

Original

Regtl. No. 3256458

1st DEPOT BATTALION N. B. REGIMENT
PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname..... *Tucker*

2. Christian name..... *Charles Wesley*

3. Present address..... *Lower Haynesville York Co NB*

4. Military Service Act letter and number..... *650571 FC 3256458*

5. Date of birth..... *1st May 1887*

6. Place of birth..... *Lower Haynesville York Co NB*
(town, township or county and country)

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

8. Religion..... *Baptist*

9. Trade or calling..... *Farmer*

10. Name of next-of-kin..... *Mrs Calvin Knox*

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

12. Address of next-of-kin..... *Millville York Co NB*

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

14. Particulars of previous military or naval service, if any..... *Nil*

15. Medical Examination under Military Service Act:—
(a) Place..... *Fredericton B* (b) Date..... *26 Oct 1917* (c) Category..... *A2*

DECLARATION OF RECRUIT

I, *Charles Wesley Tucker*, do solemnly declare that the above particulars refer to me, and are true.

Charles Wesley Tucker (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... *33* yrs..... *5* mths.

Height..... *5* ft..... *9* ins.

Chest measurement } fully expanded..... *37 1/2* ins.
range of expansion..... *2 1/2* ins.

Complexion..... *Dark*

Eyes..... *Brown*

Hair..... *Brown*

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

O. C. *J. D. McArthur* Depot Btl
for O. C. 1st Depot Battalion
New Brunswick Regiment.

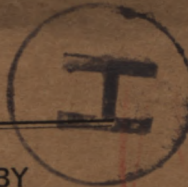
Place..... *St John NB* Date..... *Feb 27/18*

REGIMENTAL DOCUMENTS

NAME *TUCKER Charles Wesley*

REGT. NO. *325 6458* UNIT *7th S. A.*

H. Q. FILE NO. _____



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

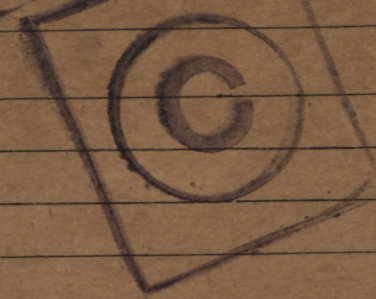
Category

DISCHARGE

Category

Remob

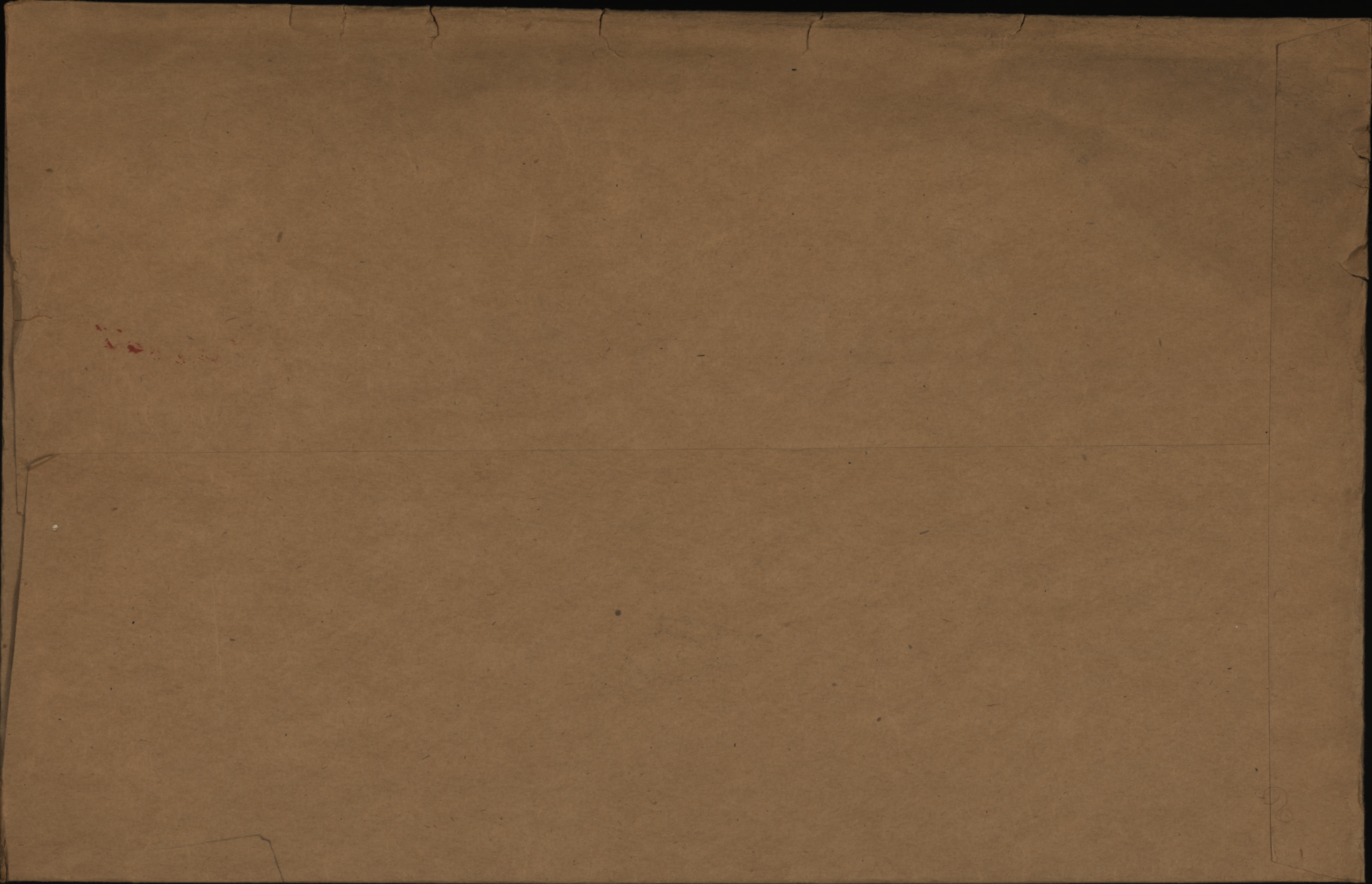
DESERTION



19311

32

- 1* ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1* CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1* TRAINING HISTORY SHEET (M.F.W. 113)
- 1* 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)
- 1* MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 2* DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1* MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCFEDINGS, 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)
- 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)
- 1* *MFW 71*
- 1* *MFW 2572*



Dental Examination on Discharge

File No.....

Rank..... **Sgt.**..... Name..... **Tucker C.W.**..... Regt. No. **3256458**

Date of enlistment..... **27-2-18.**..... Service, where..... **Canada**.....

If any dental treatment in army, where..... **Canada**.....

Discharge examination at..... **St. John N.B.**..... Date..... **26-2-19.**

Treatment to be received..... **Completed**.....

At..... Examined by..... *R. G. Wilkinson*

Above treatment completed by..... Date.....

Completed History Sheet File No.....

Blank lined paper with a faint header at the top.

No. _____

Date _____

Date _____

| | | | |
|--|--------------------------|-----------------------------|--------|
| NAME | Tucker, Charles W. | | |
| REGIMENTAL NO. | 3256458 | RANK | A/Sgt. |
| ENLISTED AT | St. John, N.B. | PROMOTIONS, &c. AND DATE | |
| DATE | 27/2/18 | | |
| IF SERVED PREVIOUSLY, STATE UNIT. &c. | Nil | | |
| MARRIED, WIDOWER, OR SINGLE | Single | | |
| NEXT OF KIN | Mrs. Calvin Knox | RELATIONSHIP | Mother |
| ADDRESS OF | Millville, York Co. N.B. | | |
| ASSIGNMENT OF PAY \$ | C. | TO | |
| ADDRESS | | | |
| SEPARATION ALLOWANCE, ENTITLED OR NOT | | | |
| DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER | | | |
| IN WHOSE FAVOUR | | | |

CASUALTIES, &C.

| NATURE E.G. ABSENCE, PROMOTION, &C. | PART II. D. O. | | REMARKS IF IN HOSPITAL, NOTE NAME, &C. |
|--|----------------|----------------|---|
| | No. | DATE | |
| <i>S.O.S.</i> | <i># 58</i> | <i>27-2-19</i> | <i>Demobilization</i> |

SURNAME.

Tucker

7.

CARD NO.

Serial

CHRISTIAN NAMES

Charles Wesley

S OS. 12/12/18.

FOLIO

26589 27/2/19.

REGL. No.

3256458

RANK

Pte

T. O. S.

Feb. 25 1918

UNIT

N.B. Regt. 1st Dps. Bn.

D.O. Part II No. *56*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Knox, Mrs Calvin

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Millville, York Co. N.B.

COUNTRY OF BIRTH

Canada, Lower Hainesville NB

DATE

May 1st 1887

PLACE OF ATTESTATION

St. John. N.B.

DATE

Feb. 27th 1918

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

INSTRUMENTS

THESE INSTRUMENTS ARE THE PROPERTY OF THE UNITED STATES GOVERNMENT

AND ARE LOANED TO YOU FOR YOUR CONVENIENCE

AND YOU ARE TO TAKE CARE OF THEM

AND RETURN THEM TO THE OFFICE

FROM WHICH THEY WERE LOANED

AND NOT TO BE USED FOR ANY OTHER PURPOSE

RECEIVED OF THE UNITED STATES GOVERNMENT
FOR THE USE OF THE OFFICE OF THE SECRETARY OF THE INTERIOR

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MADE IN THE UNITED STATES OF AMERICA

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 32 56458 (Rank) Corporal.

Name (in full) Charles Wesley Tucker. enlisted in
the 1st Depot Battalion, N.B. Regt.

CANADIAN EXPEDITIONARY FORCE at St. John, N.B. on the 27th.
day of February 1918.

HE served in CANADA.

and is now discharged from the service by reason of Demobilization.

Authority:-Routine Order 1420 para.1.s.s.C.,0-12-12-16.

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

Age 31 years 9 months

Height 5 feet 9 inches.

Complexion Dark

Eyes Brown

Hair Brown

Marks or Scars

Nil.

Charles W Tucker

Signature of Soldier
7th BN. CAN.

GARRISON REG'T.

FEB 27 1918

Date of Discharge February 27th., 1918.

ST. JOHN, N. B.

Frederick Widdowson

Issuing Officer

Lieut. Col.

Commanding 7th Bn., C.G. Regt.

Rank

Appointment

Signed at St. John, N.B. this 27th. day of February 1918.

in Military District No. Seven.

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 certificate will not be completed.

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. 3256458 Rank Lt Surname TUEBER
(Given name in full)
Charles W.
 Unit or Corps 74 CUR Birthplace Harrisville N. B.

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

1. GENERAL DESCRIPTION:

Physique good Weight 158 lbs. Height 5 ft. 8 1/2 in. Colour of Eyes Brown
 Nutrition good
 Pulse good
 Condition of arteries good
 Vision Rt. D20 Left D20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).

nil

Opinion as to general health and physical condition good

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.

nil.

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 *W. H. M. B.* (Canada)
Date *Feb 26* Signed *Clouman of cause* 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 *Charles W. Tucker*
(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.)

DENTAL HISTORY SHEET

M.F.B. 465.
FORM - 2-18.
1772-38-990.

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

NAME OF SOLDIER

Lucker, B. W.

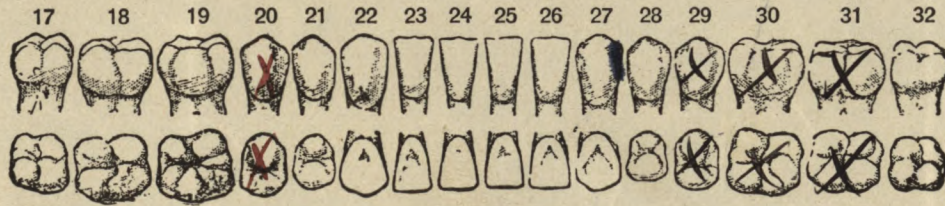
REGIMENT

1st Depot Bn.

RANK

Pte.

No. 3286458



INSTRUCTIONS

Official Copy History Sheet Draft

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

| Condition on first Examination | Date | Amalgam Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhoza | Synthetic Porcelain | Extracting | Dentures | | | Gold Clasp | Gold Filling | Crowns | | Bridge Work | OPERATOR | Military Dist. | REMARKS |
|--------------------------------|--------------|--|--------|------------------------------|--------------|----------|----------------|----------|---------------------|---|----------|---|---|------------|--------------|--------|-----------|-------------|----------------------|----------------|---|
| | | | | | | | | | | | U | L | P | | | Gold | Porcelain | | | | |
| | <u>1918</u> | | | | | | | | | <u>3</u> <u>13.16</u> <u>20</u> | | | | | | | | | <u>Examined by</u> | | |
| | <u>May 4</u> | | | | | | | | | | | | | | | | | | <u>A. A. LeBlanc</u> | <u>7</u> | <u>Oper. 4. 7. 8. 9. 10. 27</u> <u>Ext. 3. 29. 30. 31.</u> |
| | <u>" 4</u> | | | | | | | | | <u>3</u> <u>29</u> <u>30</u> <u>31</u> | | | | | | | | | <u>L. B. Moore</u> | <u>7.</u> | |
| | <u>" 7</u> | | | | | | | | | | | | | | | | | | <u>L. J. Reed</u> | <u>7.</u> | |
| | <u>Aug 6</u> | <u>2</u> <u>4</u> | | | | | | | | | | | | | | | | | <u>W. P. Currie</u> | <u>7</u> | <u>Completed.</u> |

INSTRUCTIONS

On examination the condition of patient's teeth is to be noted and reported in the following manner:

On this line is printed record of some conditions to be noted and reported.

Only such conditions as are noted on this sheet are to be reported.

Indication of condition of teeth.

Condition of teeth.

Condition of teeth.

DATE

EXAMINER

NO.



17

17

DEPARTMENT OF HEALTH AND HUMAN SERVICES

57-13

3256458

M.S.A. 15.

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 Sucker Christian name Charles Wesley
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 650 5912 B
- 3. Consecutive number on schedule of men reporting for service (if he appears) on it
- 4. Address (including street and number, if any) St. Jamesville N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26 day of Oct. 1917, by the undersigned medical board sitting at Fredericton N.B.

- 5. Age as stated 33 Years 5 Months. 6. Apparent age 38 Years 5 Months
- 7. Height 5 Feet 9 Inches. 8. Weight 166 Pounds.
- 9. Chest measurement { Minimum 35 Ins. Maximum 37 1/2 Ins. 10. Complexion Dark. { Eyes Br. Hair Brown
- 11. Physical development Good { Good Fair Poor 12. Smallpox marks 0
- 13. Number of vaccination marks { Right arm 0 Left arm 0 14. When vaccinated last 0
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection defective lower teeth
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

A2

C.P. Hoedens Capt W. H. Murray Reg. H. W. Smith
Member. President. Member.

| Date | Result | VACCINATIONS | Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|----------|------------------------|----------------|----------|---------------------------------|
| <u>28/2/18</u> | <u>0</u> | <u>Comman aff</u> M.O. | <u>28/2/18</u> | <u>0</u> | <u>Comman aff</u> M.O. |
| | | M.O. | | | M.O. |
| | | M.O. | | | M.O. |

Joined 27th day of February 1918 at St. John, N.B.

| | CORPS | REG'TL NUMBER | HABITS | DATE |
|----------------------|-----------------------|----------------|--------|-----------------|
| Joined on enlistment | <u>1st. Depot Bn.</u> | <u>3256458</u> | | <u>27/2/18.</u> |
| Transferred to..... | | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|----------------------|-------------------|---------|---|
| <u>St. John N.B.</u> | <u>June 27/18</u> | | <u>cat A2 WA Reduct left</u> <u>H. Hoedens</u> |

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.

St. John N.B. 26/2/19 nil Comman aff

Signature of Man Charles Wesley Sucker

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BATTALION, N. B. REGIMENT,

Unit, Regiment or Corps

Regimental No. 3256458 Rank Pte Name Lucker Chas W.
C. E. F.

Enlisted (a) 27-2-18 Terms of Service (a) Duration of War Service reckons from (a) 27-2-18

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) Farmer

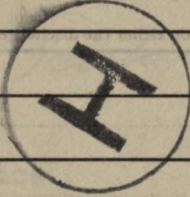
| Date | Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|------|--------------------|--|---|-------|------|---|
| | From whom received | | | | | |
| | | | <p>7th CO G.R. S.O.S. by reason of Demobilization in St. James</p> <p><u>R. H. A. Casey</u> Lieut Adjutant, G.R.</p> | | | <p>RD #1420 Para 1 sub sec C. cl-12-12-18 RD #58 Pont 2 d-27-2-19</p> |

(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.

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. | 3256458 |
| Rank | Corporal. |
| Surname | Tuc k er, |
| Christian name | Charles Wesley. |
| NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority. | |
| Corps (Squadron, Battery or Company) | 7th Ba ttalion, C.G. Regt. |
| Date of discharge | February 27th., 1919. |
| Place of discharge | St. John, N.B. |

1. DESCRIPTION AT THE TIME OF DISCHARGE.

| | Descriptive marks |
|---|-------------------|
| Age.....31.....years.....9.....months. | |
| Height...5.....feet.....9.....inches. | |
| Complexion Dark | |
| Eyes Brown | Nil. |
| Hair Brown. | |
| Trade Farmer. | |
| Intended place of residence (To be given as fully as practicable.) | |
| <i>Lower Hainesville York Co. N.B.</i> | |

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

Authority for discharge **Routine Order 1420 Para. 1. s. s. c .d/12-12-18**

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.

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.)

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)..... St. John, N. B. *Charles W. Tucker* (Signature of Soldier.)

(Date)..... Fe brua ry 27th., 1919. *J. W. Curchy* (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)..... St. John, N. B.

(Signature)..... *John W. Curchy*

(Date)..... February. 27th., 1919.

List of Discharge Documents.

| | |
|--|--|
| <p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p> | <p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">. In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p> |
|--|--|

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Additional Certificate in the case of a Soldier who takes *Officer Commanding.*
on his own request.

Statement of Service

Confirmation of Discharge.

*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.*

M.D. No. 7

M. OR S.

Single

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

REGT. No. *3256458*

RANK *PTF*

NAME (IN FULL) *Hainesville, York Co N.B.*
TUCKER, CHARLES WESLEY

(BLOCK LETTERS SURNAME FIRST)

| | | | | | | | | |
|-------------------------------|----------------|-------------|----------------|-----------|---|--------------------------|-----------------------------------|--|
| NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY | ORIGINAL UNIT C.F.F. <i>1st Depot Bn</i> | IF IN P.F. WHAT UNIT? | AUDITOR | PAYMASTER |
| ADDRESS | | | | | PLACE OF ATTESTATION <i>St John N.B.</i> | TRANSFERRED TO | DATE | AUTHORITY |
| IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE | | | | DATE OF ATTESTATION <i>27-2-18</i> | TRANSFERRED TO | DATE | AUTHORITY |
| TO WHOM PAID | RELATIONSHIP | | | | ASSIGNED PAY \$ | DATE EFFECTIVE | | <i>2595</i> |
| ADDRESS | | | | | PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS | |
| | | | | | ADDRESS | | | |
| | | | | | STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE | | |
| | | | | | DISCHARGED | PLACE | DATE | REASON |
| | | | | | | | <i>27-2-19</i> | |
| | | | | | | | | AUTHORITY |
| | | | | | | | | IF ENTITLED TO POST DISCHARGE PAY |

BALANCE FROM PREVIOUS ACCOUNT

| 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 | | \$ | C. | NO. | DATE | NO. | DATE | NO. | DATE | \$ | C. | \$ | C. | \$ | C. | \$ | C. | \$ | C. | | \$ | C. |
| | | | \$ | C. | | | | | | | | | | | | | | | | | | | | | |
| <i>July</i> | <i>27</i> | <i>1.10</i> | <i>29.70</i> | <i>35</i> | <i>65.20</i> | | <i>27</i> | <i>10</i> | <i>117.56</i> | | | | | | | | | | <i>88</i> | <i>88</i> | | | <i>31 days @ \$1.10</i> | <i>WAR SERVICE GRATUITY.</i> | |
| | | | | <i>326</i> | <i>326</i> | | | | | | | | | | | | | | <i>326</i> | <i>326</i> | | | <i>31 days @ \$1.10</i> | <i>WAR SERVICE GRATUITY.</i> | |
| | | | | <i>73.26</i> | <i>73.26</i> | | | | | | | | | | | | | | <i>73.26</i> | <i>73.26</i> | | | <i>31 days @ \$1.10</i> | <i>WAR SERVICE GRATUITY.</i> | |

