



Signalas
2nd Depot Bn. E. O. R. *Signalas* E. O. R.
Originally 2001
No. 3328768
Folio.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Lancashire
- 1a. What are your Christian names?..... Robert John
- 1b. What is your present address?..... Lima St. 119 Callas Peru
- 2. In what Town, Township or Parish, and in what Country were you born?..... Callas, Peru
- 3. What is the name of your next-of-kin?..... S. Gillis Lancashire
- 4. What is the address of your next-of-kin?..... As Above
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Sept. 9th, 1891
- 6. What is your Trade or Calling?..... Telegraph & Cable Operator
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... No
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? Nil
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
- 16. If so, what was the reason?..... Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert John Lancashire do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Robert John Lancashire
Edna Levin

(Signature of Recruit)

(Signature of Witness)

Date..... Oct. 9, 1918..... 191 8

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Joyn Lancashire....., 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, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. *So help me God.*

Robert John Lancashire
Edna Levin

(Signature of Recruit)

(Signature of Witness)

Date..... October 9th..... 191 8

CERTIFICATE OF MAGISTRATE.

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..... New York..... this..... 9th..... day of..... October..... 1918.

Walter J. Lewis

(Signature of Justice)

Description of John Robert Lancashire on Enlistment.

Apparent Age.....27.....years.....1.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5ft 10½ins.

Chest measurement. { Girth when fully expanded.....33.....ins.
 Range of expansion.....3.....ins.

Complexion.....White.....

Eyes.....Blue.....

Hair.....Blond.....

Church of England.....Yes.....

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....
 (Denomination to be stated.)

Scar on R. side

A.11

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....Fit.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....Oct. 9th,.....1918.....

Place.....New York.....

R. Strauch
Cap. Lamb
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Robert John Lancashire.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

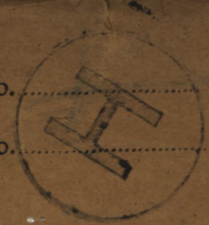
.....*Ph. M. Scott*.....(Signature of Officer)

Date.....October 9th,.....1918.....for *A. C. 2nd Depot Bn. C. O. R.*

DISCHARGE DOCUMENTS

R. O. No. _____

H. Q. No. _____



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *12-3*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Direct Parchment Certificate..... *1*

Medical Report for Invalids.....

Medical History Sheet..... *2*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *1*

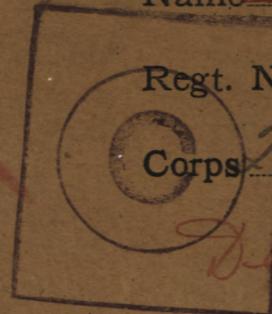
M of W 129 - 1
M of B 465 - 1
M of W 113 - 1

Name *LANCASHIRE ROBERT JOHN*

Regt. No. *328768* Rank *Pte*

Corps *2nd Depot Bn. E.D.R*

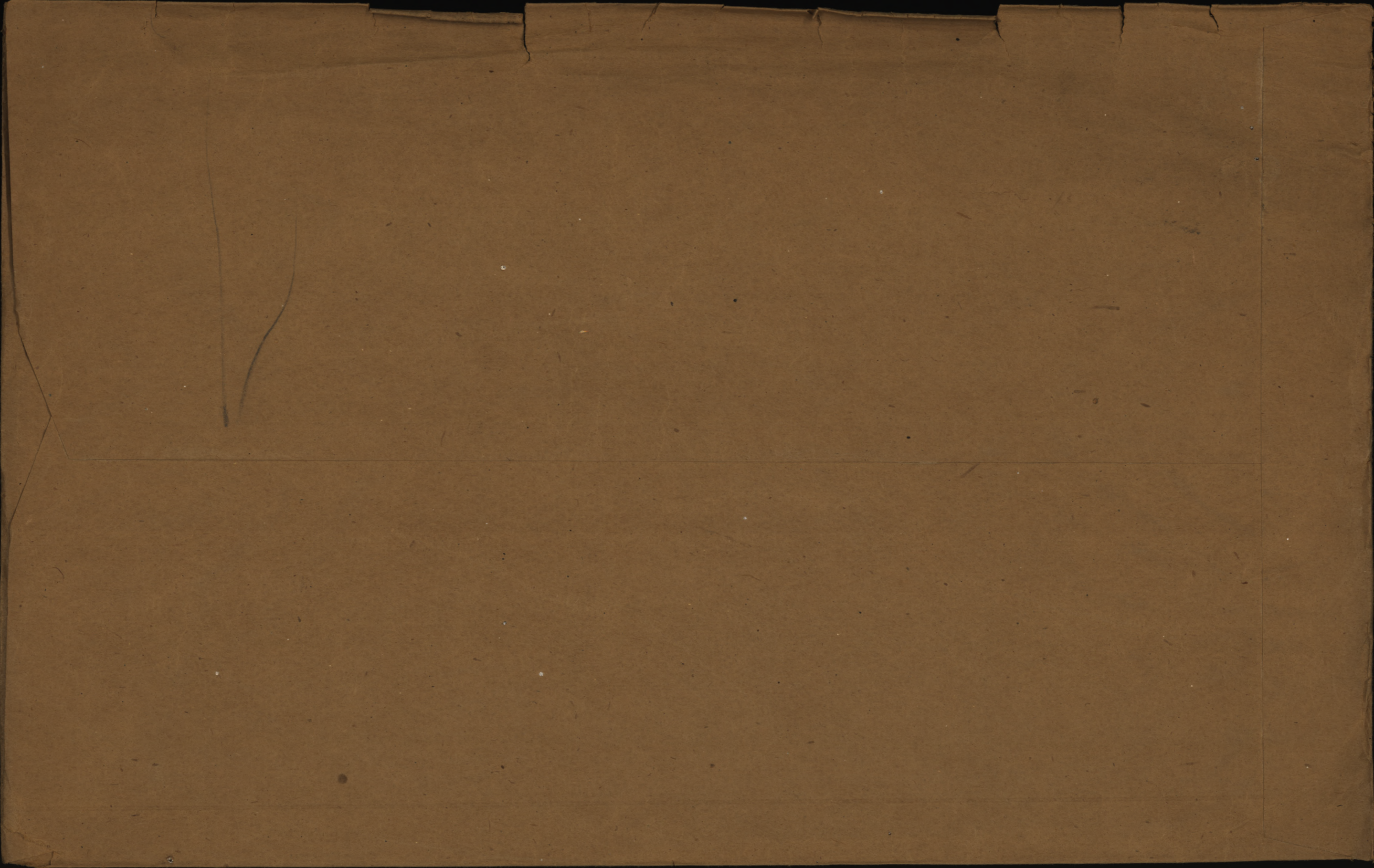
Demobilization



05905



Body band



Rank

Name

Lancashire R.J.

Regt'l No. 332 8768

T.O.S. 10.10.18

B.O. No. 285

Serial No. 4

Examined at

Date

Co A 302

Nationality

Born at

Date

Age yrs. mos.

Height ft.

Ins.

Chest

Ins.

Weight

lbs.

Complexion

Eyes

Hair

Distinctive Marks

Category

Married or Single

Religion

Occupation

Next of Kin

S.O.S.

Date

26-11-18, P.O. 1328

B.O. No.

931

Overseas.

Date

B.O. No.

Transferred to

~~S.O.S.~~

Date

~~28/11/18~~

B.O. No.

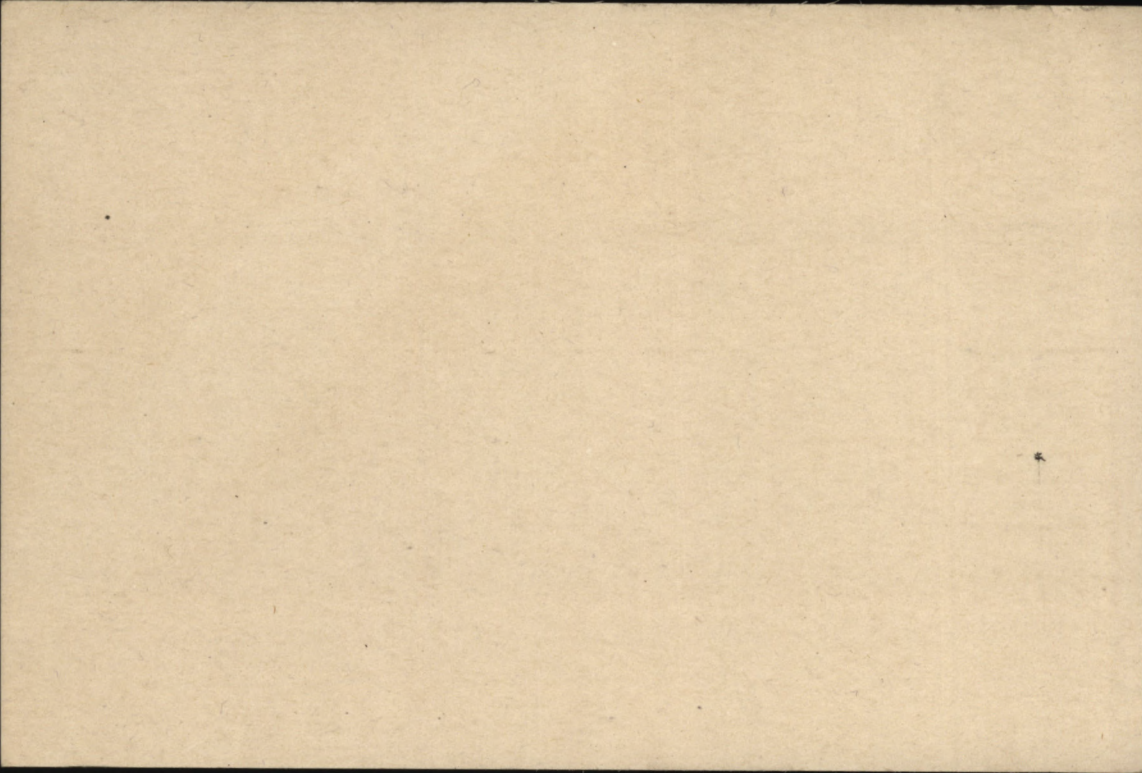
~~998~~

based 30 302

Surname Lancashire H. Q.
Christian names Robert John M. D. No. 3
Regtl. No. 3328768 Rank Pte T. O. S. Oct 10th 1918
Unit East Ont Regt 2nd Depo. Bn D. O. Pt. II 285 of 12-10-18
Reason "Desert." S. O. S. Dis. 26-11-1918
Auth. W.O. 331 of 27-11-18 2/COR. 3

Next of kin Lancashire Mrs S G Relationship Mother
Address 119 Lima St Also notify:
Callao, Perui,
.....
.....

BORN—Place Peru, Callao Date Sept. 9th 1891
ATTESTED—Place New York N.Y. USA Date Oct. 9th 1918
O/S R/C



MILITARY SERVICE ACT, 1917.

2nd. Depot Bn. E. O. R.
MEDICAL HISTORY SHEET. 3328768

1. Surname Lancashire Christian name Robert John
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it) BLR 32
 4. Address (including street and number if any) 119 Lima St Callao Peru

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9 day of Oct 1918 by the undersigned medical board sitting at N Y C

5. Age as stated 27 Years 1 Months. 6. Apparent age 27 Years Month
 7. Height 5 Feet 10 1/2 Inches. 8. Weight 128 Pounds.
 9. Chest measurement { Minimum 32 Ins. 10. Complexion med { Eyes 20/70 both
 { Maximum 35 Ins. { Hair Brown
 11. Physical development good { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 3 14. When vaccinated last Ing
 { Left arm 3
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar on R side

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category 7-7
W. Strach President.
W. Mulla Member.
W. Strach Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/10/18</u>		<u>L.T. Jetties Cyl</u> M. O.	<u>15-10-18</u>	<u>TAB 1/2</u>	<u>L.T. Jetties Cyl</u> M. O.
		M. O.	<u>19-10-18</u>	<u>TAB 2</u>	<u>Prophylax Cyl</u> M. O.
		M. O.			M. O.

Joined 10 day of Oct 1918 at Ottawa Ont

STATION	DATE	DISEASE	RESULT
<u>Ottawa Ont</u>	<u>11-10-18</u>		<u>All Clear Cap</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ottawa Ont</u>	<u>11-10-18</u>		<u>All Clear Cap</u>

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man Robert John Lancashire

If raised in category, record category in a square. The M. O. will initial and date.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3328768 Rank Pt Surname hancha shire
(given name in full)
Robert John
 Unit or Corps 2nd. DEPOT BATTALION, Birthplace Callao Peru
Eastern Ontario Regiment.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 128 lbs. Height 5 ft. 10 1/2 in. Colour of Eyes Hazel
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
None

Opinion as to general health and physical condition. Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

Lancashire R.J.

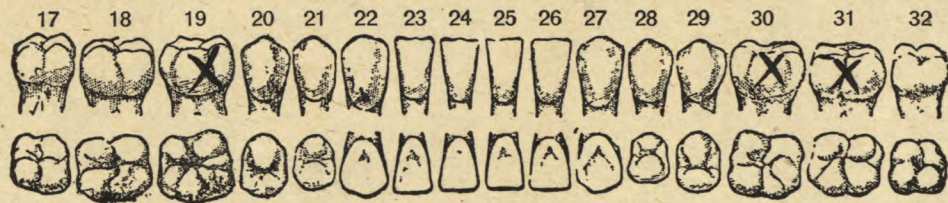
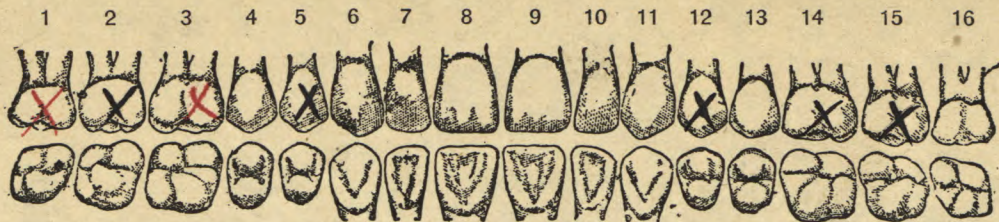
RANK

P t

REGIMENT, DEPOT BATTALION,
Eastern Ontario Regiment.

No.

3328768



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918</i>										<i>2/3</i>											
	<i>Oct 17</i>										<i>8</i>									<i>Capt. A Chambers</i>	<i>3</i>	<i>Cavities 116+17.18.32</i>
											<i>2.5-12.14.15</i>										<i>3</i>	<i>Incomplete</i>

x x x x x x x

x x x x x x x

XXXXXXXXXXXXXXXXXXXX



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Nov.
F. 73
L. 6

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3328768 Rank Pte. Name Lancashire R.J.

Corps 2nd Depot Bn. E.O.R. who was* Discharged

On 26-11-18 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 1918, to 26-11-18 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	20
Advances by Cheques } No.....			Reg't Pay..... <u>26</u> days at \$.....	1	00
} No..... <u>Cash</u>	14	00	Field Allow. <u>26</u> days at \$.....	c. 10	2 60
Assigned Pay and Sep'n Allice. No.....			Separation Allowances* (Monthly)		
Other charges <u>Canteen Tickets</u>	1	00	Other Allowances* <u>Clothing</u>	35	00
Payment on transfer or discharge No. <u>6700</u>	58	80	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	73	80	Total.....	73	80

* Give particulars.

A monthly stoppage of \$..... Nil..... (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of..... 191... }
 { and Sep'n Allice. for month of 191... } (to) Assignee.....
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment 10-10-18
 (2) if married and if a Separation Allowance Card has been submitted No No
 (3) cause of discharge..... authority R.O.1328 D.O.331
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Nov. 28th, 1918.

Place Ottawa, Ont.

Douglas P. Stewart Capt.
 Paymaster, 2nd Depot Bn. E.O.R.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 332876B (Rank) Private

Name (in full) Robert John Lancashire enlisted in
the 2nd Depot Bn. R.C.R.
CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont. on the 9th
day of October 19 18.

HE served in Canada
and is now discharged from the service by reason of Demobilization

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age <u>27 Years 2 months</u>	Marks or Scars <u>Scar on right side</u>
Height <u>5'10 1/2"</u>	
Complexion <u>White</u>	
Eyes <u>Blue</u>	
Hair <u>Blond</u>	

R. J. Lancashire
Signature of Soldier

P. M. Scott
Issuing Officer
for Lieut-Colonel
Rank

Date of Discharge Nov 26th 1918

O.C. 2nd Depot Bn. R.C.R.
Appointment

Signed at Ottawa, Ont. this 26th day of Nov 1918.

in Military District No. 3

File Reference No. L L 642

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

ON DEMOBILIZATION, PARTICULARS CALLED
FOR ON BACK OF DISCHARGE CERTIFICATE
WILL NOT BE COMPLETED.

D.O. 1676

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. D. 10s.)

500M.—9-16

H. Q. 1772-39-9.0.

Casualty Form—Active Service.

2nd. Depot Bn. E. O. R.

Unit, Regiment or Corps

Regimental No. 3328768 Rank Pt Name LANEASHIRE, Robert John

Enlisted (a) 10-18 Terms of Service (a) CE7 Service reckons from (a) 10-18

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) Telegraph & Cable Operator

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				

S.O.S. 2nd. Depot Bn. E. O. R., B. O. 331

S. G. Hoffman
O. C. 2nd. Depot Batt., E. O. R.

(1) 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.]

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				

This space to be for numbers.

Proceedings on Discharge.

DEPT
MILITIA & DEFENCE
DEC 18 1918
CANADA

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

No. **3328767.**

Rank **Private.**

Surname **Lancashire.**

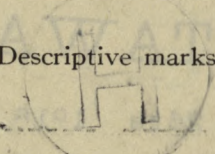
Christian name **Robert John.**
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) **2nd. DEPOT BATTALION,
Eastern Ontario Regiment.**

Date of discharge **Nov 26th 1918.**

Place of discharge **OTTAWA.**

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years 2 months.	Descriptive marks 
Height 5 feet 10 1/2 inches.	
Complexion White.	Scar on right side.
Eyes Blue.	
Hair Blond.	
Trade Telegraph & Cable Operator.	
Intended place of residence Callas Peru.	
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of **ON DEMOBILIZATION**

Authority for discharge **R. O. 1328**

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.

Good

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.)

Telegraph & Cable Operator.

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

Nil

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

6. Medals and Decorations

Nil

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) OTTAWA

(Date) Nov 26th 1918.

[Signature]
for O. C. 2nd. Depot Bn. E. O. R.
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) OTTAWA

[Signature]
A. J. Luncashy

(Signature of Soldier.)

(Date) Nov 26th 1918.

[Signature]
H. L. Bond

(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]
A. J. Luncashy

(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) OTTAWA

(Date) Nov 26th 1918.

[Signature]
for O. C. 2nd. Depot Bn. E. O. R.
(Signature)

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.)

List of Discharge Documents

Nil.
R. J. Lancashire

Reg. Conduct Sheet	Form B 207	Medical Form B 207
Spauldon Battery Company	Conduct Sheet	Form B 207
Field Conduct Sheet	Form B 178	Form B 178
Copies of Convictions by C. P.	Form B 178	Form B 178
Medical Report for Invalidity	Form B 227	Form B 227
Dental History Sheet	Form B 403	Form B 403
Last Pay Certificate	Form W 44	Form W 44
Duplicate Discharge Certificate	Form W 202	Form W 202
Form of Will	Form W 22	Form W 22
Only if discharged, medically unfit		
Only if man has not been overseas		

I hereby certify that the following documents are undisturbed

R. J. Lancashire

Other Comments

N.B. In the case of a man discharged by purchase the date and number of Deceased Receipt with amount of sum is to be noted below

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.)

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
		Proceedings on Discharge	" B. 218
or			
Field Conduct Sheet	" W. 178	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet.</p>	
Copies of Convictions, by C. P.	in MS.		
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		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

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.