

12 M. D. 1st Depot Battalion Sask. Regiment

Regtl. No. 3354469

Coy 2

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

DUPLICATE

(Class 1)

1. Surname **Schneider**

2. Christian name **John William**

3. Present address **Asquith Sask.**

4. Military Service Act letter and number **L.C. 424270**  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth **May 3 1895**

6. Place of birth **Joliett Ill U.S.A.**  
(town, township or county and country)

7. Married, widower or single **Single**

8. Religion **R Catholic**

9. Trade or calling **Farmer**

10. Name of next-of-kin **Mrs Annie Elizabeth Schnider**

11. Relationship of next-of-kin **Mother**

12. Address of next-of-kin **Asquith Sask**

13. Whether at present a member of the Active Militia **No**

14. Particulars of previous military or naval service, if any **None**

15. Medical Examination under Military Service Act :—

(a) Place **Regina Sask** (b) Date **October 22 1917** (c) Category **A 2**

## DECLARATION OF RECRUIT

I, **John William Schneider**, do solemnly declare that the above particulars refer to me, and are true.

*John William Schneider* (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age **24** yrs. mths.

Height **5** ft. **8** ins.

Chest measurement } fully expanded **39** ins.  
range of expansion **4** ins.

Complexion **Fair**

Eyes **Brown**

Hair **Dark**

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

*J. P. ...*  
O. C. Depot Btln. Regt.

Place **Regina Sask.** Date **July 6 1918**

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1916

Class 1

1. Surname	Schneider
2. Christian name	John William
3. Present address	Adolphus Bank
4. Military service, for term and number	L. 2. 422570
5. Date of birth	May 3 1883
6. Place of birth	Polioct 111 U.S.A.
7. Married, or how long	Single
8. Religion	R. Catholic
9. Trade or calling	Farmer
10. Name of next of kin	Mrs Annie Elizabeth Schneider
11. Relationship of next of kin	Mother
12. Address of next of kin	Adolphus Bank
13. Whether at present a member of the Reserve Militia No.	
14. Particulars of previous military or naval service, if any	None
15. Medical Examination under Military Service Act	
(a) Place	Leipzig, Sax
(b) Date	October 22 1917

DECLARATION OF RECRUIT

I, John William Schneider, do hereby declare that the above particulars refer to me, and are true.

Signature of Recruit

DESCRIPTION ON CALLING UP

Appearance	24 yrs
Height	5 ft 8 in
Complexion	Fair
Build	Slender
Complexion	Fair
Eyes	Blue
Hair	Dark
Complexion	Fair
Eyes	Blue
Hair	Dark

Place Leipzig, Sax Date July 10 1918

Signature of Recruit

J.W.  
11-9-11

DISCHARGE DOCUMENTS

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

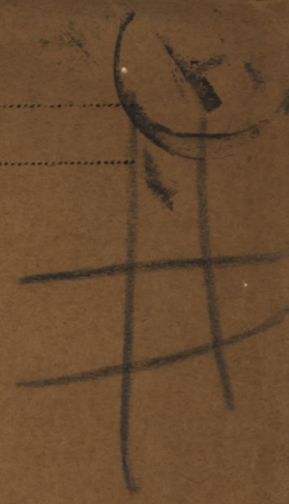


Name *SCHNEIDER, JOHN WILLIAM,*

Regt. No. *3354469* Rank *Pte.*

Corps *1st Depo Bn. Sask. Regt.*

*Demob.*



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *13*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- ~~Purchase~~ *Discharge* Certificate..... *1*
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... *1*

07204



*M. F. W. 113*  
*20. 26. S.*  
*M. F. W. 129*



Surname *Schneider*  
Christian names *John William*  
Regtl. No. *335-4469* Rank *Pte*  
Unit *Sask Regt 1st Gp Bn*

H. Q. ....  
M. D. No. *12*  
T. O. S. *July 6th 1918*  
D. O. Pt. II. *186 of 5-7-18*  
S. O. S. *15-2-1919*  
Reason *Demob*  
Auth. *DO 48 of 17-2-19 1/18R*

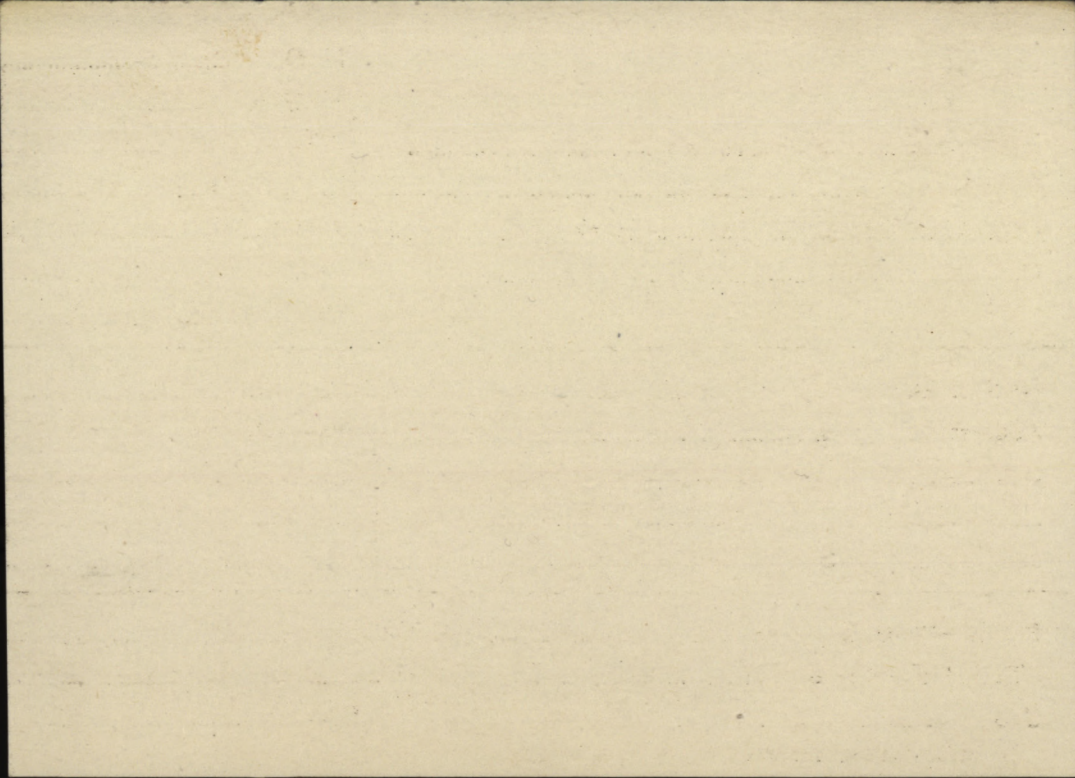
Next of kin *Schneider, Mrs Annie* Relationship *mother*

Address *Asquith, Sask* Also notify: .....

BORN—Place *U.S.A. Joliet Ill* Date *May 3rd 1895*

ATTESTED—Place *Regina Sask* Date *July 6th 1918*

O/S..... R/C.....



NAME *Schneider John William*

REGIMENTAL NO. *3354469* RANK *Pfc*

ENLISTED AT *Regina* PROMOTIONS, &c.  
AND DATE

DATE *6-7-18*

IF SERVED PREVIOUSLY. STATE UNIT, &c. *No*

MARRIED, WIDOWER, OR SINGLE *Single*

NEXT OF KIN *Schneider Annie Elizabeth* RELATIONSHIP *Mother*

ADDRESS OF *Asquith Sack*

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

## CASUALTIES, &amp;C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
HL Vol 16-8-18	228	16-8-18	
by HL, to 27-9-18	271	28-9-18	
Ex HL, 15-11-18	295	26-10-18	
Ret HL 15-2-19	46	15-2-19	

DISCHARGED FEB 15 1919 9 Bo 48, 2

DEMOBILIZATION C.E.F. R.O. 1328

J. P. Prime

MAJOR  
C.C. BASKATON DETACHMENT, 1ST DEPOT BATT'N BASK. REGT.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3354469 (Rank) Pte.  
 Name (in full) Schneider John William enlisted in  
 the 1st B. S. Co.  
 CANADIAN EXPEDITIONARY FORCE at Regina on the 6<sup>th</sup>  
 day of July 1918.  
 HE served in Canada  
 and is now discharged from the service by reason of Demobilization  
C. E. F. No 1328.

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

Age 24 yrs - in the  
 Height 5 ft. 8 ins  
 Complexion Fair  
 Eyes Brown  
 Hair Dark

Marks or Scars  
Nil

J. W. Schneider  
 Signature of Soldier

H. J. Dinnie  
 Issuing Officer

Date of Discharge 10/2/19. Col. J. A. Johnston Rank Major  
 Appointment

Signed at Luskaton this 15<sup>th</sup> day of February 1919  
 in Military District No. 12.  
 File Reference No. \_\_\_\_\_

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.

# 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. 3354469 Rank Pte Surname Schneider  
(Given name in full)  
John William  
 Unit or Corps P. O. B. S. R. Birthplace Belleville Ill. U.S.A.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 180 lbs. Height 5 ft. 8 in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 74  
 Condition of arteries Good  
 Vision Rt. D. 5 Left D. 20  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
100ccin. mark  
left arm 8/7/18

Opinion as to general health and physical condition.....

**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 Sytem 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.**

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.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 *Saskatoon* ..... (Canada)

Date *Feb. 15/19* ..... Signed *H. Grey Capt* ..... M.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 *John Wm Schneider* .....

(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.)

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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps..... *1st Depot B'n Sask. Regt.*

Regimental No. *3354469* Rank *pte* Name *Schneider, John William*

Enlisted (a) *6-7-18* Terms of Service (a) *6-7-18* Service reckons from (a) *6-7-1918*

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) *Mil. Nil, Civil Farmer*

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				

DISCHARGED... FEB 15 1919 *2*  
DEMOBILIZATION C.E.F. R.O. 1328  
*H. D. Irvine* MAJOR  
C.C. SASKATOON DETACHMENT, 1ST DEPOT BATT'N SASK. REGT.

(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.]

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				

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Schmidt Christian name John William
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 42427028
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) com 59th/138
- 4. Address (including street and number, if any) Agatha St. Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22 day of Oct 1917, by the undersigned medical board sitting at Saskatoon

- 5. Age as stated 22 Years 6 Months.
- 6. Apparent age 24 Years \_\_\_\_\_ Months
- 7. Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches.
- 8. Weight \_\_\_\_\_ Pounds.
- 9. Chest measurement 5 { Minimum 35.8 Ins. Maximum 39 Ins.
- 10. Complexion fair { Eyes brown Hair dark
- 11. Physical development good { Good Fair Poor
- 12. Smallpox marks \_\_\_\_\_

- 13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 0
- 14. When vaccinated last never
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease no

16. Slight defects but not sufficient to cause rejection  
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category 1

Hudson 1917 President.

C. Oliver Member. H. P. ... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
8/2/18	+	Army Cook Capt M.O.	8/2/18	+	Army Cook Capt M.O.
		M.O.	31/7/18	+	Army Cook Capt M.O.
		M.O.	7/8/18		Army Cook Capt M.O.

Joined 6 day of July 1917 at Saskatoon

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depor</u>	<u>3354469</u>		<u>6/7/18</u>
Transferred to.....	<u>B Athn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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.

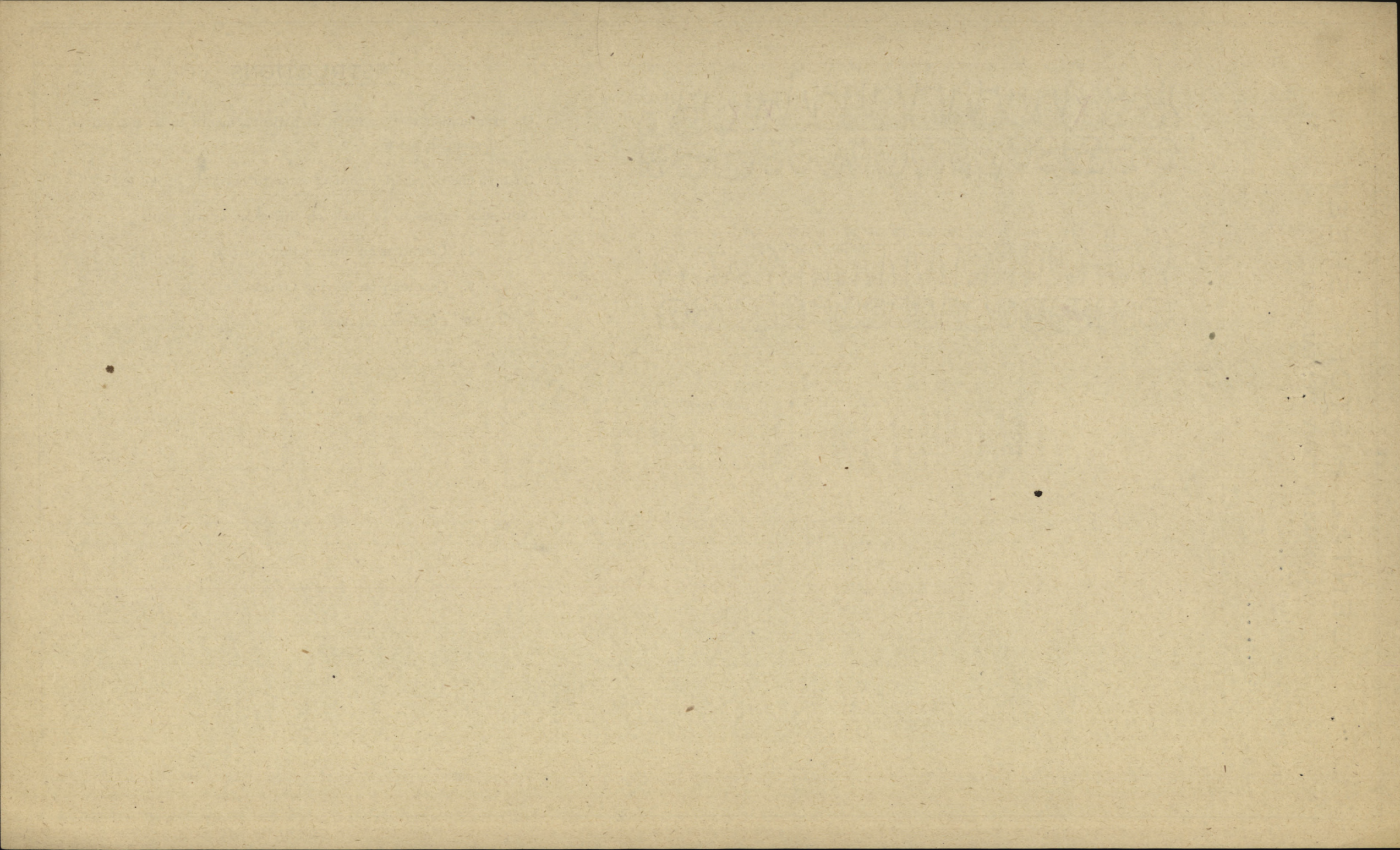
No. 6  
Chd. to Schedule by

Signature of Man









# 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. 3354469 Rank Pte Name J W Schneider  
 Corps IDBSR who was\* Discharged  
 On 15.2.19 191...., to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 15.2.19 191...  
 to 15.2.19 191...., the inclusive date of transfer or discharge. RHL 15.2.19

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Balance Cr. from prev. month	12.10	
Advances by Cheques } No.....			Regt'l. Pay <u>1</u> days at \$ <u>1</u> ..c.....	1.	
} No.....			Field Allow. <u>1</u> days at \$.....c <u>10</u>	.10	
Assigned Pay and Sep'n All'ce No.....			Separation Allowances* (Monthly)		
Other charges <u>202-391</u>	48.20		Other Allowances* <u>clothing</u>	35.	
Payment on transfer or discharge No.....			Other Credits*		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
<b>Total</b> .....	<b>48.20</b>		<b>Total</b> .....	<b>48.20</b>	

\*Give particulars.

A monthly stoppage of \$ nil (†) has..... (‡) been paid on account of Assigned  
 { Pay for the month of .....191.... } (to) Assignee .....  
 { and Sep'n All'ce. for month of .....191.... }

(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 6.7.18  
 (2) if married and if a Separation Allowance Card has been submitted .....  
 (3) cause of discharge Demob authority DO 46  
 (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 15.2.19

Place SASKATOON, SASK.

*[Signature]*  
 SASKATOON DETACHMENT,  
 1st Depot Battalion Sask. Regiment.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.  
 100M-9-18, D.P. 874.

W. H. CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks from Private to Colonel, and for all ranks from Private to Colonel, and for all ranks from Private to Colonel.

Name of Soldier: ... Rank: ... Regiment: ...

The following is a statement of the amount of the above named man's pay and allowances for the month of ... 191...

Pay	...	...
Allowances	...	...
Other	...	...
Total	...	...

(1) Has been held on account of Assigned ...

(2) Has not been held on account of Assigned ...

On Transfer of an Officer

Original Address of ...

WEBER'S BOND

(1) Cause of discharge ... (2) Amount for transfer ...

NOTE: Discharge Allowance and Assigned pay Card (Form 7) are to accompany the original last pay certificate on transfer.

I have carefully examined this statement of account and find it to be correct, except from the fact that ...

All pay purposes of transfer ... to be made out in duplicate. Original copy to be made out in duplicate ...

M. V. W. 44  
1917

This space to be for numbers.

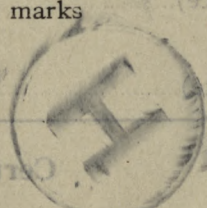
28-2-1919

# Proceedings on Discharge.

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

No.	3354469
Rank	Pte
Surname	Schneider
Christian name	John William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st D B. S. Co.
Date of discharge	16/2/19
Place of discharge	Lashburn

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	24	years.....	—	months.	Descriptive marks 
Height.....	5	feet	8	inches.	
Complexion	Fair				
Eyes	Brown				
Hair	Dark				
Trade	Farmer				
Intended place of residence (To be given as fully as practicable.)	Asquith Lash.				

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

Authority for discharge..... C. E. 7 RD 1328

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.

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

3. Conduct and character while in the service have been, according to the records, etc.

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) *Lasharoon John William Schneider* (Signature of Soldier.)

(Date) *15/2/19* *J. Y. Zeman* (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) *Lasharoon*

(Signature) *J. B. [unclear]*

(Date) *15/2/19*

**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.**

Reg. Conduct Sheet Militia form B. 363	Attestation Paper Militia Form W. 23
Squadron Battery Company Conduct Sheet H. 203a	Particulars of Return W. 137
Field Conduct Sheet W. 178	Proceedings on Discharge B. 218
copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval the discharge documents will consist of
Med. Hist. Sheet Militia form B. 315	
Casualty Form W. 34	
Medical Report for Invalids B. 227	(a) Proceedings on Discharge.
Personal History Sheet B. 402	
Last Pay Certificate W. 44	(b) Attestation
Duplicate Discharge Certificate W. 392	
Form of Will W. 83	(c) Medical History Sheet
Only if man has not been overseas. Only if discharged "Medically unfit."	

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.

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.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
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.*