ORIGINAL

Unit C.A.P.C. (C.E.F.) Rank Captain Name Scarfe, James Talbot.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? Scarfe

   (*b*) What are your Christian Names ? James Talbot

2. (*a*) Where were you born ? (State place and country) Leeds, Yorkshire, England.

   (*b*) What is your present address ? Prince William Apartments, St. John N.B.

3. What is the date of your birth ? 1st October 1877.

4. What is (*a*) the name of your next-of-kin ? Emily Frances Scarfe

   (*b*) the address of your next-of-kin ? Prince William Apartments, St. John N.B.

   (*c*) the relationship of your next-of-kin ? Wife.

5. What is your profession or occupation ? Clerk

6. What is your religion ? Church of England.

7. Are you willing to be vaccinated or re-vaccinated and inoculated ? Yes.

8. To what Unit of the Active Militia do you belong ? C.A.P.C. (P.F.)

9. State particulars of any former Military Service 331 days C.I.V. (S. Africa 1900) 3 yrs.68 days R.C.M.R. 10 yrs. 214 days C.A.P.C.(C.E.F.) on 31/12/18.

10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ?

The undersigned hereby declares that the above answers made by him to the above questions are true.

James T. Scarfe (*Signature of Officer*)

Taken on strength (place)

(date)

X

(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* Fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 18/2 1919

Place St. John, N.B.

Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51

100m.—4-16.

H. Q. 1772. 39-917

Unit ..... Rank ..... Name .....

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

Answers:

1. (a) What is your surname? .....
   (b) What are your Christian Names? .....
2. (a) Where were you born? (State place and country) .....
   (b) What is your present address? .....
3. What is the date of your birth? .....
4. What is (a) the name of your next-of-kin? .....
   (b) the address of your next-of-kin? .....
   (c) the relationship of your next-of-kin? .....
5. What is your profession or occupation? .....
6. What is your religion? .....
7. Are you willing to be vaccinated or re-vaccinated and inoculated? .....
8. To what Unit of the Active Militia do you belong? .....
9. State particulars of any former Military Service .....
10. Are you willing to serve in the .....

CANADIAN OVER-SEAS EXPEDITIONARY FORCE? .....

The undersigned hereby declares that the above answers made by him to the above questions are true.

..... (Signature of Officer)

Taken on strength (place) .....

(date) .....

..... (Signature of Commanding Officer)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* ..... for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 191

Place .....

Medical Officer.

*Insert here "Fit" or "Unfit"

M. F. W. M.

26-5-19

REGIMENTAL DOCUMENTS

NAME S. Carfe, James T. REGT. NO. Captain UNIT C.A.R.C. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		(1-MFW51) To M.F.W. 7	27-5-19	Ref 7 — 253 BD.	DEATH
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