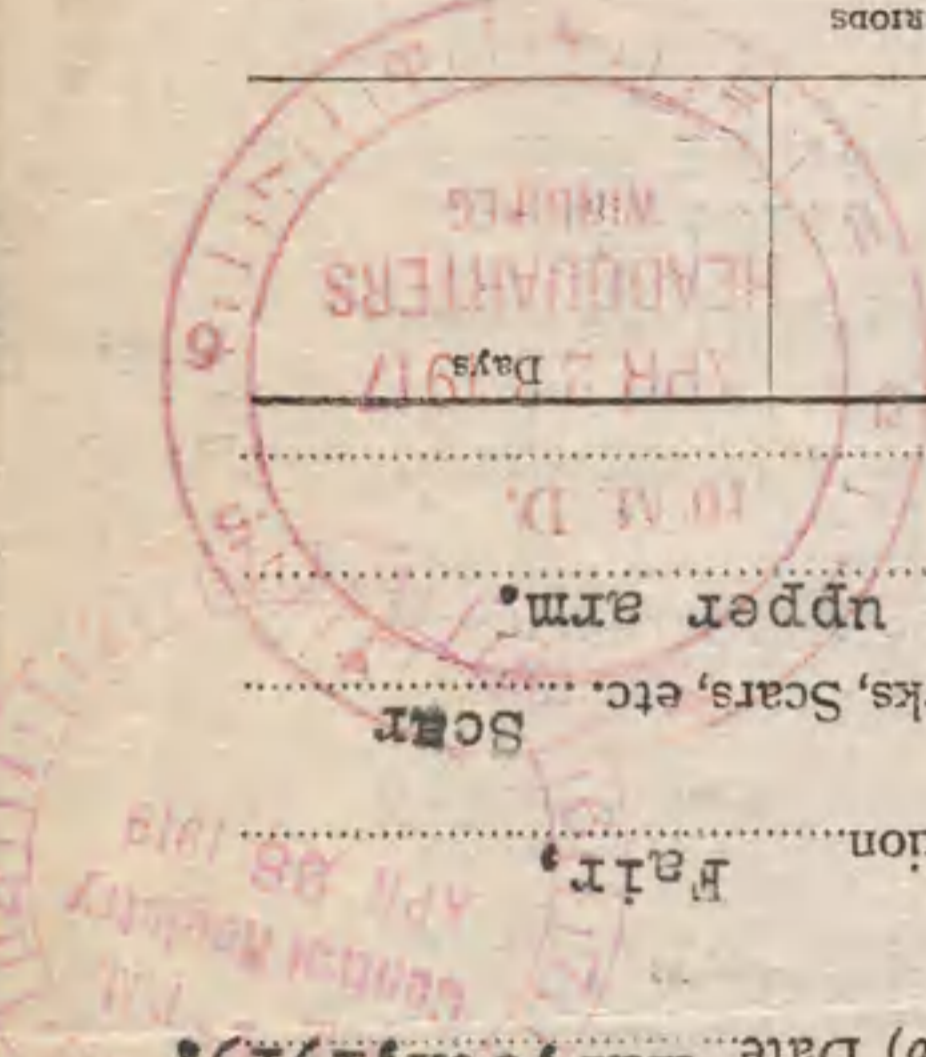
(b) Place of origin **Germany**

(c) Cause **Bad food**

M. F. B. 227

R.

FALSE DOCKET
R.P.C. FOLIO
4



OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes,

19. Is the invalid fit for
- (a) General service, (Yes or No.)
 - (b) Service abroad, not general service, (Yes or No.)
 - (c) Home service (Canada only), (Yes or No.)
 - (d) Temporarily unfit, (Yes or No.)
 - (e) Unit for service in Categories A, B and C (Yes or No.)
20. It is certified that the invalid
- (a) Does not require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
 - (b) Does not require treatment.
 - (c) Should pass under his own control.
 - (d) Should not pass under his own control. (Strike out condition not applicable.)
21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
- placed in Category "C" 2.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE **Winnipeg, Man.**

DATE **April 22nd, 1919.**

Members

President *[Signature]*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness, Signed

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

APPROVED BY *[Signature]*

DATE **APR 24 1919**

Assistant Director of Medical Services

APPROVED BY *[Signature]*

DATE **APR 24 1919**

Director-General of Medical Services

Members

President

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

- 1. Feeling of heaviness in upper abdomen after eating.
2. Headaches.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Gastric Analysis Report attached.

Well developed man; considerably underweight; color good; Complains of feeling of heaviness in upper abdomen, coming on within 1/2 hour after a meal and lasting for some hours; Sometimes has this feeling all day - never any pain; appetite very variable - sometimes has good appetite, and other times does not care whether he eats or not. Never vomits or feels like it; no belching of gas; in the morning often has a bad taste in mouth - not constipated. Has not noticed anything in particular which relieves the heavy feeling. Sleeps well at night; headaches usually come on after breakfast, may last all day, or may disappear during the afternoon. Usually frontal position, and dull in character. Corresponded closely with feeling of heaviness in abdomen. General strength fair.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No Genito-Urinary System No
Special Senses Yes, Respiratory System No Integumentary System No
Disturbances of Mentality No Digestive System No Muscular System No
Osseous and Joint Systems No Any other general condition No.

Defective Vision - cause unknown; has worn glasses for 15 years. No aggravation by service. No disability.

10. (a) History (of the condition referred to in Section 9 (a).)

Taken Prisoner of War Oct, 10th, 1916. Wounded left thigh same day. Hospital Germany 4 months. Detained in Prison Camp after leaving hospital. In Jan. 1917 began to notice symptoms as described in 9-a; was living mostly on canned food received from England. Prison Camp food was very bad. Does not notice any improvement in condition since leaving Germany.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

G.S.W. left thigh, Oct, 10th, 1916. Hosp. Germany 4 months. Good recovery. No disability.

G.S.W. left upper arm. Oct, 10th, 1916. Healed - no disability.

(c) (Here give a description of wounds, scars, and deformities.)

See sec 4 F above.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) No No (b) No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Minimum period of 6 months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

None.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No. (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes, (If not, briefly state why)

17. Recommendations. Fit for Category "C" 2,

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, AHM. Copeland, Capt. have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.

B. P. C. FOLIO FALSE DOCKET Rank. Signature of invalid examined.

M. F. W. 84.
5m.-2.
1772-39/993.
L. L. 15315.-M. & D. 7567.

Capt. A. H. M. Copeland

P.C.R.

3681-ax

A/CHIEF CONDUCTING OFFICER
CLEARING SERVICES COMMISSION

115

Date of Dis-embarkation _____

Place _____

PERIOD		PAY			FIELD		CREDIT LAST ACCOUNT	SUB- SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
From	To	Days	Rate	Amount	Days	Amount										
<i>June</i>	<i>25</i>			<i>2655.</i>					<u><i>296.</i></u>	<i>Trav.</i>	<i>7-1-19-9-1-19.</i>				<u><i>296</i></u>	

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet		Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82	(a) Proceedings on Discharge	
§Only if discharged "Medically unfit."		(b) Attestation.	
‡Only if man has not been overseas.		(c) Medical History Sheet.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	
Rank	Captain
Surname.....	Copeland
Christian name	Arthur Harold Madill
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	The Canadian Army Service Corps
Date of discharge	
Place of discharge	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....years.....months.	Descriptive marks
Height.....feet.....inches.	
Complexion	
Eyes	
Hair	
Trade	
Intended place of residence (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Authority for discharge.....	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... (Signature of Soldier.)

(Date)..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....

(Signature).....

(Date).....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)