

ATTESTATION PAPER.

No. 2304158

Folio. 11.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)



1. What is your surname?..... *Foster*
- 1a. What are your Christian names?..... *James*
- 1b. What is your present address?..... *Lansdowne Carleton Co NB*
2. In what Town, Township or Parish, and in what Country were you born?..... *Rockland Carleton Co NB*
3. What is the name of your next-of-kin?..... *Mrs Jessie Foster*
4. What is the address of your next-of-kin?..... *Lansdowne Carleton Co NB*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *1 January 1882*
6. What is your Trade or Calling?..... *Farmer*
7. Are you married?..... *Yes.*
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? .. *No.*
14. If so, what was the nature of the disability?..... *No.*
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? *Yes. 140th C.E.F.*
16. If so, what was the reason?..... *Couldn't get Wife's consent*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Foster*, 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.

Date *30 June* 191*7*. *James Foster* (Signature of Recruit)
R. E. Lockhart (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Foster*, 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.

Date *30 June* 191*7*. *James Foster* (Signature of Recruit)
R. E. Lockhart (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 *Sussex* this *30* day of *June* 191*7*
Mark G. [Signature] (Signature of Justice)

Description of James Foster on Enlistment.

Apparent Age.....35 years5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 6½ ins.

Chest measurement. { Girth when fully expanded.....36 ins.
 Range of expansion.....2 ins.

Complexion.....Tanned

Eyes.....Blue

Hair.....Sandy

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....Yes
 Roman Catholic.....
 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).

Eyes R.D.-40
R.D.-30

Hearing, normal

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.....30 June.....1917

Place.....Sussex NB

[Signature]

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.

.....James Foster.....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] Major, (Signature of Officer)
O. C. No. 2 N. B. Forestry Coy. C. E. F.

Date.....30 June.....1917

7-2-19

DESERTERS DISCHARGE DOCUMENTS

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

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- 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.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....



Name FOSTER JAMES
 Regt. No. 2304158 Rank Cpl
 Corps #2 N.B. For. Coy.

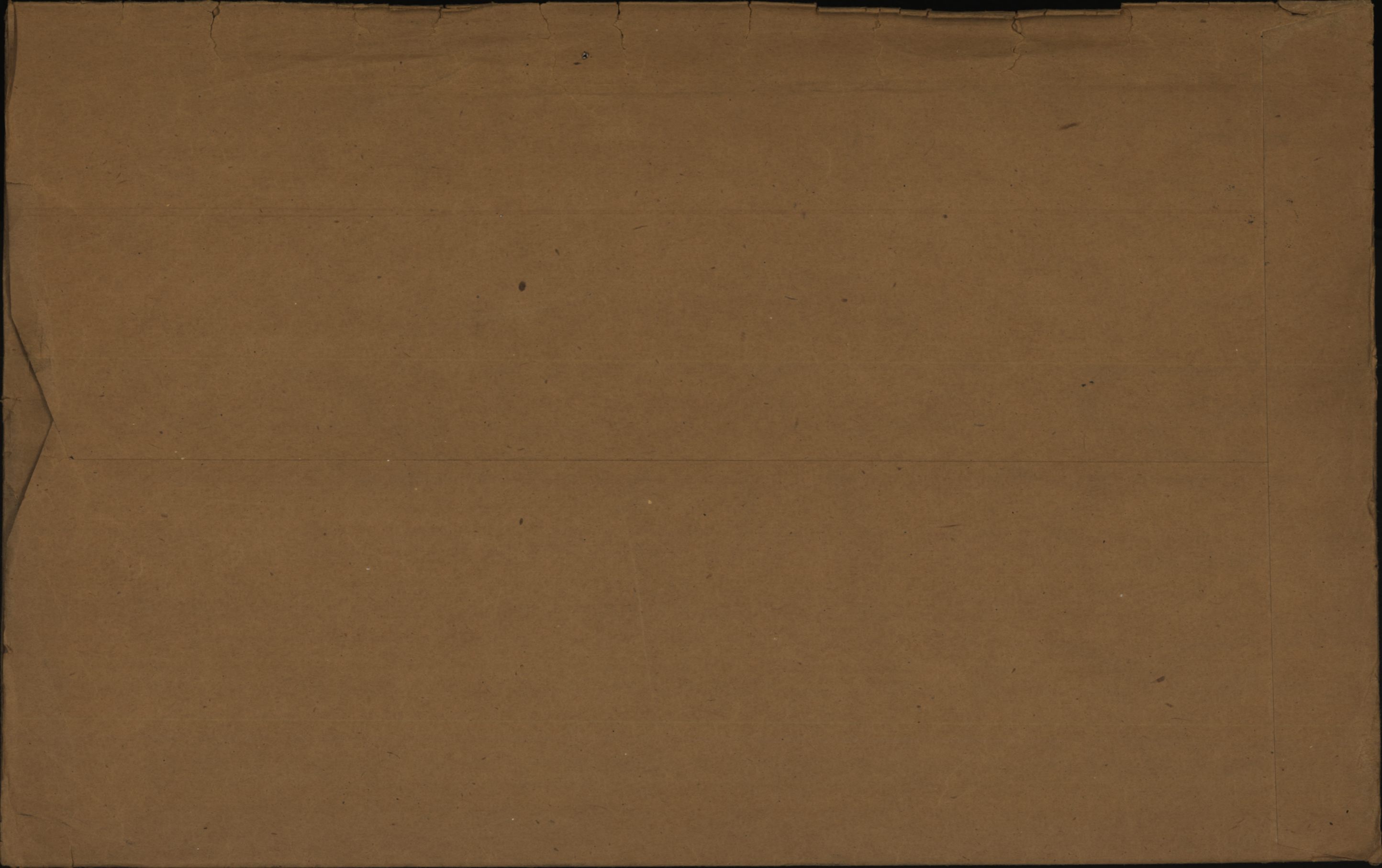
S. O. S. 23-7-17

15149



Last Pay Certificate..... 1
Enrollment Form - 2
m 7 31 67 - 2
m 7 31 82 - 1
m 7 B 405 - 1
m 7 B 259 - 3

May 1890



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.....

No. 2 N. B. FORESTRY COY. C. E. F.

(2) Regimental Number 2304158

(3) Full Name of Soldier Goster James

(4) Place of Birth Rockland Carleton NB

(5) Are you married, or not? Yes

(6) If married, state,

(a) Full name of your wife Mrs. Jessie Goster

Lansdowne Co NB

(b) Present Postal Address.....

(7) Are you a widower? No

(8) Have you any children? Yes — 3

If so, give number of boys and girls. 1 Boy 2 Girls

Also their names and ages. Verna 7 yrs.

James L. 4 yrs

Jessie P. 2 yrs

(9) Is your Father alive? *Yes Charley A. Foster*
If so, state name and address *Landdowne Barleton Co. N.B.*

(10) Is your Mother alive? *No*
If so, state name and address *✓*

(11) If your Mother is a widow *✓*
Are you her sole support, or not? *✓*

(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.
✓

(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.
Yes

(15) Are you insured? *No*
If so, in what Company?
Have you made arrangements for payment of your Insurance premium?
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

C. L. Houghton
Major,
O. C. No. 2 N. B. Forestry Coy. C. E. F.,
Officer Commanding.

Date *30 June 1917*

MEDICAL HISTORY SHEET

Surname *Flaster* Christian Name *James*

Examined	on <i>30</i> day of <i>June</i> 191 <i>7</i>	Approved by <i>James Salepi</i>	
	at <i>Sussex NB</i>	Rank _____ M.O.	
Birthplace	City or Town <i>Rockland</i>	Rank _____ M.O.	
	County <i>Carlton NB</i>	M.O.	
Apparent age	<i>35 yrs 5 Mos</i>	Date	EXAMINED FOR RE-ENGAGEMENT
Trade or occupation	<i>Farmer</i>	Fit or Unfit	M.O.
Height	<i>5</i> feet <i>6 1/2</i> Inches		M.O.
Weight	<i>135</i> lbs.		M.O.
Chest measurement	Minimum <i>34</i> inches		M.O.
	Maximum expansion <i>36</i> inches		M.O.
Physical development	<i>Good</i>		M.O.
Small-pox Marks	<i>None</i>		M.O.
Vaccination Marks	Arm Right Left	Date	VACCINATIONS
	Number <i>None</i>	Result	
When Vaccinated last	<i>Never</i>		M.O.
(a) Marks indicating congenital peculiarities or previous disease	<i>None</i>		M.O.
(b) Slight defects but not sufficient to cause rejection	<i>American flag with heart and cross tattooed on lower right arm Tendency to fallen arches Left testicle retained in abdomen</i>	Date	ANTI-TYPHOID INOCULATIONS, ETC.
		Result	M.O.
			M.O.
			M.O.

Enlisted on *29* day of *June* 191*7* at *Sussex NB*

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<i>No. 2. NB Forestry Co</i>	<i>2304158</i>		<i>29-6-17</i>
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.

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. 2304158 Rank Private Name Foster, James.

Corps No. 2 N. B. Forestry Coy. G.W.F. Was* Deserter.....

On 30 June 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 29 June 1917, to 21 July 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No. <u>A.R.</u>	3.	40	Regt'l Pay <u>23</u> days at \$ <u>1c 00</u>	23.	00 -
by } No.			Field Allow. <u>23</u> days at \$ <u>- c 10</u>	2.	30 -
Cheques } No.			Other Allowances*.....		
Assigned Pay No.....			Other Credits* <u>Subsistence</u>	13.	80 -
Other Charges* <u>Desertion</u>	37.	40	Bal. Dr. (to be paid by the new unit).....	1.	70 -
Payment on transfer or discharge No.....					
Balance Cr. (to be paid by the new unit).....					
Total.....	40.	80	Total.....	40.	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 29-6-17

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge and authority Court of Inquiry 23 July 1917.

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

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

Date 23 July 1917

Place Sussex, N. B.

C. V. Langton Major

O.C. No. 2 N.B. Forestry Coy., *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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The following is a statement of the account of the above-named member of the Canadian Contingent Expeditionary Force, from the date of his departure from Canada to the date of his return to Canada, as shown in the following statement of account:

Date	Particulars	Debit	Credit
1917	Payroll		100.00
1917	Travel	20.00	
1917	Other	10.00	
1917	Balance forward		50.00
	Total	30.00	150.00

The above-named member of the Canadian Contingent Expeditionary Force has been paid the amount of \$150.00, which is the sum of the above-named account, less the amount of \$30.00, which is the amount of the above-named account, as shown in the following statement of account:

On transfer of an Order, the amount of \$150.00 has been paid to the above-named member of the Canadian Contingent Expeditionary Force, as shown in the following statement of account:

W. J. [Name], [Address], [City], [Province], [Country].
1917

FORM OF WILL

I, James Foster (Name in full)

Regimental Number 2304158 serving in **NO. 2 N. B. FORESTRY COY. C. E. F.**

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs. Jessie Foster
Lansdowne
Carleton Co. N.B.

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Jessie Foster
Lansdowne
Carleton Co N.B.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT
NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 30 day of JUNE A.D. 1917

James Foster Signature of Soldier.

*N.B. Personal estate includes p.p.y, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness R. B. Lockhart corpl.

Address of Witness Pittcadillac N.B.

THE TWO
WITNESSES

Occupation of Witness Soldier

MUST
SIGN HERE

Signature of Second Witness Guy Shury

Address of Witness Sussex N.B.

Occupation of Witness Soldier

FORM OF WILL

WILL OF **MR. S. N. B. FORESTRY COY. K. E. I.**

Name and address

of person by

whom made

and date

of making

of same

and to what

purpose or

uses made

thereof

and to

whom made

and date

of making

of same

and to what

purpose or

uses made

thereof

and to

whom made

and date

of making

of same

and to what

purpose or

uses made

thereof

and to

whom made

and date

of making

of same

and to what

purpose or

uses made

thereof

and to

The witness

HENRY J. ...

and acknowledged

Signature of testator

Witness

Location of witness

M. J. W. ...

SURNAME

Foster

CARD NO.

4

CHRISTIAN NAMES

James

REGL. No.

2304158

RANK

Ote.

UNIT

Forestry Coy (M.D. 6)
Nil

FORMER CORPS

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Foster, Mrs. Jessie

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*Lansdown, Carleton Co,
N. B.*

COUNTRY OF BIRTH

Canada, Rockland, N. B.

DATE

Jan 1st, 1882

PLACE OF ATTESTATION

Sussex, N. B.

DATE

June 30th, 1917

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Baptist.

DESCRIPTION.

APPARENT AGE

35.

YEARS

5.

MONTHS

HEIGHT

5.

FEET

6 1/2.

INCHES

CHEST MEASUREMENT

36.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Tanned.

EYES

Blue.

HAIR

Sandy

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Sussex, N. B.

DATE

June 30th, 1917.

Present Address, Lansdowne, Bartlett's, N. B.

No. 230415-8 RANK *Plt*

NAME *Foster Gas.*

T. O. S. *29-6-17* UNIT *no 2 new Brunswick Forestry Co. & F.*
 (*DO 47 of 30-6-17*)

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>June 29</i>	<i>June 30</i>	<i>✓</i>		
<i>July 1</i>	<i>July 21</i>	<i>✓</i>	<i>abs. from 30-6-17</i> <i>DO 30-6-17 as deserter</i>	<i>DO 53 of 7-7-17</i> <i>DO 68 of 25-7-17</i>
<i>are not closed in</i>				

