

ATTESTATION PAPER.

No. 654225

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Taylor
- 1a. What are your Christian names?..... John Thomas Norman
- 1b. What is your present address?..... 22 No 3 Blyth, Ontario Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... West Wawanash Tp, Huron Co, Ontario Canada
- 3. What is the name of your next-of-kin?..... Mrs Samuel Walsh
- 4. What is the address of your next-of-kin?..... 22 No 3, Blyth; Ontario Canada
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 6th May 1897
- 6. What is your Trade or Calling?..... Farmer
- 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?..... 33rd Regiment (1 year)
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Thomas Norman Taylor, 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.

John Thomas Norman Taylor (Signature of Recruit)
Date JAN-8 1916 1916 Jas L. Penrose (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Thomas Norman Taylor, 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.

John Thomas Norman Taylor (Signature of Recruit)
Date JAN-8 1916 1916 Jas L. Penrose (Signature of Witness)

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 WINGHAM, this JAN-8 1916 day of 1916

J. A. Montoap (Signature of Justice)

Carded
9-12-16
JAB

Description of John Thomas Norman Taylor on Enlistment.

Apparent Age.....18 years.....8 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.....5 ft. 10 ins.

Chest measurement. { Girth when fully expanded.....36 ins.
 { Range of expansion.....3 ins.

Complexion.....Fair

Eyes.....Brown

Hair.....Light

Religious denominations. { Church of England.....
 { Presbyterian.....
 { Methodist.....yes. x
 { Baptist or Congregationalist.....
 { Roman Catholic.....
 { Jewish.....
 { Other denominations.....
 (Denomination to be stated.)

none

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.....Jan 10th.....1916.

Place.....Wingham Ontario Canada.....J.P. Keener 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.

John Thomas Norman Taylor.....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.

J.P. Keener Lt. Col. (Signature of Officer)
 O.C. 161st Huron Battalion, C. E. F.

Date.....January 10.....1916

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

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 3

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit..... 2

Last Pay Certificate..... 1

Name *Taylor, John Thomas Norman*

Regt. No. *654225* Rank *Pte.*

Corps *161st Bn.*

Medically unfit

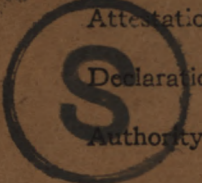
Released 3-7-52



03399

1
21-25
16-25
3-26

66011
M. F. G.



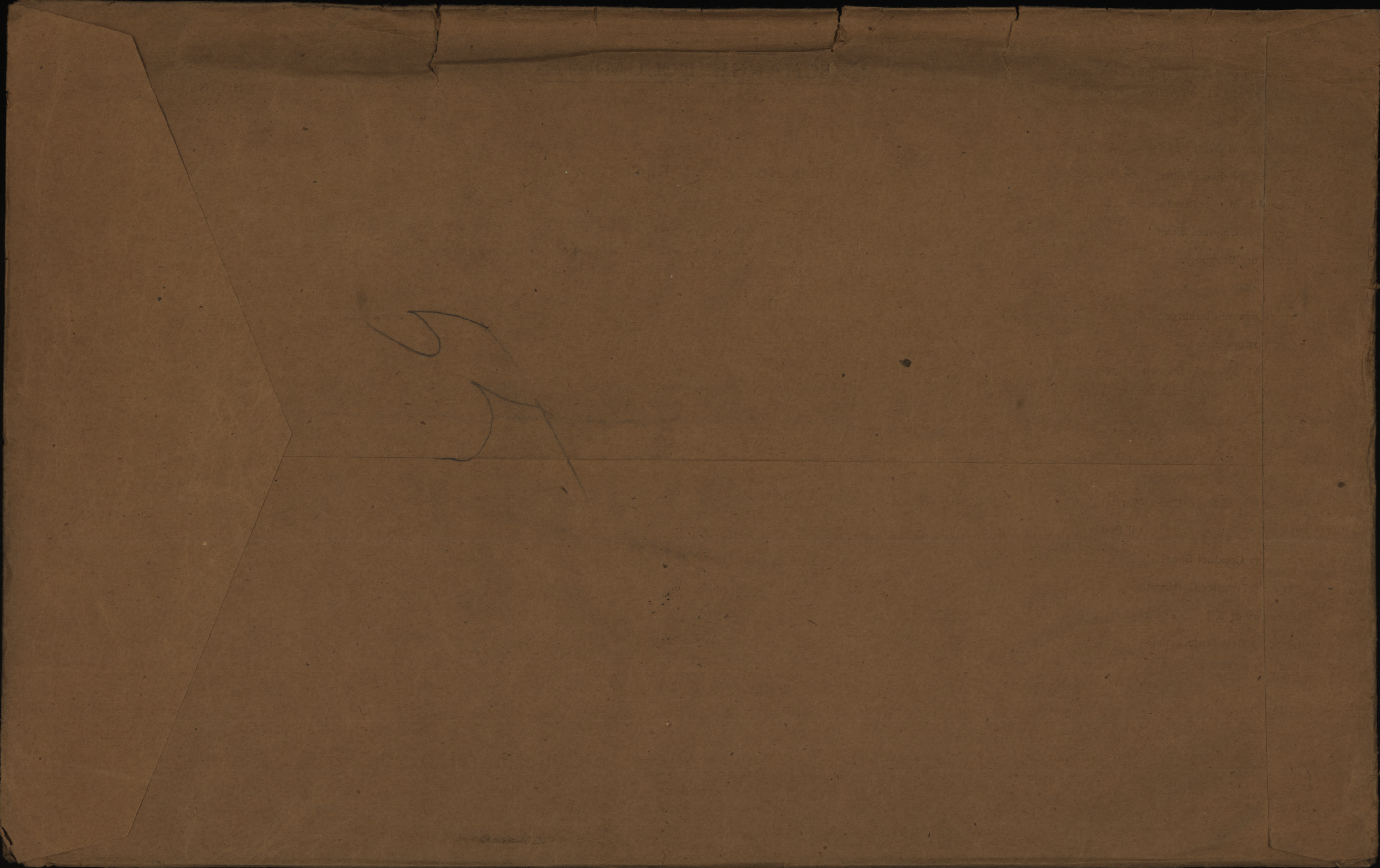
M. F. G. 512

W 138

W 67

M. F. W. 67

M. F. W. 62.
50M.-9-16.
H. Q. 1772-39 933.



SURNAME.

Taylor

CARD NO.

CHRISTIAN NAMES

John. Thomas. Norman

S.O.S. Div

22/11/16. 3

REGL. No. *654225*

RANK *Pte*

UNIT *161st*

Bn

FORMER CORPS

33rd Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

walsh Mrs. Samuel

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

R. R. No. 3. Blyth, Ont.

COUNTRY OF BIRTH

Canada. West wawanosh.

PLACE OF ATTESTATION

Wingham, Ont.

DATE

DATE

Jan 8th 1916

74

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

yes

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No. 654225

RANK *Pte.*

NAME *Taylor, J. T. M.*

T. O. S. *8-1-16*

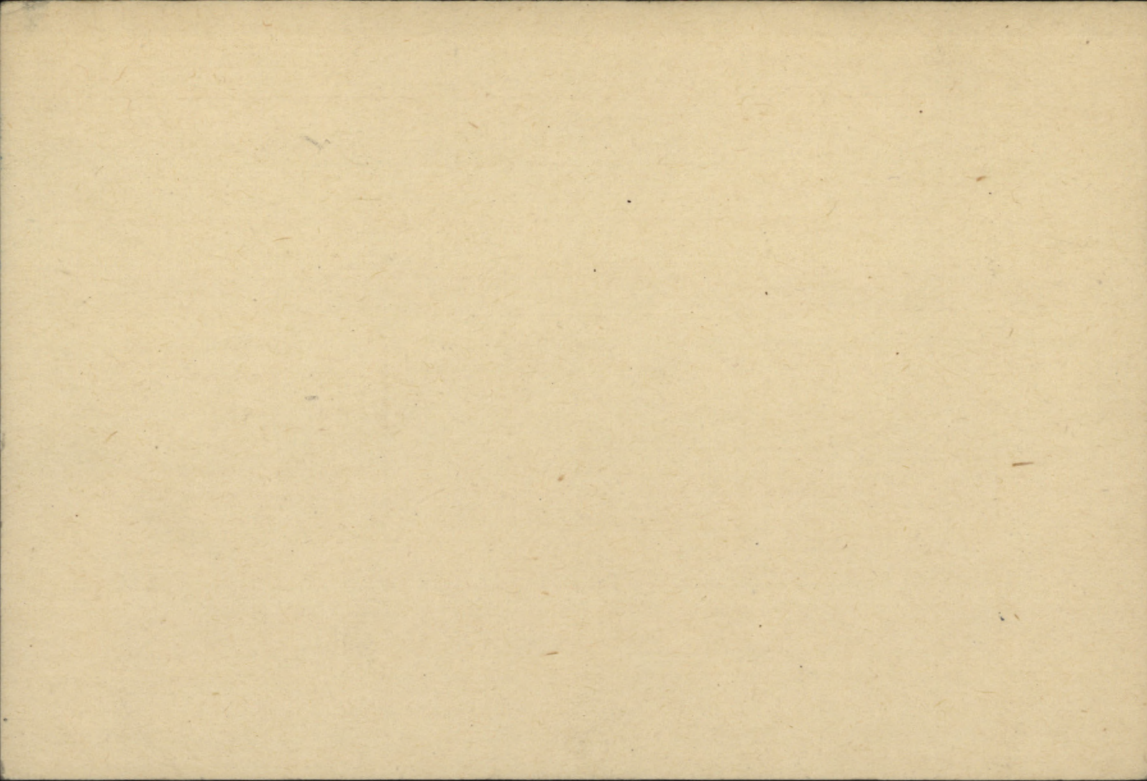
A.O. 6 of 7-1-16

UNIT *161 ~~st~~ Battalion,*

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan. 8</i>	<i>1916 Jan. 31</i>	<i>m.</i>		
<i>Feb. 1</i>	<i>Feb. 29</i>	<i>n.</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>n</i>		
<i>July</i>		<i>n</i>		
<i>Aug</i>		<i>n</i>		
<i>Sept</i>		<i>n</i>		
<i>Oct-1</i>	<i>Oct-24</i>	<i>n</i>	<i>90 L. 12-9-16</i> <i>Transli Casualties 24-10-16</i>	<i>OO 225-19-9-16</i> <i>OO 254. Oct-1916.</i>

UNIT SAILED
OCT 30 1916



No. 654225 RANK Pte

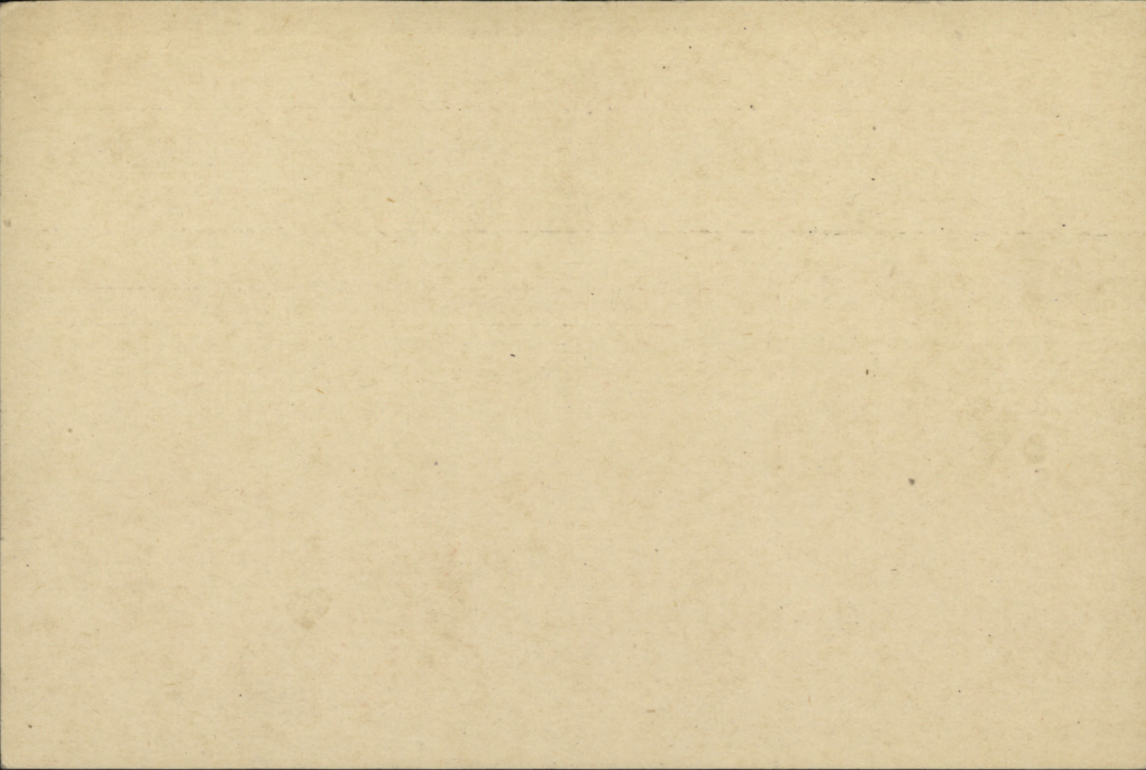
NAME Taylor, J. J. N.

Trans
from F.O.S. 161 ^{at} 25-10-16 UNIT
Do 21a of 24-11-16

Local Casualties

M. D. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Oct 25	1916 Nov 22	<i>✓</i>	<i>Disch'd (m) 22-11-16</i>	<i>DO 21a of 23-11-16</i>
<i>are closed by payment c.</i>				



HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2555.
75M.—9-19.
1772-39-1332.

MEDICAL HISTORY SHEET.

Surname Taylor Christian Name John Thomas Jordan

Examined on 10th day of Jan 1916 at Wingham Ontario Canada
Birthplace { City or Town West-Warwick Rank _____ M.O. _____
County Huron

Approved by J.P. Kennerly
Rank _____ M.O. _____

Apparent age 18
Trade or occupation Farmer
Height 5 Feet 10 Inches. M.O. _____
Weight 142 Lbs. M.O. _____
Chest measurement { Minimum 33 inches. M.O. _____
Maximum expansion 36 inches. M.O. _____
Physical development good M.O. _____
Small-Pox Marks none M.O. _____

Vaccination Marks { Arm Right Left
Number none
When Vaccinated last never
(a) Marks indicating congenital peculiarities or previous disease none M.O. _____

Date Result VACCINATIONS.
July 10 S.O. W. Sherrill M.O. _____

(b) Slight defects but not sufficient to cause rejection none M.O. _____

Date Result ANTI-TYPHOID INOCULATIONS, ETC.
April 19 S.O. W. Sherrill M.O. _____

Enlisted on 10th day of January 1916 at Wingham Ontario Canada

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>161st Batt'n</u>	<u>654225</u>		<u>Jan'y. 10, 1916.</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet 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.

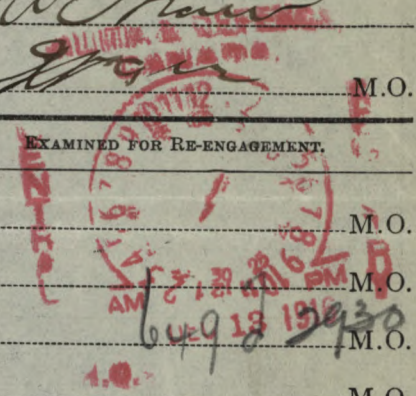
M. Donald

MEDICAL HISTORY SHEET.

Surname Paylor Christian Name John Romab

Examined { on 10th day of Jan. 1916
at Wingham Ontario
Birthplace { City or Town West Wauwassee Rank Private M.O.
County Buron

Approved by [Signature]
Apparent age 18
Trade or occupation Farmer
Height 5 Feet 10 Inches M.O.
Weight 142 Lbs. M.O.
Chest measurement { Minimum 33 inches M.O.
Maximum expansion 3 inches M.O.
Physical development Good M.O.
Small-Pox Marks none M.O.



Vaccination Marks { A r m Right Left
Number none
When Vaccinated last never M.O.
(a) Marks indicating congenital peculiarities or previous disease none M.O.
(b) Slight defects but not sufficient to cause rejection none M.O.

Date.	Result.	VACCINATIONS.	M.O.
July 21	S.P.	[Signature]	M.O.
Apr 19	S.P.	[Signature]	M.O.
			M.O.
			M.O.

Enlisted on 10th day of January 1916 at Wingham

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>161st Battalion</u>	<u>6574225</u>		<u>Jan. 10 1916</u>
Transferred to	<u>Cas.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

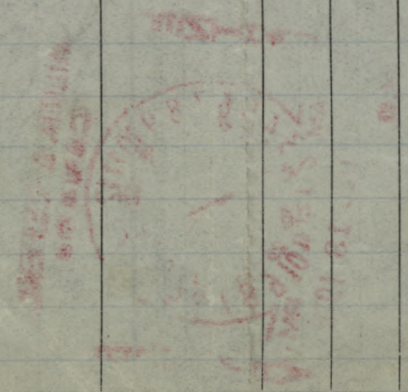
Noted 15-12-16 N.B.

N. B.—This sheet 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.

12.11.19
R. C. DEC 14 1919

Surname Christian Name

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
CAMP BORDEN Base Hosp. Toronto		SEP 19	1916				Deflected nasal septum Rheumatism	74	Lo Base - Sept 19 = /16 Improved - Discharged as medically unfit	H. Macdonald.	



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 161st. Os. Bn. C.E.F.

(2) Regimental Number 654225.

(3) Full Name of Soldier..... Taylor, John Thomas Norman.

(4) Place of Birth..... West Wawanosh Tp. County Huron Ont. Canada.

(5) Are you married, or not? No.

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? No

If so, state name and address No

(10) Is your Mother alive? yes.

If so, state name and address Mrs Samuel Walsh

RR no 3 Blythe Out

(11) If your Mother is a widow No

Are you her sole support, or not? No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Mother

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No

If so, in what Company? No

Have you made arrangements for payment of your Insurance premium Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W. B. Bond
Officer Commanding.

Date June 17, 1916

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge)

This is to certify that No. **654225** Rank **Private**
 Name in full **TAYLOR, John Thomas Norman**
 Enlisted in **161st Battalion**
 Canadian Expeditionary Force on the **8th** Day
 of **January 16** 19
 He Served in **CANADA**
 with the ~~**161st Battalion**~~
 and was discharged at **Toronto, Ont.**
 on the **22nd** day of **November** 19 **16**
 by reason of **MEDICALLY UNFIT**

His conduct and character while in the service were **Good**

Medals and Decorations **Nil**

Description on Discharge

16 years
 Age **5'10"**
 Height **Fair**
 Complexion **Brown**
 Eyes **Light**
 Hair **649-1-2980**
 H.Q.

W. E. L. Coleman, Major,
 Officer i/c Records,
 For Adjutant-General.
 Ottawa **4th** day of **June** 19 **35**

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge)

This is to certify that the following is the true and correct copy of the original as shown to me by the holder of the same.

Name in full

Rank

Number of days of service

of

He served in

with the

and was discharged

on the

by reason of

His conduct and character while in the service were

.....

.....

.....

Testimony on Discharge

.....

.....

.....

.....

.....

.....

Officer in Charge,
For Adjutant-General's
Office

of the

Fill In Only.—Unit, Number, Rank and Name.
Casualty Form—Active Service.

M. F. W. 54.
 150M. 10-15.
 H.Q. 1772-39-920.

Unit, Regiment or Corps 161st. O.S. Battalion, C.E.F.

Regimental No. 654225 Rank Pte. Name Taylor, John Thomas Norman
C. E. F.

Enlisted (a) Jan 8/16 Terms of Service (a) War & 6 Mos. after. Service reckons from (a) Jan. 8th, 1916.

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) Farmer.

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				

(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.]

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 654225 Rank Pte Name J. D. Taylor
 Corps Basement who was* Transferred
 On Nov 22/16 1916, to Discharged
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct 25 1916,
 to Nov 22 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	40	90
Advances } No.			Regt'l Pay <u>29</u> days at \$ <u>1</u> c	29	
by } No.			Field Allow <u>29</u> days at \$ <u>10</u> c	2	90
Cheques } No.			Other Allowances * <u>clothing</u>	13	
Assigned Pay No.			Other Credits*		
Other Charges*			Other Credits*		
Payment on transfer or discharge No. <u>149</u>	85	80	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	85	80	Total	85	80

*Give Particulars.

A monthly stoppage of \$..... (†) has (‡) been paid on account of Assigned Pay for the 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 8/1/16
 (2) if married and if a Separation Allowance Card has been submitted Single
 (3) cause of discharge and authority.....

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

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

Date 29/11/16

Place TORONTO, ONT. [Signature]
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

NOTE.—This Form may be used as repayment or free issue indent, and also as an issue roll, if required as such, in accordance with M. O. 247 of 1912.

INDENT—CLOTHING AND NECESSARIES—ALL SERVICES.

THE ACCOUNTING OFFICER, } 161st Bth. UNIT.
OR QUARTERMASTER }

REQUIRED that the undermentioned articles be issued on Repayment, Credit will be found in Pay-List for Month of October 1916

W. Ballin Capt Commanding 161st Bth. (Unit.)

REGT. OF CORPS No.	RANK.	NAME.	Date of Enlistment or Re- Enlistment.	* ARTICLES REQUIRED.															Total amount charged against the Individual.	SIGNATURE OF SOLDIER ON RECEIVING THE ARTICLES.		
				Belt waist	Carriage	Commodities																
654225	Pvt.	J. T. Taylor		1	1	1													3 16			
				Credit for this amount will be found in Staff Pay List for October 1916.																		
				Folio #8 Account # 7																		
				<p style="margin-left: 400px;"><u>J. D. W. Jagger</u> Captain. Paymaster 161st. O/S. patta. C. E. F.</p>																		
TOTAL EACH ARTICLE				1	1	1																
RATE PER ARTICLE				1	69	78	68															
TOTAL VALUE PER ARTICLE				\$	1	69	78	68													\$ 3 16	

* When an indent for free issues such as 1st issue of necessities, or clothing for caretakers, the articles need not be detailed, the Table authorizing the issue being quoted instead; and any articles not available will be shown by the Quartermaster.

This space to be for numbers.

6


15.3.43

Proceedings on Discharge.

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

No.	654 225.
Rank	Private
Name	John Thomas Thomas Taylor
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	161 st Battalion
Date of Discharge	Nov 22/16.
Place of Discharge	London

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....18.....years.....months.	Descriptive Marks 
Height.....5.....feet.....10.....inches.	
Complexion Fair	
Eyes Brown	
Hair Light	
Trade Farmer	
Intended place of residence } Wingham (To be given as fully as practicable.)	

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

Medically unfit

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 soldier and the Officer Commanding his Squadron, Battery or Company:

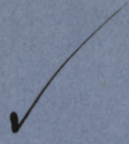
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer

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

✓ cashed
9-18-16
J.T.B.

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.....



Three horizontal lines for listing 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) Frank

Geo. Becking Col.

(Date) Nov 22/16

Commanding Cassell's Coy. 8th Bn. 1st Div. #2

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.

(Place) Frank Norman Taylor (Signature of Soldier.)

(Date) Nov 22/16 [Signature] (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) Frank

(Signature) Geo. Becking Col.

(Date) Nov 22/16

Commanding Cassell's Coy. 8th Bn. 1st Div. #2

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.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.