

28-2-19

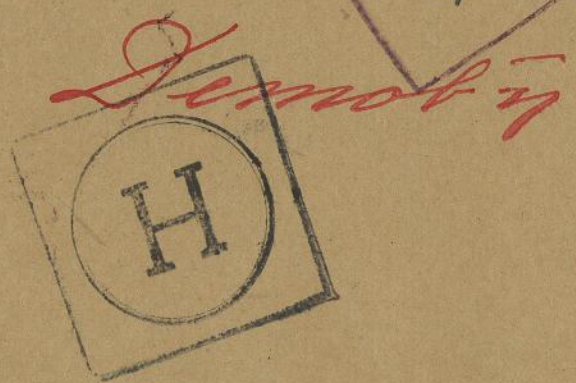


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Statement Papers..... *13*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Discharge*
~~Parchment Certificate~~.....
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....

Last Pay Certificate..... *2*
M. F. W. 71-1
A. F. B. 122-1
M. F. B. 465-1
M. F. W. 129-1

DISCHARGE DOCUMENTS

Name *BATTEN ELEAZAR*
Regt. No. *3346104* Rank *PTE*
Corps *1st Spt Bn 1st Regt*



4596

R. O. No.....
H. Q. No.....



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

DEPT
MILITARY & DEFENCE
FEB 21 1919
H.Q.
CANADA

1. No. 3346104

2 Rank. Private

3. Name. Eleanor Batten.

4. Unit. 1st Depot Battalion Manitoba Regiment.

5 Date of Discharge 7/1/1919/ Place Winnipeg. Canada.

6 Reason for Discharge Demobilization, R.O. 1357 (Draftee).

7. Authority. C.O. 3 of 3/1/19.

8. Proposed Residence after Discharge Ruth P.O., Manitoba.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39.

Eleanor Batten

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Winnipeg. Canada.

Date 7/1/19.

Signature.

W. R. Wood Major for
(O. C. Discharging Unit.)

Commanding, 1st Depot Battalion Manitoba Regiment

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

DUPLICATE

#10 M. D. First Depot Battalion Manitoba Regiment

Regtl. No. 3346104

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Batten
 2. Christian name Eleazer
 3. Present address Saint Martin P.O. Manitoba Canada
 4. Military Service Act letter and number 536180 J.C.
 5. Date of birth 27th. April 1895
 6. Place of birth Newton England
 (town, township or county and country)
 7. Married, widower or single Single
 8. Religion Church of England
 9. Trade or calling Farmer
 10. Name of next-of-kin Mrs. Emma Batten
 11. Relationship of next-of-kin Mother
 12. Address of next-of-kin Saint Martin P.O. Manitoba Canada
 13. Whether at present a member of the Active Militia No
 14. Particulars of previous military or naval service, if any None
 15. Medical Examination under Military Service Act:—
 (a) Place Winnipeg Canada (b) Date 20th. May 1918 (c) Category A2

DECLARATION OF RECRUIT

I, Eleazer Batten, do solemnly declare that the above particulars refer to me, and are true.

Eleazar Batten (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23 yrs	1 mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	5 ft	7 ins.	
Chest measurement	fully expanded	38 ins.	
	range of expansion	3 ins.	
Complexion	Ruddy		4 scars right shin.
Eyes	L. Brown		2 scars right knee.
Hair	Bark		1 scar left knee.

Major for Commanding, 1st Depot Battalion Manitoba Regiment
 O. C. Depot Btl.

Regt.

Place Winnipeg Canada Date 16th. May 1918

18/5/18

England Church of England James
MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Batten Christian name Eleazer
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 536180 J C
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) St. Martin, Manitoba, Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 28th day of May, 1918, by the undersigned medical board sitting at Winnipeg, Manitoba, Canada

5. Age as stated 23 Years 1 Months. 6. Apparent age _____ Years _____ Months

7. Height 5 Feet 7 Inches. 8. Weight 139 Pounds.

9. Chest measurement { Minimum 35 Ins. 10. Complexion Ruddy { Eyes Y. Brown
 { Maximum 38 Ins. { Hair Dark

11. Physical development Good { Good Fair Poor 12. Smallpox marks Childhood

13. Number of vaccination marks { Right arm _____ 14. When vaccinated last Childhood
 { Left arm 1

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
2 Scars R. Knee 1 Scar L. Knee

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2.

R. H. Burns Member. J. B. ... President. J. B. ... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 16 day of May, 1918 at Winnipeg, Man, Can

Corps	Reg'tl Number	Habits	Date
<u>1st. Depot, Battalion</u>	<u>3346104</u>		<u>16-5-18</u>
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

Surname:

[illegible]

To be required Fund
Patriotic Socy
my

Please give number
OK

MOTHER

CANADIAN EXPEDITIONARY FORCE

(Information for Separation Allowance Board)

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.

If the Applicant will take this form to the office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in this form in the required manner, in order that no delay may be caused by lack of information required by the Separation Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. In localities where there is an Official before whom this Declaration may be declared free of charge, the Officers of the above mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

1ST DEPT. BATT'N MANITOBA REG'T
WINNIPEG, MAN.

1043-C-10



(This application to be made out for the last unmarried son that enlisted).

1. Name of Soldier Rank *Private* Regt. or Unit *A. Coy* Regtl. No. *334 6104*

Eleanor Batten

2. Age of Soldier *23* Married or Single *Single*

3. Date of enlistment of Soldier *18 May 1918*

4. Is Soldier at present in Canada or Overseas? *Canada*

5 Name in full of Mother of Soldier Age Occupation Address

Emma Batten 57 H-Martin Man

6. Name of your husband. Age Occupation Where Employed

Eleanor 58 Farmer not employed

7. If your husband is alive, state amount of support received from him during the past year. *None*

8. If your husband is alive but not contributing to your support, state the reason and the date from which husband ceased contributing to your support. *Two years*

9. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (Form of Medical Certificate attached hereto, must be filled out and returned with this Declaration). *Yes*

2 13

10. What amount did your husband earn during the past year?

Nothing

11. What amount did you earn during the past year?

Nothing

12. If you are a widow, state date and place of death of your husband.

no

13. If you are a foster-mother, give date you took charge of soldier, and state places and dates of his parents' death.

no

14. Have you married again since death of your above mentioned husband? If so, give date of said marriage.

no

15. Names of all your other *unmarried* children. (If a soldier, give regimental number and unit).

Address in full

Age.

Occupation.

Harry Batter

16.

16. Names of all your other children. (If a soldier, give regimental number and unit).

Address in full.

Age.

Date married.

Harry Batter St. Martin
Man

17. Are any of above unmarried sons eighteen years of age or over, totally incapacitated? (If so, Medical Certificate, similar to attached form, must be furnished showing such incapacity).

18. State amount earned at present per month by

(a) yourself

none

(b) your husband

none

19. State amount and source of any other income.

20. State value of real property belonging to you and your husband. State amount of mortgage on this property.

None

21. State value of personal property belonging to you and your husband.

None

22. If husband is dead, state value of real and personal property left by him.

None

23. State amount contributed in cash by soldier during the year prior to enlistment.

four hundred dollars

24. Was this amount contributed weekly or monthly?

given when needed

25. Did soldier live with you during the year prior to enlistment?

three months

26. State your son's trade or occupation prior to enlistment.

Farming

27. State amount of his wages per week.

\$60.00 per month

28. State name and address of his last employer.

W. Cochrane, Bethel, Maine

29. State amount of support monthly from soldier since enlistment.

Twenty dollars

30. State amount of ASSIGNED PAY received by you from soldier monthly.

Twenty dollars
~~given when needed~~

31. From what date did you receive ASSIGNED PAY?

June

32. Actual amount contributed by other children during the year prior to enlistment of soldier.

Weekly

Monthly

None

33. Actual amount contributed by other children at present.

Weekly

Monthly

None

34. Are any of these children in the employ of you or your husband?

None

35. If not receiving support from other children, state reason. Explain fully.

at home with us

36. With whom are you residing at present? State relationship, if any.

Husband

37. How long have you resided with above person?

35 years

38. State amount of rent or board paid by you per month.

None

39. Have you made a previous claim for Separation Allowance? Give particulars.

No

12

40. Are you already in receipt of Separation Allowance from any source? If so, how much?

41. Was soldier a member of Permanent Force at time of attestation in C.E.F.? If so, give regimental number, rank and unit.

42. Was the soldier at the time of his enlistment an employee of the Dominion or a Provincial Government?

43. If so, in what capacity and in what place?

44. Is he in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month?

45. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much?

And I make this solemn declaration conscientiously believing it be true and knowing that it is of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act.

Signature of Applicant: Ernest Batten

Place of Residence: St. Martin P.Q. Mass.

Declared before me at: St. Martin P.Q. Mass.

this: 23rd day of June 1918.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths: D. J. McKinnon Com. B. R.

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman, of the Relief Committee of the Local Canadian Patriotic Fund, or if the Applicant is in the United States, by the Secretary, or Chairman of the Local Red Cross Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman: A. J. R. - Rector of St. George's Church, Windsor

Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund: No Patriotic Fund Socy within 25 miles.

MEDICAL CERTIFICATE

1. Is husband of applicant a chronic invalid and totally incapacitated? yes

2. Of what nature is disability? Athema Cerebral Arteries

3. From what date has this total incapacity been existent? Two years

4. How long is total incapacity likely to continue, and what will be effect on his earning power? Permanently

5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date? Totally incapacitated
Two years.

6. Are you the regular attending physician? No.

I certify that the above statements are correct.

Wm. J. Campbell Place.
June 23rd/18 Date.
E. Boardman Physician

Wm. J. Campbell
Post Master

S. }
A. }

Separation Allowance and Assigned Pay
CANADIAN EXPEDITIONARY FORCE

A. }
P. }

1. Name in full (Surname first) *Batten E. Cleagan*
2. Rank and Regimental Number *3346104*
3. No. of Battalion or Corps *P. Depot Batten*
4. Date of Enlistment *18. 5. 18*
5. Full name of Wife *Emma Batten*
- Widowed Mother *Emma Batten*
- Children's Guardian *St. Martins P.O. Man*
6. Address *St. Martins P.O. Man*
7. State ages of Children: Girls under 17 Boys under 16
8. With whom do your Children reside? *20*
9. Amount of Assigned Pay *20*
10. Name of Assignee *as above*
11. Address



*May 4 days
June 23
July 5*

Jan paid

12. From what date is Assigned Pay effective? 18. 5. 18.
13. Date of Marriage?
14. Date Marriage Certificate examined by Paymaster
15. Have you made a previous Claim for Separation Allowance? Give particulars no
16. Is Separation Allowance being paid on your Account to any person? no
17. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place? no
18. Will you be in receipt of a salary as such, while serving? If so paid, how much per month? no
19. Name of Corps prior to enlistment in the C.E.F.
- I hereby certify that the above is a true statement.

1 E Batten

Name of Soldier.

Signature of officer forwarding this application,

1ST DEPOT BATT'N MANITOBA REG'T

Unit WINNIPEG, MAN.

Date JUL 6 1918

S. A. Paid by From To

Paid by From To

CAPTAIN

MAY 25 1918

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st. DEPOT BATTALION, MANITOBA REGIMENT.

Regimental No. 3346104 Rank PRIVATE Name Batten Eleazer

Enlisted (a) 16.5.18 Terms of Service (a) C.E.F. M.C. Service reckons from (a) 16.5.18

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

Extended. Re-engaged. Qualification MILITARY

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				



3.1.19 Adm Discharged
Demobilization PO 1357 Winnipeg 7.1.19 60.2 of 3.1.19.

W. R. Wood Major for
Commanding, 1st Depot Battalion Manitoba Regiment

(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.

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				

H. Q. 91
M. D. No. 10
Surname Batten T. O. S. May 18th 1918.
Christian names E. Lazar D. O. Pt. II 141 of 21-5-18.
Regtl. No. 3346104 Rank Pte. S. O. S. TO 7/11 1919.
Unit Man Regt. 1st Dpt Bn. Reason 5 unob
S.O.S. Demob. 3142-15 TR
DD 2-2-19. 1/7M. R. Auth DD 40 4/1/19 1/2M. R.

Next of kin Batten, Mrs. Emma Relationship Mother
Address Saint Martin, Man. Also notify:

BORN—Place England, Newton Date Apr. 27th, 1895
ATTESTED—Place Winnipeg, Man. Date May 16th, 1918
O/S R/C

V.S.A.
NAME

Un/ A. COY.
BATTEN. Eleazer

REGIMENTAL NO.

3346104

RANK

Pte

ENLISTED AT

1ST DEPOT BATT'N MANITOBA REG'T
WINNIPEG, MAN.

PROMOTIONS, &c.
AND DATE

DATE

18/5/18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

No

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

Single. Farmer. Church of Eng.

RELATIONSHIP

Eleazar Batten Sr.

Father

ADDRESS OF

St. Martins P.O. Manitoba

ASSIGNMENT OF PAY \$

20.00

C.

TO

Emma Batten(m)

ADDRESS

as above

SEPARATION ALLOWANCE, ENTITLED OR NOT

yes

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

6.7.18.

IN WHOSE FAVOUR

B0141

mother as above

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS
	NO	DATE	IF IN HOSPITAL, NOTE NAME &c.
Trans N to A	155	JUN 4 1918	
P. W. O. P.	198	17.7.18	from 10.7.18 to 19.7.18
le. L.	212	21.7.18	
of new Orders	252	19.9.18	18.9.18 Trans Sec of N. Co
Reports from Lh.	2	2.1.19	31.12.18
204 20 1357	4	4.1.19	9.1.19

M.S.A. 536180 J.C.

REG. NO.

3346104

NAME

Batten Eleazar

ENLISTED AT

Winnipeg Canada

DATE

18.5.18

CATEGORY

A2

PREVIOUS SERVICE

Nil

NATIONALITY

Canadian

CLASS OF ENLISTMENT

Draftee

OCCUPATION

Farmer

WHEN ORDERED TO REPORT

16.5.18

WHERE

Winnipeg Canada

MARRIED OR SINGLE

Single

RELIGION

C. of E.

AGE

23 - 1

HEIGHT

5' 7"

WEIGHT

139

COLOR OF HAIR

Dark

EYES

L. Brown

COMPLEXION

Ruddy

CHEST MEASUREMENT, NORMAL

35

EXPANDED

38

NAME OF NEXT OF KIN

Mrs. Emma Batten

RELATIONSHIP

Mother

ADDRESS

Saint Martin P.O. Manitoba Canada

REMARKS

141. 05 To A. 212 CH

over

Box. 4-1-19. Beschd Ro 1357

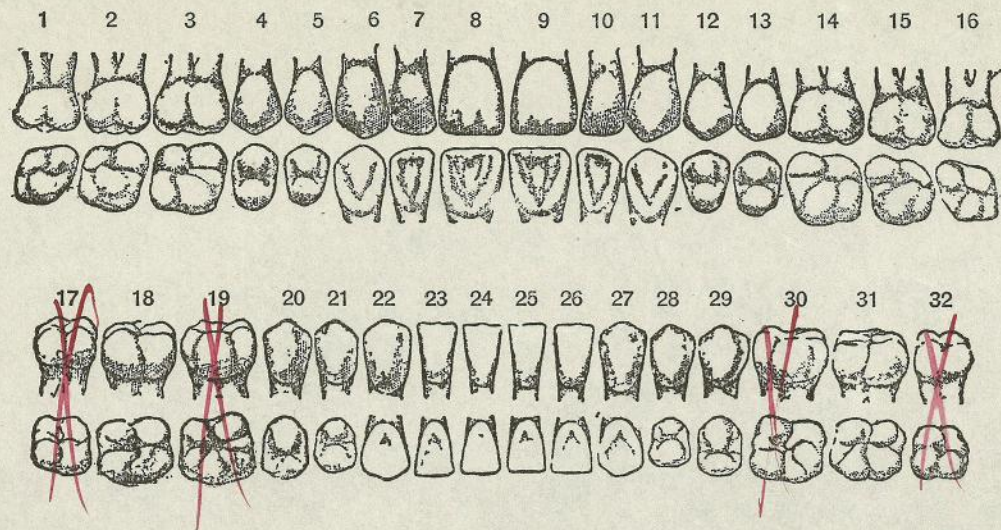
Mr. C. J. Smith
Jesse R. Smith

B. B. Butler & Co.

RANK.....

RANK..

No.



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

[illegible]

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

44. B. 1503

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. 3746104 Rank Private Surname Batten
(Given name in full)

Fleazer

Unit or Corps 1st Depot Battalion Birthplace England

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

1. GENERAL DESCRIPTION:

Physique Good Weight 139 lbs. Height 5 ft. 7 in. Colour of Eyes Brown
Nutrition Good
Pulse 76
Condition of arteries normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

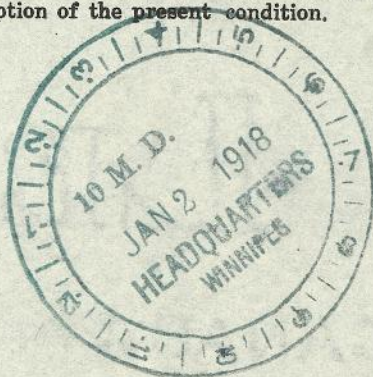
Nil

Opinion as to general health and physical condition Good 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 Sytem 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 Winnipeg, Man. (Canada)

Date December 31st, 1918. Signed W. Smith Capt 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 E. Batten

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

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

APPROVED

E. Batten

JAN 2 1919

FOR A. D. M. S., M. O. No. 10.
WINNIPEG, MAN.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate 11405



This is to Certify that No. 3346104 (Rank) Private.

Name (in full) Eleanor Batten enlisted in

the 1st Depot Battalion Manitoba Regiment

CANADIAN EXPEDITIONARY FORCE at Winnipeg Canada on the 26th

day of May 1918.

HE served in Canada

and is now discharged from the service by reason of demobilization (chapter)

R.O. 1357. (C.O.-2. of 3-1-19)

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

Age 23 years 9 months

Height 5 feet 7 inches

Complexion Ruddy

Eyes Light Brown

Hair Dark

Eleanor Batten

Signature of Soldier

Marks or Scars 4 scars right shin
2 right knee 1 left knee



Worswood Major for
Issuing Officer
Commanding, 1st Depot Battalion Manitoba Regiment

Rank

Date of Discharge January 7th 1919

Appointment

Signed at Winnipeg Canada this 7th day of January 1919.

in Military District No. Ten

File Reference No. 10-M.D. 44-B-1503

McGoldstone Capt
District Casualty Officer

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