REGIMENTAL DOCUMENTS

NAME ALAIN. EMILIEN. REGT. NO. 1030321 UNIT 226th Bn H. Q. FILE NO. 3420

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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2 M F B 288					

401939

W. 2589
100M-11-18
1772-39-1377

— Copy — — Original —

ATTESTATION PAPER.

No. 1036321

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Alain
1a. What are your Christian names? ..... Emilien
1b. What is your present address? ..... Campbellton Restigouche Co. N.B.
2. In what Town, Township or Parish, and in what Country were you born? ..... Carleton, Prov Quebec Canada
3. What is the name of your next-of kin? ..... Emile Alain
4. What is the address of your next-of-kin? ..... Campbellton Restigouche Co. N.B
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... Feb 27th 1899
6. What is your Trade or Calling? ..... Laborer
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? ..... Yes
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? .....
14. If so, what was the nature of the disability? .....
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .....
16. If so, what was the reason? .....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Emilien Alain, 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.

Emilien Alain (Signature of Recruit)

Date Nov 9th 1916. Jas C. Bonnell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Emilien Alain, 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.

Emilien Alain (Signature of Recruit)

Date Nov 9th 1916. Jas C. Bonnell (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 Fredericton this 9th day of Nov 1916.

A. T. Brewer, J.P. York Co. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Alain, Emilien on Enlistment.

Apparent Age 19 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 6 ins.
Chest measurement. Girth when fully expanded	85 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Dark
Eyes	Black
Hair	Dark
Religious denominations. Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	Yes
Jewish	
Other denominations (Denomination to be stated.)	

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).

Nil

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 Nov 9th 1916.

Place Fredericton N.B. W. H. Irvine
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.

Emilien Alain 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.

Percy H Guthrie Maj (Signature of Officer)
Ol. 236 Batt C.E.F.

Date Nov 9th 1916.

card. DB 21-11-16

DUPLICATE

ATTESTATION PAPER.

No. 1030324

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

MILITIA DEPARTMENT
NOV 16 1916
H. Q. CANADA

(The 115th Regiment O. S. BATTALION
Canadian Highlanders—Sir Sam's Own)
Canadian Kilties—Sir Sam's Own)

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Blain
1a. What are your Christian names? Emilien
1b. What is your present address? Campbellton, Restigouche Co N.B.
2. In what Town, Township or Parish, and in what Country were you born? Carleton Prov Quebec Canada
3. What is the name of your next-of kin? Emile Blain
4. What is the address of your next-of-kin? Campbellton, Restigouche Co N.B.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? Feb 27th 1899
6. What is your Trade or Calling? Labourer
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? 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, Emilien Blain, 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.

Emilien Blain (Signature of Recruit)

Date Nov 9th 1916 C. J. Bonnell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Emilien Blain, 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.

Emilien Blain (Signature of Recruit)

Date Nov 9th 1916 C. J. Bonnell (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 Fredericton this 9th day of November 1916.

N. J. Barry (Signature of Justice)

J. P. York Co

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Alain Emilien on Enlistment.

Apparent Age 17 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion Dark

Eyes Black

Hair Dark

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic Geo
- Jewish
- Other denominations (Denomination to be stated.)

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).

fit

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 November 9th 1916

Place Fredericton N.B. W. H. Irwin M.D. 6

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.

Emilien Alain 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.

(Signature of Officer)
Lieut. Colonel.
O.C. 236th O. S. BATTALION
(The New Brunswick Kilties—Sir Sam's Own).

Date Nov 9th 1916

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Emilien Allaire

DISTRICT

REGIMENT 236th O/S Bath'n C.E.F. RANK Private

No. 1030321

M.F.B. 465
M-1-17
2-39 950

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.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

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. 1030521 Rank Private Name E. Allaine

Corps # 7 Special Service Co who was* Discharged

On February 28th 1918 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February ~~28th~~ 1st 1918., to February 28th 1918., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		70
Advances by Cheques: No.	10	00	Regt'l Pay 28 days at $ 1 c 00	28	00
Advances by Cheques: No.			Field Allow. 28 days at $ c 10	2	80
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges	23	55	Other Allowances*		
Payment on transfer or discharge No.	12	95	Other Credits* Post Discharge	15	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	46	50	Total	46	50

*Give particulars.

A monthly stoppage of $ nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191.... and Sep'n Allce. 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 ?

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge Under Age authority 7. D. 4-7-774

(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 February 28th 1918

Place W. St John N. B.

Captain
Paymaster.
O. C. #7 Special Service Company

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.

10,0M.—12-17.
H. Q. 1772-33-903.

#1030321

MEDICAL HISTORY SHEET. ORIGINAL

Surname Albain Christian Name Emilien

Examined { on 9th day of November 1916 / at Tracadieville

Birthplace { City or Town Carleton / County Bonaventure

Apparent age ~~140~~ 18

Trade or occupation Clerk

Height 5 Feet 8 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 35 inches.

Physical development Good.

Small-Pox Marks Nil

Vaccination Marks { Arm Right. Left. / Number — 1

When Vaccinated last 12 years ago.

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection Nil

Approved by C J Gregorie
C J Gregorie
Major C A M C
Rank M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
	Eyes	R.D. 20/30 L.D. 20/30	M.O.
			M.O.
	Hearing normal		M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
19/12/16		Was Capt Case	M.O.
29/12/16		C J Gregorie, Major C A M C	M.O.
10/1/17		C J G	M.O.

Enlisted on 9th day of November 1916 at Tracadieville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	236th. Bn	1030321		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
St. John N.B.	Dec. 3/17	"A 4" At present under age	F. T. Daly Capt Says Case L. M. Crossman

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. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439.

Surname Clair Christian Name Emilien

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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. 23rd O/S Battn C.E.F.

Regimental No. 1030221 Rank Pte C. E. F. Name Allaine E.

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				

(*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				

Original Not Available

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 236th Battalion

Regimental No. 10 30 321 Rank Pte. Name Allain Emilien

Enlisted (a) 9/11/16 Terms of Service (a) C. E. F. DofW Service reckons from (a) 9/11/16

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: Date	Report: From whom received	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
21/3/17	236th Bn.	Trans. to #7 Special Ser. Coy. NB. 4-7-774	Fredericton NB.	21/3/17	Pt 11 D069
1/3/18	#7 S.S.Co.	S.O.S. "Underage"	West St John NB.	28/2/18	Pt 11 D060

D. Ethier

Capt For DofR

GP.

(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				From whom received	Date

No. 1020321 RANK Pte. NAME Allain Emilien

T. O. S. 7/11/16 UNIT 236th Battalion C. E. F.
D.O.66 of 10/11/16 (The New Brunswick Rifles - Sir Sam's own)
M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov. 7	Nov. 30	✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar. 1	Mar. 21	✓	Trans. to No 6. S.B. Co. 21/3/17	D.O. 69 of 21/3/17

No. 1030521/3 RANK Pte NAME Allain, E.

T. O. S. Trans. fr. No 6 S. S. Coy. 1-12-17 D.O. 20 of 20-12-17

UNIT Can. Expeditionary Force Details, No 7 S. S. Coy.

M. D. 7

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Dec. 1	Dec. 31	n		
1918	1918			
Jan.		n		
Feb.		v		
mar.	no a/c		48 hrs. det.. 48 hrs. det.	D.O. 32 of 1-2-18 D.O. 49 of 18-2-18
			Discharged under Age. 28-2-18	D.O. 60 of 1-3-18
			a/c closed by payment.	

Reg. No. 1030321 Name Allain A

Rank Pte Corps 62nd Age 19 Service C 1/2

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
St James St St John N B	30-5-17	abscess C
Dis to unit	9-6-17	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772—39-1332.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

C

Proceedings on Discharge.

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

No. 1030321

Rank Private

Name Emilien Allain

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

Corps (Squadron, Battery or Company) #7 Special Service Coy. C.E.F.

Date of Discharge February 28th 1918.

Place of Discharge West St John N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 16 years months.
Height 5 feet 9 inches.
Complexion Dark.
Eyes Brown
Hair Black
Trade Student
Intended place of residence (To be given as fully as practicable.) Carleton, Bonaventure Co, P.Q.

Descriptive Marks

Scar on left underside of chin

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

Being under age.
Auth. T.O 4-7-774

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.

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

3. Conduct and character while in the service have been, according to the records, etc.

Bad.

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.)

nil

M. F. B. 218.

100m.—6-16.
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) West St John N.B. ..... N. L. Warren

(Date) February 28th 1918 ..... *Commanding* ..... No. 7 SPECIAL SERVICE CO'Y C. E. F. DEPT.

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) West St John N.B. ..... R. Emilien Olaire ..... (*Signature of Soldier.*)

(Date) February 28th 1918 ..... M. I. Lowe Pte. ..... (*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.

R. Emilien Olaire ..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 1 years 111 days.

Total 1 years 111 days.

11. **Confirmation of Discharge.**

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

(Place) West St John N.B. ..... (*Signature*) N. L. Warren

(Date) February 28th 1918

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.)

I have no Reservations

Emery Olaire

(OVER)