

ATTESTATION PAPER.

No. 3236681

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... F O S T E R
- 1a. What are your Christian names?..... Louis
- 1b. What is your present address?..... 53 Cameron St., Toronto, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal, Quebec, Canada.
- 3. What is the name of your next-of-kin?..... Mrs. Rachel Foster
- 4. What is the address of your next-of-kin?..... 53 Cameron St., Toronto, Ont.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... July 22nd, 1899
- 6. What is your Trade or Calling?..... Machinist's helper.
- 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? .. No
- 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? .. No
- 16. If so, what was the reason? ..

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Louis 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 March 18th. 1919.
 + Louis Foster..... (Signature of Recruit)
Murie..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Louis 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 March 18th. 1919.
 + Louis Foster..... (Signature of Recruit)
Murie..... (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 Toronto, Ont. this 18th. day of March 1919
[Signature]..... (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.

T.O.S 183-19
 Do 79-20.3-19

Description of Louis POSTER on Enlistment.

Apparent Age 19 years 7 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 9 1/2 ins.

Chest measurement { Girth when fully expanded 32 ins.
 Range of expansion 36 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

Scar over left eyebrow.

Scar over left thumb.

Vision left D. 80!

" right D. 40!

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 March 18th. 191 9

Place Toronto, Ont.

W. T. McLean, Major.

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.

Louis POSTER

.....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.

W. T. McLean
 Ser. O.C. and Det. O.C. R., (Signature of Officer)

Date March 18th. 191 9

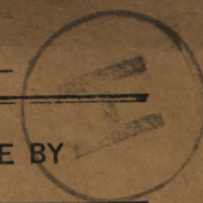
REGIMENTAL DOCUMENTS

NAME **FOSTER**

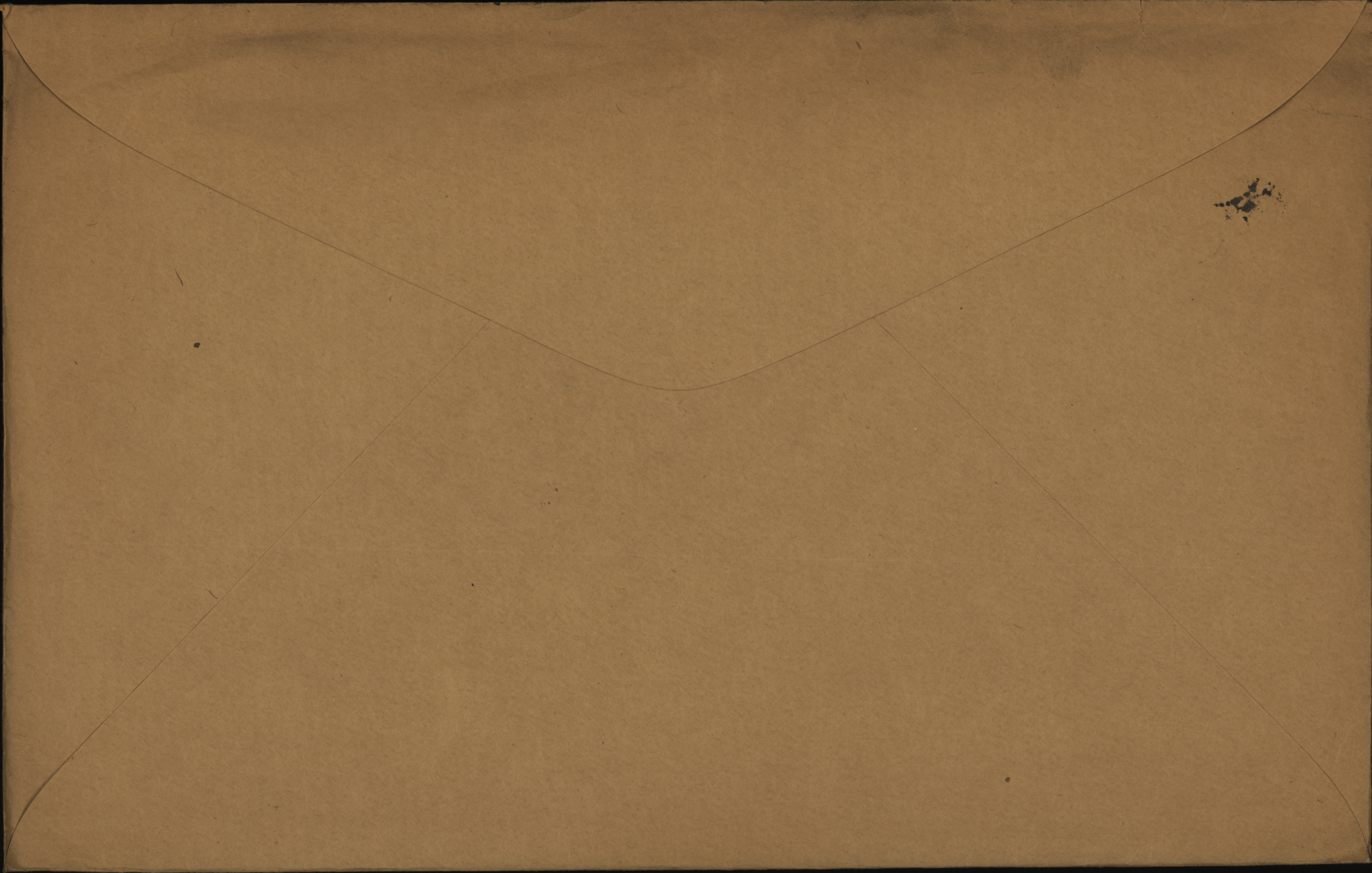
LOUIS

PTE REGT. NO. **323 6681**

UNIT **2nd Det CIP** M. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Rec'd 18/1/19</i>			DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>To Record Officer P.P.C.S.</i>	<i>7-7-19</i>	<i>1-15273</i>	Category
1 TRAINING HISTORY SHEET (M.F.W. 113)		<i>Stanley Barracks, Toronto</i>			
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		<i>M.D.1 (att. O.C. P.C.S.)</i>	<i>8/1/20</i>	<i>1-15273</i>	<i>M.H.</i>
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		<i>Rec'd 10-2-20</i>			
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		<i>Dental Report</i>	<i>19/10/24</i>		
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1 DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
1 MEDICAL EXAMINATION (M.F.W. 129)					<i>Disch to Re-Enlist in Permanent Force</i>
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT-DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>M.D.1</i>					



REMARKS:

H Q. M. D. No. 2
 Surname *Foster* T. O. S. *March 18* 1919
 Christian names *Louis* D. O. Pt. II *79* of *20* 3-19
 Regt. No. *3236681* Rank *Pte* S. O. S. *29-4-1919*
 Unit *Can Gar Regt* Reason *Re-enlist in Perm Force*
 Auth. *DA 120.30/4/19. & C G.P.*

Next of Kin *Foster, Mrs. Rachel* Relations' ip *Mother*
 Address *53 Cameron St.* Also notify :
Toronto, Ont

BORN--Place *Canada Montreal* Date *July 22nd 1899*
 ATTESTED--Place *Toronto, Ont* Date *Mar 18th 1919*
 O/S R/C

Complexion *Fair* Eyes *Blue* Hair *Brown*

NAME *Crockett, Francis.*

RANK & No. *Pte.*

4.67062
Battalion

CORPS *63rd (Inf. P. D.)*

ENLISTMENT, PLACE *Calgary*

DATE *July 23rd. 1915. S.*

FORMER CORPS *Cadets.*

COUNTRY OF BIRTH *Canada. Alberton, P.E.I.*

NEXT OF KIN *Crockett, J. W. (father).*

ADDRESS OF NEXT OF KIN *Hanna, Alta.*

DISCHARGE, PLACE

DATE

NAME

Foster Louis

REGIMENTAL NO.

3236681

RANK

Pfc

ENLISTED AT

*Southern*PROMOTIONS, &C.
AND DATE

DATE

18-3-19

IF SERVED PREVIOUSLY, STATE UNIT, &C.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

Mrs Rachel Foster

RELATIONSHIP

mother

ADDRESS OF

53 Cameron Street Southern

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE <small>E.G. ABSENCE, PROMOTION, &C.</small>	PART II. D. O.		REMARKS <small>IF IN HOSPITAL, NOTE NAME, &C.</small>
	No.	DATE	
<i>L.S. 18-3-19</i>	<i>79</i>	<i>20-3-19</i>	
<i>Sold per Force</i>			
<i>24-4-19</i>	<i>120</i>	<i>20-4-19</i>	

APR 29 1919

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3236681 (Rank) Private

Name (in full) FOSTER, Louis enlisted in

the 2nd Detachment Canadian Garrison Regiment

CANADIAN EXPEDITIONARY FORCE at Toronto, Ontario on the 18th

day of March 19 19

HE served in CANADA

and is now discharged from the service by reason of being

"DISCHARGED TO RE-ENLIST IN PERMANENT FORCE"

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

Age 19 years 8 months

Height 5 feet 9 $\frac{3}{4}$ inches

Complexion Fair

Eyes Blue

Hair Black

Marks or Scars

Scar on left thumb,

Scar left eye.

Louis Foster
Signature of Soldier

P. Blackie
Issuing Officer
Major
O. C. 2nd Det., Can. Garr. Regt., C. E. F.
Rank

Date of Discharge April 29th, 1919

Appointment

Signed at TORONTO, ONTARIO this 29th day of April 1919

in Military District No. -2-

File Reference No. 34-7-222

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

ORIGINAL

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 2nd. Det. Can. Gar. Regt.

Regimental No. 3236681 Rank Pte. Name FOSTER, Louis

Enlisted (a) 18-3-19 Terms of Service (a) D. of W. & 6 mos. Service reckons from (a) 18-3-19

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) Machinist's Helper.

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				
30-4-19	2nd Det. C.G.R.	S.O.S. on Disch. to re-enlist in permanent force 2MD-34-7-222	Toronto	29-4-19	Part 2 d.o. # 120 #120 Lieut. O. I. C. Records, 2nd Det., Can. Garr. Regt., C. E. F.

(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				

MEDICAL HISTORY SHEET

Surname Foster Christian Name Louis

Examined on 18th day of March 1919 at Ex. Camp Toronto Birthplace Montreal Que.

Approved by W. J. McKeau Rank M.O.

A2

Apparent age 19 yrs. 7 mos.

Trade or occupation Machinists Help. M.O.

Height 5 feet 9 3/4 Inches M.O.

Weight 144 lbs. M.O.

Chest measurement Minimum 32 inches Maximum expansion 36 inches M.O.

Physical development Good M.O.

Small-pox Marks gone M.O.

Vaccination Marks Arm Right Left Number 1

When Vaccinated last childhood M.O.

(a) Marks indicating congenital peculiarities or previous disease scar over left thumb M.O.

(b) Slight defects but not sufficient to cause rejection M.O.

Vision L D 80 R D 40 Hearing normal

Enlisted on 18 day of March 1919 at Ex Camp Toronto Can

Table with columns: CORPS (2 Det C. U. R.), REG'TL NUMBER (3236681), HABITS, DATE

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Table with columns: 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.

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

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

No. 323668 Rank pte Surname Foster
 (Give name, in full)
 Unit or Corps 2 PBR Birthplace Montreal, Que

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

1. GENERAL DESCRIPTION:

Physique good Weight 149 1/2 lbs. Height 5 ft. 10 1/2 in. Colour of Eyes grey
 Nutrition good
 Pulse 80
 Condition of arteries good
 Vision Rt. 30 Left 30
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
scar on left shoulder
2 on left eye

Opinion as to general health and physical condition no

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

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

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

APPROVED
 APR 26 1919
 CAPT.
 FOR A. D. M. S. M. D. 2

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date ... 24/11/19 SignedM.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 Lewis Foster.....

(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.)

[Handwritten signature]
25/11/19

[OVER]

(3)

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

157th Batt

Serjeant

Mass

DATE

AUTHORITY

Name

Joster

Address

Canada

13 10 16 fr. Canada
St. 5429 6th

Initials

L. D.

Amount.

\$ 25⁰⁰ fr. 1. 10. 16

4/18. 10. 16

Bank

of Montreal ✓

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
Oct 25	Bank P.A. 1-10-16 mess ^{less Ass'd Pay 25⁰⁰} 13-10-16-31-10-16.			74 60		74 60		
Nov 18	do do do. V. 12589		99 60					
	Pay Nov. (R)		108					
20	A.P. loan. Oct. + Nov.				50 -			
27	Bank			83		0		
Dec 13	A.P. loan				25			
13	Pay Dec (R)		111 60					
19	Bank			86 60		0		
1917	Jan 17 A.P. loan.				25			
22	Pay Jan (R)		111 60					
23	Bank	19288		86 60		0		
Feb 17	A.P. loan.				25			
20	Pay Feb (R)		100 80					
21	Bank	21931		75 80		0		
23	A.P. loan.				25			
21	Pay March (R)		111 60					
23	Bank			86 60		0		

UNIT

ASSIGNED PAY:—

MONTHLY AMOUNT

TO WHOM PAYABLE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

G. B. & S.

NAME

DATE OF APPOINTMENT

MARRIED (YES/NO)

NEXT OF KIN

DATE NON-EFFECTIVE

AND

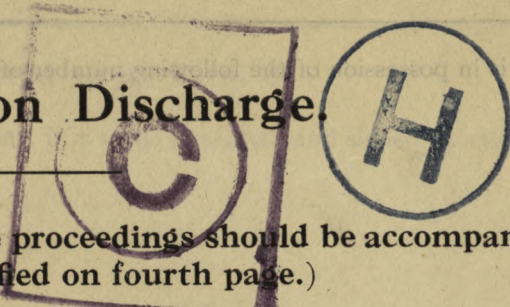
PERIOD		No. OF DAYS	REGTL. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES					
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE	TOTAL

SUNDRY PAYMENTS

DATE	CHEQUE No.	PARTICULARS

This space to be for numbers.

Proceedings on Discharge.



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

No. 3236681

Rank Private

Surname FOSTER,

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

Corps (Squadron, Battery or Company) 2nd Det., Can. Garr. Regiment, C. E. P.

Date of discharge April 29th, 1919

Place of discharge TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 19 years..... 8 months.	
Height..... 5 feet..... 9 ³ / ₄ inches.	Scar on left thumb,
Complexion Fair	Scar left eye.
Eyes Blue	
Hair Black	
Trade Machinist's helper	
Intended place of residence (To be given as fully as practicable.)	

53 Cameron St Toronto

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

"DISCHARGED TO RE-ENLIST IN PERMANENT FORCE

Authority for discharge... A.A.G.'S. letter... April 24th, 1919

2Md-34-7-222

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.

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

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

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

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

6. 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).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... **TORONTO** *Louis Foster*..... (Signature of Soldier.)

(Date)..... **April 29th, 1919** *A. P. [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)..... **TORONTO**.....

(Signature)..... *[Signature]* Major
G. G. 2nd Det., Can. Garr. Regt., C. E. F.

(Date)..... **April 29th, 1919**.....

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 **None**

Lewis Foster

Medical History Sheet	W. 42
Medical Report for Discharge	W. 41
Final History Sheet	W. 40
Final Report for Discharge	W. 39
Final History Sheet	W. 38
Final Report for Discharge	W. 37
Final History Sheet	W. 36
Final Report for Discharge	W. 35
Final History Sheet	W. 34
Final Report for Discharge	W. 33
Final History Sheet	W. 32
Final Report for Discharge	W. 31
Final History Sheet	W. 30
Final Report for Discharge	W. 29
Final History Sheet	W. 28
Final Report for Discharge	W. 27
Final History Sheet	W. 26
Final Report for Discharge	W. 25
Final History Sheet	W. 24
Final Report for Discharge	W. 23
Final History Sheet	W. 22
Final Report for Discharge	W. 21
Final History Sheet	W. 20
Final Report for Discharge	W. 19
Final History Sheet	W. 18
Final Report for Discharge	W. 17
Final History Sheet	W. 16
Final Report for Discharge	W. 15
Final History Sheet	W. 14
Final Report for Discharge	W. 13
Final History Sheet	W. 12
Final Report for Discharge	W. 11
Final History Sheet	W. 10
Final Report for Discharge	W. 9
Final History Sheet	W. 8
Final Report for Discharge	W. 7
Final History Sheet	W. 6
Final Report for Discharge	W. 5
Final History Sheet	W. 4
Final Report for Discharge	W. 3
Final History Sheet	W. 2
Final Report for Discharge	W. 1

I hereby certify that the following documents are unobtainable:

Final Commanding

N.B.—In the case of a man discharged by purchase the date and number of deposit receipt with amount of same is to be noted hereon.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
 Battery } Conduct Sheet, " B. 263a
 Company }

or
 Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or
 Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

2nd Det., C.G.R.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S.

REGT. No. *226681* RANK *Pte*

NAME (IN FULL) *Foster Lewis* (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO
					DATE OF ATTESTATION <i>18/3/19</i>	DATE
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP
ADDRESS					ADDRESS	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>Toronto</i>	DATE <i>29-4-19</i>
						REASON <i>To join P.F.</i>
						AUTHORITY <i>S.O 20</i>
						IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE		NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE		NO.	DATE	
			\$	C.																					\$
Balance from previous account																									
Mar 18-31	14	11 ¹⁰	15	40			15	40			82235			4	90			50		5	40		10	79	<i>5079 ✓ mrv 10.2</i>
April 1-30	30	10	33				42		82908	83861	84576	5	5	119	08			1		32	00		10		<i>mrv 5.12 ✓ mrv 5.12 ✓ mrv 5.12 ✓ mrv 10.2 ✓</i>
May			35		10		45			84686				42	80			1		45					<i>mrv 29/4/19 A0120 ✓ mrv 5.12 ✓</i>
			48		35		70					5		5	67	78			150		83	40		70	<i>X</i>

ACCOUNT CLOSED. NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRIOR TO
H.Q. CIRCULAR No. 102 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

