ORIGINAL 970. No. 624970. Folio 30

ATTESTATION PAPER.

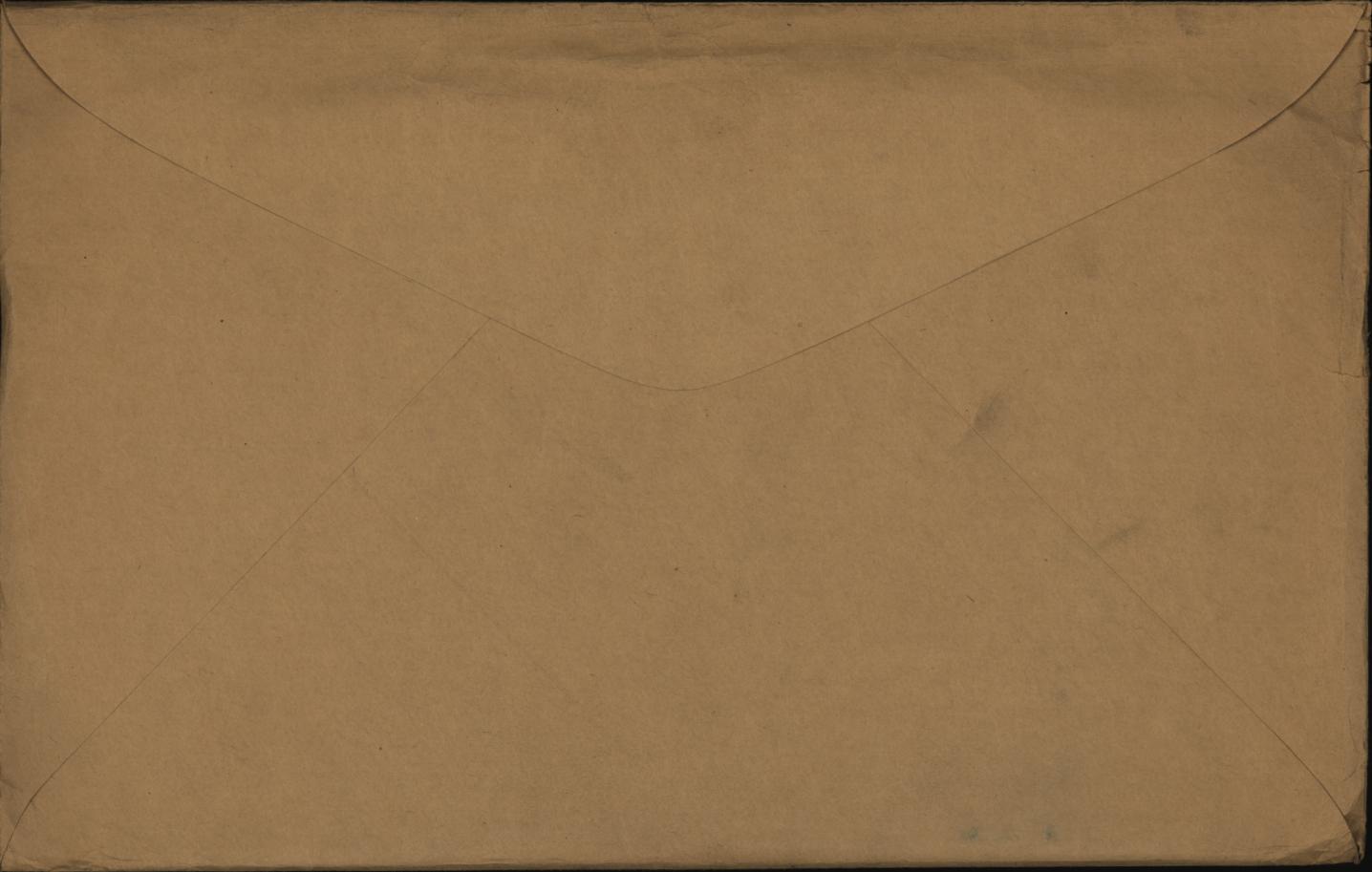
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

		QUESTIONS TO BE PUT BE							
		notice in a writer that sale is but	PERRY (ANSWERS).						
		What is your surname?	FREDERICK, JUDSON,						
		What are your Christian names?	Chavoin, albesta,						
		What is your present address?							
	2,	In what Town, Township or Parish, and in what Country were you born?	bodys new Bruswick						
1	3.	What is the name of your next-of-kin	Tred Perry						
4	4.	What is the address of your next-of-kin?	body newBruninek						
	4a.	What is the relationship of your next-of-kin?	e/writer,						
	5.	What is the date of your birth?	May 5-1893. Teacher,						
	6.	What is your trade or calling?	722						
	7.	Are you married?	γω.						
	8.	Are you willing to be vaccinated or revaccinated and inoculated?	Vs.						
	9.	Do you now belong to the Active Militia?	No.						
	10.	Have you ever served in any Military Force?	No.						
	11.	Do you understand the nature and terms of your engagement?							
	12.	Are you willing to be attested to serve in the { CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }							
	year,	Jan	Provided His Majesty should so long require Provided His Majesty should so long require (Signature of Recruit)						
	Date	Jel. 28 1916 OS. M.	Medimon(Signature of Witness)						
	Crow and	OATH TO BE TAKEN BY M. I, Frederick furbor Perry, true Allegiance to His Majesty KING GEORGE T Il as in duty bound honestly and faithfully defend I on and Dignity, against all enemies, and will observe Successors, and of all the Generals and Officers set of	e and obey all orders of His Majesty, His Heirs over me. So help me God.						
	Date	Feb. 28 th. 1916	Michael (Signature of Witness)						
	CERTIFICATE OF MAGISTRATE								
	duly	The Recruit above-named was cautioned by me that tions he would be liable to be punished as provided. The above questions were then read to the Recruit I have taken care that he understands each question entered as replied to, and the said Recruit has mad re me, at	in the Army Act. in my presence. a, and that his answer to each question has been e and signed the declaration and taken the oath						
		1							

DESCRIPTION OF Frederick	uden Serry. ON ENLISTMENT
Apparent Ageyearsmonths. To be determined according to the instructions given in the Regulations for Army Medical Services.) Height	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.)
Girth when fully expansion. Range of expansion. Complexion Eyes. Girth when fully expansion. 3/4 ins. Blue	lat Kall
Church of England Presbyterian Methodist Baptist or Congregationalist Roman Catholic Jewish Other Denominations	Wt. 158 lbs.
(Denomination to be stated)	DICAL EXAMINATION
rejection specified in the Regulations for Army Med He can see at the required distance with either use of his joints and limbs, and declares that he is n	eye; his heart and lungs are healthy; he has the free ot subject to fits of any description.
Date. Feb. 28th 1916. Place. Chauvin	DIAN OVER-SEAS EXPEDITIONARY FORCE. Olorace of Holland Medical Officer. unfit, he will fill in the foregoing Certificate only in the case e cause of unfitness:—
of those who have been attested, and will briefly state below th	e cause of unfitness:—
	ER COMMANDING UNIT
nspected by me this day, and his Name, Age, Date of Deen recorded, I certify that I am satisfied with the content of the conte	Attestation, and every prescribed particular having orrectness of this Attestation. (Signature of Officer)

REGIMENTAL DOCUMENTS

a/Sgt. NAME PERRY FREDERICK JUDSONEGT. NO. 624976 UNIT 151St. Bm. - 21St. Res. M. F. W. 2505 NON-EFFECTIVE BY CONTENTS DATE FORWARDED TO WHOM FORWARDED DATE RECEIVED REFERENCE DEATH A TESTATION PAPER (M.F.W. 23, 133, or 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category DENTAL HISTORY SHEET (M.F.B. 465) MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) 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) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



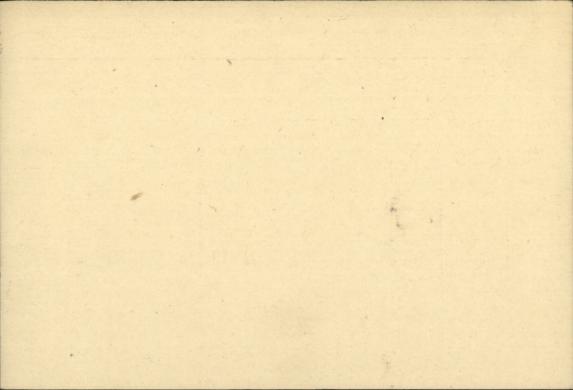
No. 624970 RANK Ple.

NAME Perry F. J.

T.O.S. 28/2/16 UNIT /5/ St. Battalin & E.f.

M. D. /3

PAID	PAID	SIG.	PROMOTIONS, TRANSFE	RS, DISCHARGES, ETC.
FROM	то	REC'T	PARTICULARS	AUTHORITY
1916	1916			
Feb. 28	Feb. 29	22.		
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	Sept.		1	
Oct.	Oct, 12.	n.	Trans to 9 the mes. 10.16.	20246
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				UNIT SAILED
				OCT 3 1916
				00.



FORM R. 149. 7106-250m-7/2/17. Name PERRY Frederickank

Judson

Pte.

Reg. No.624976

Unit 10th.Bn.

Next of Kin Canada

20120	(1) It the Constitute					
Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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SURNAME. Party. Survay. Survay. Survay. Survay.
REGL. NO. 624970 RANK PH. Ludson. 00.152 FOLY-6-19
REGL. NO. 624970 RANK PH.
UNIT /5/st. Bn.
FORMER CORPS Mil.
NEXT OF KIN. CHANGE OF ADDRESS
NAMES IN FULL Gerry, Tred.
RELATIONSHIP TO SOLDIER Frather.
ADDRESS Codyji. n.B.
PROPERTY OF THE PROPERTY OF TH
COUNTRY OF BIRTH Canada, Codijs. N. B. DATE May. 5th, 1893.
PLACE OF ATTESTATION harry, alta, DATE Self. St. 1916.
Sailed from Halifapper S & Sapland 23-9-16.
L. L. 94504. M. & B. 6512.

SINGLE MARRIED TRADE OR CALLING Leacher. RELIGION Baptist DESCRIPTION. 22. APPARENT AGE YEARS MONTHS FEET 7/2 INCHES HEIGHT CHEST MEASUREMENT 36.3/4. INCHES EXPANSION 33/4. INCHES COMPLEXION Dark. EYES Blue. HAIR Dk. Brown DISTINGUISHING MARKS Will MEDICAL EXAMINATION. PLACE Chauvin, alta. DATE Jeb. 28th, 1916.

Present address. Chaurin, alta.

Date of Service Lates+ Address.

Next of kin	A STATE OF THE STA
Address on leave	
Address on leave	A CONTRACTOR OF THE CONTRACTOR
Address on discharge	A Company of the Comp
Transportation issued	Yes Character on No Date discharge
Previous occupation	Date and place of enlistment
Diagnosis	Date of Medical Boards
	The second the track of a decided by a dear a september of the second
Date Date	Remarks
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6	A training of many was to a fine the section of the
-	
*-Name will be given	in full; surname first.

Batty.

Reg. No. 624970

Troop

Pte Hospital		Ioth 1	Bn (Uta	Rog.	Admission
Transfe	rred	Gen R			21-7. Hosp.	-17
Truce	ss Christia	n Norp.	Wey	nouth	Hosp. 2	7.7-17
	bons.			•	Hosp. 8	-9-17
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	agnosis: if more th	an one state	e present			
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CL.28-7-1	7 BH19.			REMARI	KS	
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			A.M	D. 2 De	pt.	

Bch. of D.G.M.S. O.M.F.C. London

Christian Name or Names

Co.

F.J.

Surname

Perry

EPITOME OF HOSPITAL TREATMENT.

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	The later to participate action to the second	

7.

GANADIAN ARMY DENTAL CORPS, O.M.F.C.

AL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Sta	tionery Services, London				M. D. 3	
NAME OF SOLDIN	ER (Block Letters)	Perry.F.	J.			f. This for
REGIME	10.Bn.	RA	NK Sgt.	No. 62	4970	t me of zation in or France
Date of Examinat	ion in England 28-	4-19&	Date of Examina	ation in France		2. Figures
	3 4 5 6 3 4 5 6 9 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		1000	13 14 15 100000000000000000000000000000000000	16 10 32	to design concerned 3. In refe Partial the num teeth the be stated
		PRESENT I	DENTAL REC	QUIREMENTS		
1. FILLINGS	13.18.	80.3	1-29			

m will be for each at the Demobili. England

DIRECTIONS TO

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- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

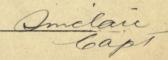


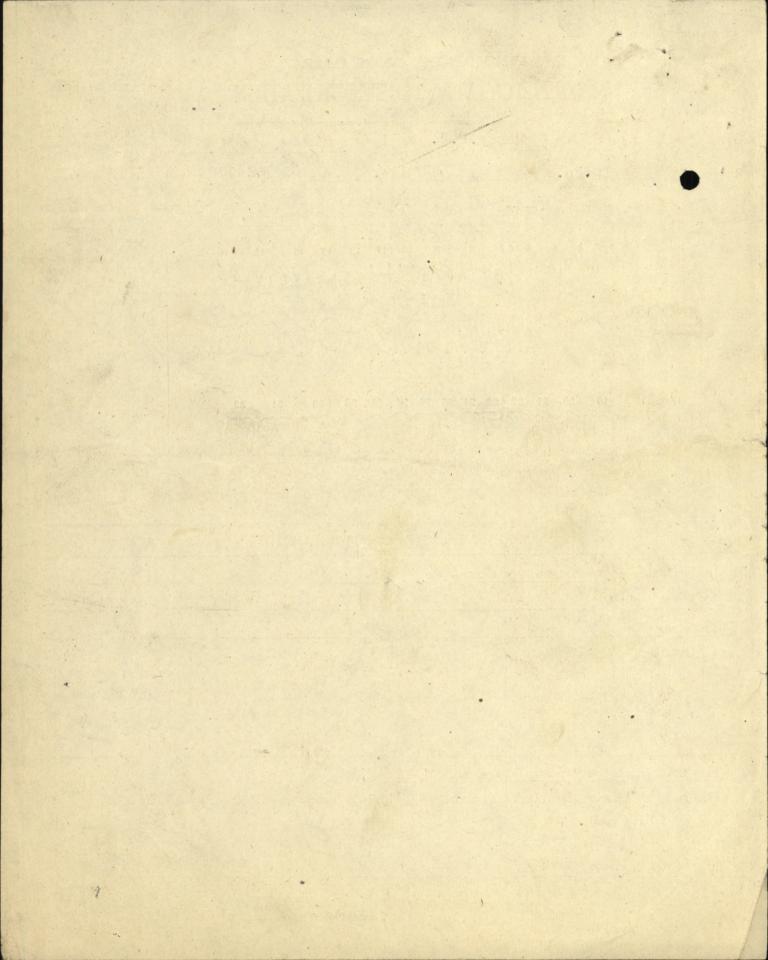
HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

Signature of Dental Officer.





CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 624	1970 (Rank) Afgt.
Name (in full) Frey Tre	each fiedson enlisted in
the 151 of 1	P. T.
CANADIAN EXPEDITIONARY FORCE at	Dansy It on the 28th
day of February 1916	
HE served in 16th Batt	France
and is now discharged from the service by reason	Demobilization. Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on the	e DATE below is as follows:
Age 25	Marks or Scars Coppeines
Height 5 8"	Ocas
Complexion Mean	
76	
Eyes	
Hair Ages	
Signature of Soldier	Re : P.
	Josuing Officer O, C,
Date of Discharge Station	DISPERSAL STATION, ST. JOHN, M. B. FOR
(A)	O. C. DISTRICT DEPOT #7"
MAY 301s19	The state of the s
Tillian Divide to	Date MAY 3 0 1919

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.

M.F.B. 39A. 1049-D.P.-300M-11-18. H.Q. 1772-89-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

1.—That discharge certificate must be carried when wearing unform.

2.—That uniform can be an only thirty (30) days after descharge or when duly authorized in writing and

3.— That wearing of uniform renders him liable to usual military discipline, as if an the strength of a unit.

THIS IS TO CERTIFY that No

Name (in full)

903

CANADIAN EXPEDITIONARY FORCE at

day of

HE served in

and is now discharged from the service by reason of

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

Height

Complexion

Eyes

Hair

Signature of Soldier

Date of Discharge



N.S. As no duplicate of this Certificate will be issued, any person thiding same white bested to for unstampte, precione to the Secretary: Militia Council Ottown Canada.

M.F.B. 10A. 1049-D.F. 206El-11-18 M.Q. 1772-20-882

B. 103 (II.) to be

Form

Army

Nothing to be written in this margin.

W10416-P2151 100,000 3/19 HWV(R1460)

19)

28

9)

		SERVICE	AND CA	SUALTY FORM (Part I).	Army Form B.103—I. Part I.
(1)*Substantive	rank			(2) Regiment or Cops	(3) Regtl. No.
*Acting rank *(To be entered in	n pencil to fac	illisate alteration.)		CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	
(4) Surname				TO DO DOMOSTA	
(5) Christian Na	mes			O O O O O O O O O O O O O O O O O O O	
(6) Army Form, Form or Rec				THE TAXABLE PARTY OF THE PARTY	
(7) Whether of A origin (vide A	British or o L.C.I. 578 o	f Alien f 1918)	149-10		
(8) Date of birth	as stated	on enlistment			
(9) (a)					
(10) Enlistment (12) Service reck		date)	(13)	(11) Engagement (c) Special conditions (if any) of enlistment (d)	
(14) Any subsequence of condition	nent variat	ions (if any))			Initia's and Rank of an Officer.
		(Au	thority)	(date)	
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (vide Arm	ny Order 93 of 1917)
				Industrial Group No.	
				Trade or Calling	
•		Value of the second		Married or Single	
				Particulars of Trade Test	
				Occupation Cards despatched on (date)	

(17)	Next	of	Kin		
(18)	Demo	bil	izer (f)	

(Place)

Signature of Posting Officer

(19) Pivotal-man (f) (20) Qualifications (g) (Date)

or (21) Corps trade and rate

(22) Extended-

(23) Re-engaged.

Second Occupation Card despatched on (date)

(24) Miscellaneous entries:-

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (cide A.C.I. 4.0 of 191.). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.

			Account to the second second	w What				
R	(A) Seport	Authority of	Record of promotions, appointments, reductions,	(D)	(E) Date of	(F)		
Date	From whom received	Part II. of Orders	Record of promotions, appointments, reductions, casualities, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	Place of casualty	promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer	*	
al de	1 sept	10	Attached C.C.C. Kinmel Pa					-
17-7-19	de	neo	return to Canada Part 11 C	Indona				
			No. 634. Ceases to be att C.C.C. Kinmel Park on em	ached				
			ing for Canada, Part 11	Order				
			NO: 436					
		79/	140 a. J. Colus on	2020	out.			
		-	Kinmel Park Cam	wing,				
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a.R.D.

Taken on Strength France 29.11-16 Pl-#19 70

Princes Christian Itap weymout 27.7.17

Romen. 21-7-17 CLA. 705.

erry J. J. 624970 Report. Record of promotions, reductions, transfers, casualties, etc., during active service. REMARKS Date. Place Taken from Official Documents From whom Date. The authority to be quoted in each case. received. OND. S.D.S. & 9 The Kes. Br. Brunshit 19:9-17 1 TO 1999 97 Re R=0 239. 4 20 9.09 14.10.17 Pt TO. 2584 21 - Res. \$ 50.278 Inst. Pool C. J. S. Berlice +6TSP# 216 914 9/18 en being T.O.S. on transfer to that Pool 14 9 18 675 20 be acty Sept with pay Pt Bestill 5.918 Pt 216 OR Com Kinimed Pk Seg Camp In Duly Syl 11. 12. 18. 21° Res y. o. S. from a. I.S. I'm Brokett. 6.12. 18. 4. 1. 293. 2840 4-3-19 4 Solto Runnellh MA13 " Report 3.3-19 Cy 5/20. 2840 24-4-19 3Wing TOSSFT. Code V willy 24419 2097 Sos of P.b. on trans to Nor Wing for RTC Rhyd 13-5-19 0.0.113 20-5-19 M 61-6-47 20.5.19 20519 md7 20519 20140

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 151st Overseas Battalion C.E.F.
	Regimental Number 624970
(3)	Full Name of Soldier Frederick Judson Perry.
	angens she fire to the second of the Committee and the second of the sec
(4)	Place of Birth Codys. New Brunswick.
	Parent Committee Com
(5)	Are you married, or not?
	A DESCRIPTION OF THE PROPERTY
(0)	If married, state, (a) Full name of your wife not applicable.
	(b) Present Postal Address. do
(7)	Are you a widower?
	Have you any children? no
	If so, give number of boys and girlsnot.applicable.
	Also their names and ages

(9) Is your Father alive? yos.
If so, state name and address Fred Perry. Codys. New Brunswick. this is sufficient address.
(10) Is your Mother alive?no
If so, state name and address.
(11) If your Mother is a widow. not applicable
Are you her sole support, or not ?do
(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.
Marketing and operation of the section of the secti
e designed. But I strongst to regular of country of security before any of second second of the best of the
(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.
đo
(15) Are you insured? yes. Manufacturers Life Insurance Co.
Manufacturers/Insurance Co.
de la constant de la
Have you made arrangements for payment of your Insurance premiumyes
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
DA Wolfer Commanding.
DateAugust 8th 1916

ORIGINAL C

ORIGINAL

MEDICAL HISTORY SHEET.

Surname_ LK	\ <u> </u>	Ch	ristia	n Nam	e [n	ENEKI	ch or	02011
Examined { on 28th day of Hebruary 1916.			Approved by Bornfand C Mooney					
Birthplace { City or Town.	bodys .	1		Ran	k	WAR IN	m	м.о.
(CountyU	Ilw Bunswie	h	Date.	Fit or Unfit.	E	XAMINED FOR RE-	ENGAGEMENT.	
Apparent age 29 m	_						1,	AUG 1917
Trade or occupation	reacher.							
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Weight 13 8 - WY.	9.2	Lbs.						
Chest measurement {	imum 33	inches.						
	simum expansion.	Tinches.]	м.О.
Physical development]	м.О.
Small-Pox Marks		0.0]	M.O.
Vaccination Marks { Num		. one	Date.	Result.		VACCINAT	IONS.	
When Vaccinated last Or		d	6/20/16	Good	Ben	maid P.	moorey	м.о.
(a) Marks indicating	congenital peculiar	ities or		0				м.о.
previous disease	ne]	M.O.
			Date.	Result.	A	NTI-TYPHOID INOC	ULATIONS, ETC.	
(b) Slight defects but not	t sufficient to cause	rejection	2/29/16	Food	Ren	man Ca	man	M.O.
- 200110 00	ar refr eye		3/10/16	1.	Rea	mand ??		
		Total	26/9	1/17 }	111			
- anti-	.h.ol.		1-1	0-17	MI			M.O.
Enlisted on 28 th day	of Tyruan	Y	19	16 at_	1	chausen		
	CORPS.	REGT'L N	UMBER.	H	ABITS.		DATE.	
Joined on enlistment	51º Ohn C87	6249	40			Febr	28. 191	6
(C	ANADI	AN TE	RAININ	G SC	HOOL.		
Transferred to	9th. Kes. Br.					13 -	1.0-16	=
	oth Bn O'Seas					27	11.16	
	gh Res Su					84	99 .9.17	
EXAMI	EXAMINED OR DISCHARGED BY A MEDICAL BOARD.							
STATION.	DATE.			SEASE.		The state of the s	ESULT.	
wice Park	2 6/4/14	1	wi	'-	A.	D.te	ecso	owth
	127 24 1 2							CM D

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. 200m—11-15. H. Q. 1772-39-439. DATES OF

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

THIS SECTION FOR USE OVERSE

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.

Do asou, sur un	the case will be relative to a mountain board for completion of M.F.B. 221.
No. 62494	70 Rank Syt Surname Perry
	Frederich Tulson
Unit or Corps	10 the Batto Birthplace Codys new Brussensk
(Exa	amination of Officer or Other Rank (stripped) to be made by one Medical Officer).
1. GENERAI	L DESCRIPTION:
Physique .	Gescription: Geography (1. 1) Height 5ft. L. in. Colour of Eyes
Nutrition	U. 9. o.t. Identification maybe seem or deformation
Pulse	Identification marks, scars, or deformities. (Give cause and date of origin). of arteries t
Condition of	of arteries
Vision Rt	t/bLeft/b appendix seo.
Left .	conversational voice) Rtft.
	general health and physical condition.
	er 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 S	ystem
Special Ser	enses
Disturbance	System
Osseous an	nd Joint System Any other general condition
of origin;	wer to any part of Section 2 above is "Yes," here give full particulars, with cause and date and also a description of the present condition.
hae	systolis murmer. no entarque
leov.	Asso subjetice symptom, probable
./=	A. in a superior of the superior
silvi	y no listing, no dissentity

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS-	
Examined at Luice Pack (Overseas) Date 20/4/14	214 122
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(This space to be used, if necessary, in connect	ion with Section 8, overleaf, only.)

MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

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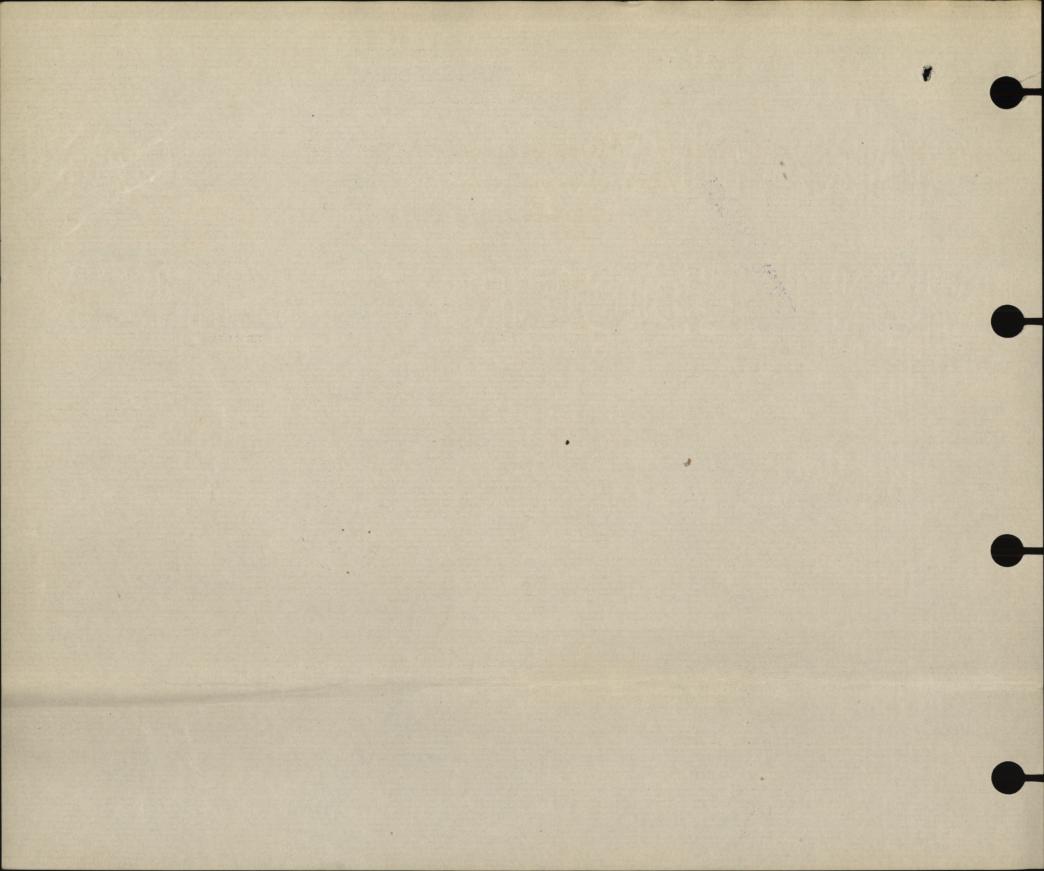
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Sched 401 20-7-17 PAYMENTS

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Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

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Separation and Assigned Pay Branch

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PARTICULARS OF ASSIGNMENT

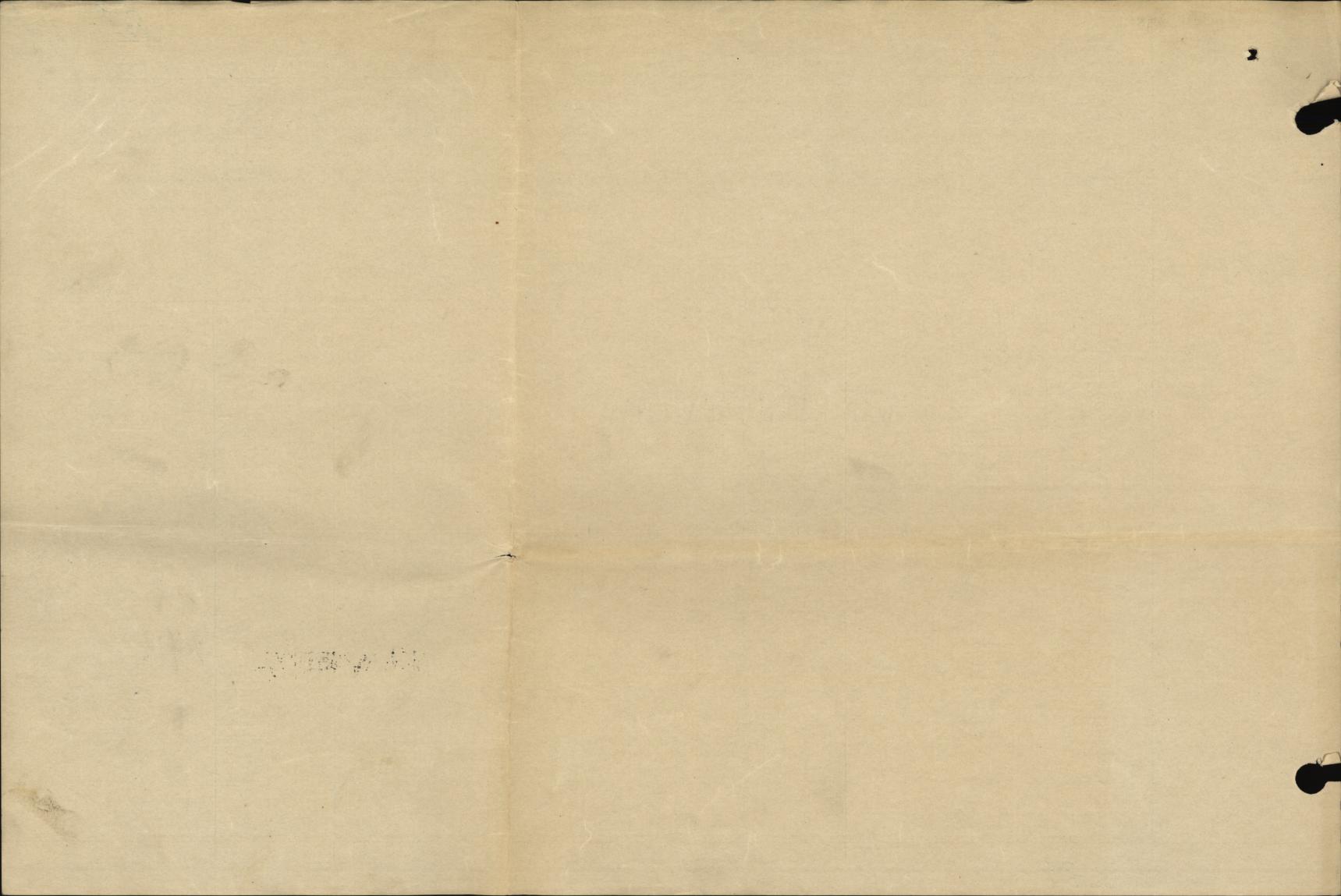
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M. F. W. 2096.
1772-39-1390.



SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

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3. Name. Perry		Frederic	
4. Unit. 15/21.	BN. D. D. NO.	2121.4	ea ea
5 Date of Discharge	MAY 301919 Place	ST. JOHN N. E	
6 Reason for Discharg	DEMODIL 17	Sail-61 HM	
Service in France	- 10	一 公公平	
Next of Kin.	Hamer.		
7. Authority.	1420		
8. Proposed Residence	after Discharge 5 ha	uvin felta	4
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Occupation.	Mirmer		3
9. CE	RTIFICATE TO BE SIGN	ED BY SOLDIER.	
		ce and date I received my discha	arge Certificate
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	W.S.No, -	6/100.	
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		Signature	or soldier.
10.	CONFIRMATI	ON.	
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Dental History Break	
Medical Report	
Regimental Conduct Sheet	
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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 unobt: inable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	
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

1. Triplicate Attestation Paper (I F W. 23), or Particulars of Recruit (al.F.W. 133).

2. Casualty Form (A.F.B. 103).

3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).

4. Proceedings of Med. Boart (N.F.B. 227 or M.F.W.129)

5. Denial Certificate (C.A.D.C. 5000a).

6. Field Conduct Sheet (A.F.B. 122)

7. Proceedings of Discharge (M.F.B. 218a)

8. Discharge Certificate (M.F.W. 39)

(Enclosed i.F. Sheeial envelope (C60M)).

(Enclosed in special envelope (200M)),

9. Copy of Discharge Certificate (M.F.W. 52a). 10. Dispersal Certificate (C.D.S).

11. Equipment | Statement Q.M.G. Form (D.O.S. 2), and Challing

12. Last Pay Certificate (P. 851).

13. Pay Book (A.B.64). 14. War Service Gratuity (Form M.F.W. 2595).

15. Sundry Documents.

Group..... Checked by No Date..

Fill in Only.-Unit. Number, Rank and Name.

Extended

Date

Date of promotion to

present rank.

Report

From whom

received

Casualty Form—Active Service.

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

H. Q. 1772-39-920. Unit, Regiment or Corps Duration of Terms of Service (a) Service reckons from (a) 28/ Date of appointment Numerical position on to lance rank roll of N. C. Os. Qualification (b) Re-engaged Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 218. ported on Army Form B. 213. Army Form Date Army Form A. 36, or other A. 36, or in other official documents. The official documents. authority to be queted in each case. ambarked. 3-10-16 10-16. O.b. 151 8 Bm Transferred to gtt.

27-11-16

Plain

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.

[P.T.O.]

49x * 1	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	CTOTA		Remarks
Date	From whom received	ported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	taken from Army Form B. 213. Army Form A. 36, or other official documents.
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Army Form B. 103.	Casualty Form	-Active Service.	Regimental Nu	imber 624970
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Religion Bapte	st	Age on Enlistment_		months.
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		Qualificatio		House the same
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Report	Record of promotions, reduction	ns, transfers casualties.		Remarks
Date From whom	&c., during active service, as re B. 213, Army Form A. 36, or in o The authority to be quoted in each	ported on Army Form ther official documents.	Casualty Date of Casualty	Taken from Army Form B. 213, Army Form A. 36, or other official documents
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			21st Reserve	Battalion (Alberta.)
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(a) In the case of a man who (b) Signaller, Shoeing-Smith.	has re-engaged for, or enlisted into Section D,	Army Reserve, particulars of such re-	engagement or enlistment wi	ll be entered. [P.T.O.

(b) Signaller, Shoeing-Smith, &c.

Date *	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Forn B. 213, Army Form A. 36 or other official documents	
19-10.18	96 67.3.	On Cam & Kinmel Camp	Beshill	Canadia	Types Caff in Training S	Masst, Adjt.
20/5-/19	Eng.	TAKEN ON STRENGTHST JOHN PART II. ORDER No. 156	, N. B.	MMM. For O.	Lieut. C. District Depo	& Asst. Adjt.
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