

NO. 2

# NO. 2. CANADIAN OVER-SEAS EXPEDITIONARY FORCE ATTESTATION PAPER.

931523  
931523  
No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? *Owens Robert*
- 1a. What are your Christian names? *Robert*
- 1b. What is your present address? *1203 Trafalgar St London Ont*
- 2. In what Town, Township or Parish, and in what Country were you born? *Ingersol Oxford, Ont*
- 3. What is the name of your next-of-kin? *Mrs Rachael Owens*
- 4. What is the address of your next-of-kin? *1203 Trafalgar St. London Ont.*
- 4a. What is the relationship of your next-of-kin? *Wife*
- 5. What is the date of your birth? *7 March 1883*
- 6. What is your Trade or Calling? *laborer*
- 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 } *Yes*  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Owens*, 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 *14 Sept* 191*6*. *Robert Owens* (Signature of Recruit)  
*Geo. Halbraith* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Owens*, 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 *14 Sept* 191*6*. *Robert Owens* (Signature of Recruit)  
*Geo. Halbraith* (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 *London* this *14* day of *September* 191*6*.  
*W. H. Cluffell* (Signature of Justice)

Description of Owens Robt on Enlistment.

Apparent Age 33 years 6 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 5 ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 33 ins.

Complexion Dark

Eyes DK Brown

Hair Black

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

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 14 Sept 1916

Place London

T. Kingsmill  
Major CMG  
 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:—

APPROVED

CAPT R.O

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Owens 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.

C. H. Reis Capt (Signature of Officer)

Date Oct 23<sup>rd</sup> 1916

OWENS ROBERT

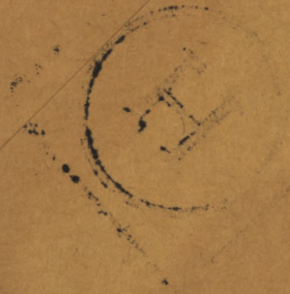
931523

07857

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.



pd



WAR SERVICE RECORDS DIV  
CIVIL RECORDS DIV

No 1523.

RANK

Pte.

NAME

Dumens. Robert.

T. O. S.

14-9-16

UNIT

No 2. Construction Battalion

D.O. 32. 21-9-16

M. D. 6

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

1916

1916

n.

Sept. 14 Sept. 30

Oct.

n.

Nov.

n.

Dec 7 Dec 8

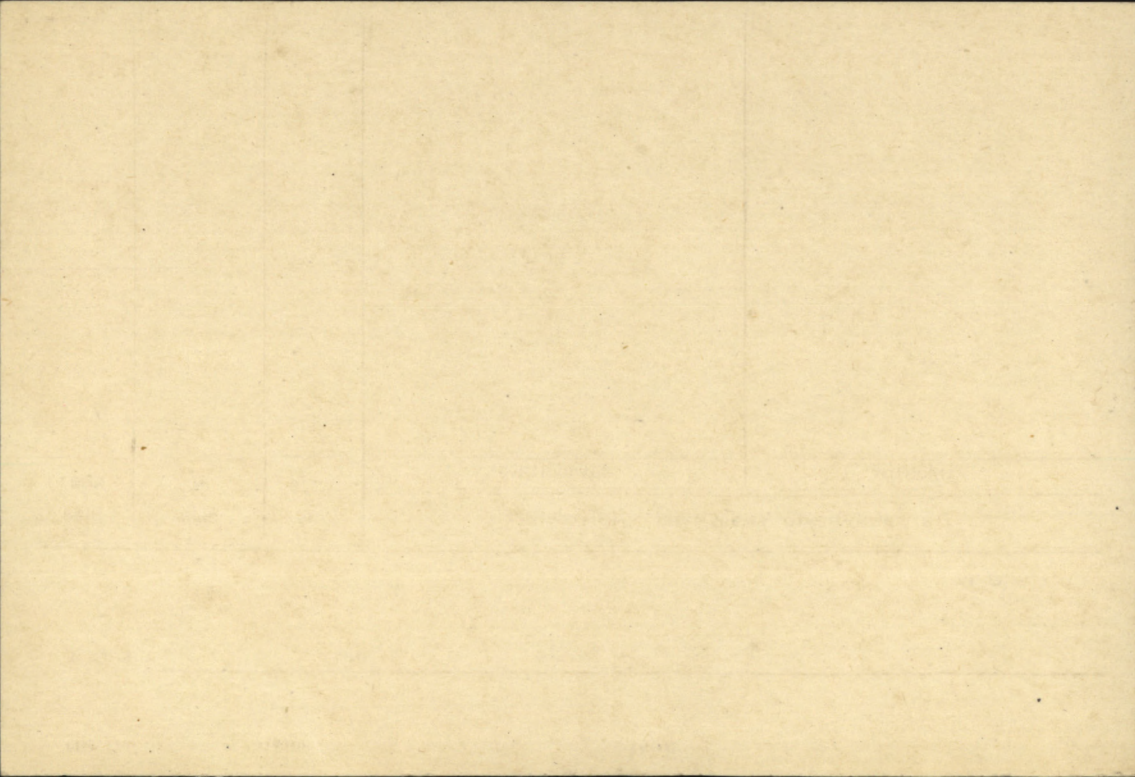
n.

Jan no dates

n.

A.W.P. trans. 18-11-16  
C. of S. held. 8-12-16 S.O.S.

Jan. paylists



SURNAME.

*Quens*

4

CARD NO.

CHRISTIAN NAMES

*Robert.*

FOLL.

REGL. No.

*93152B*

RANK

*Sto.*

UNIT

*No. 2. Construction.*

*Bn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Quens, Mrs. Rachael.*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*1203 Trafalgar St. London.  
Ont.*

COUNTRY OF BIRTH

*Canada, Ingersol, Ont.*

DATE

*Mar. 2nd, 1883.*

PLACE OF ATTESTATION

*London, Ont.*

DATE

*Sept. 14th, 1916*

MARRIED

*Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*33.*

YEARS

*6.*

MONTHS

HEIGHT

*5.*

FEET

*5.*

INCHES

CHEST MEASUREMENT

*33.*

INCHES

EXPANSION

*3.*

INCHES

COMPLEXION

*Dark*

EYES

*Dark Brown*

HAIR

*Black*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*London, Ont.*

DATE

*Sept. 14th 1916.*

*Present Address.*

*1203. Trafalgar St.  
London, Ont.*



*Original Not-Available.*  
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-99-90.

## Casualty Form—Active Service.

Unit, Regiment or Corps. *No 2 Construction Battalion*

Regimental No. *931523* Rank *Pte* Name *Owens Robert*

Enlisted (a) *14-9-16* Terms of Service (a) *D of War* Service reckons from (a) *14-9-16*

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		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				
<i>8-12-16</i>	<i>No 2 Const. Co.</i>	<i>A. W. L. from</i>	<i>16-11-16.</i>	<i>16-11-16</i>	<i>Jan Pay list - M.F.B. 259</i>
	<i>(In. S. O. S. Deserted by C of D held 8-12-16.</i>	<i>Truro</i>	<i>7 S</i>		



*G. G. G. G. G.*  
*D. J. R.*

(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.]

Casualty Form - Active Service

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				

14-9-16

MILITIA AND DEFENCE

378

M. F. W. 11.  
50m.-6-16.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Mrs. Rachel Owens,*  
Address *Chatham, Ont.*Name of Soldier *Owens, Robert*Regtl. No. *931523*Rank *plc.*Corps *# 2 Consts. Batty.*Relation to Soldier } *wife*  
wife, child or mother }To what Corps belonging }  
when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED  
DATE..... PER. *W*

RECEIVED  
MAY 19 1900

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Rachel Owens <sup>wife</sup>  
PAYMENTS.Name of Soldier Owens, Robert

931523

plc.

#2 Constn. Br.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<del>L 21535</del>	<del>31</del>	31 L 21535 Cancelled per address 10-11-16
Nov.		<del>P 24622</del>	<del>20</del>	20 P 24622 Cancelled.
Dec.		X X X	X	No cheques.
Jan.	1917			Wait better address.
Feb.			X X	now avail 16/11/16 Pmt 27/11/16
March				Deserter 16/11/16 Pmt 11/12/16
April				Seen
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE..... PER W.....

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

931523

MEDICAL HISTORY SHEET.

Surname Owens Christian Name Robert

Examined { on 14 day of Sept 1916  
 at London  
 Birthplace { City or Town Jungerson  
 County DeFord Ont.

Approved by H. Kingsmill  
 Rank Major Seame M.O.

Apparent age 33/6  
 Trade or occupation laborer  
 Height 5 Feet 5 Inches.  
 Weight 138 Lbs.  
 Chest measurement { Minimum 33 inches.  
 Maximum expansion 36 inches.  
 Physical development Fair  
 Small-Pox Marks Nil

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right 0 Left 3  
 Number 3

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last 1895  
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection  
Dental service

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

Enlisted on 14 day of September 1916 at London Ont

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment				
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.

