Private Eldred Churchill #4857 Royal Newfoundland Regiment WW1 Military Records (Source Provincial Archives, St. John's NI) Hodge's Cove



DEPARTMENT OF	VETERANS	AFFAIRS
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MINISTERE DES AFFAIRES DES ANCIENS COMBATTANTS

PERSONNEL FILES OF THE MILITARY SERVICE

DOSSIERS DE SERVICE MILITAIRE

FILE/DOSSIER

RG 38, VOLUME 698

4846	HAYWARD James
4847	LANE Walter
4848	HOUNSELL Albert Allan
4849	HAMILTON Matthew
4850	LAUDER Stewart (Lauder, S.)
4851	PURCHASE William
4852	SMITH Patrick J.
4853	HOWELL Nathan
4854	JONES Chesley
4855	PIKE Arthur
4856	MILES Augustus
4857	CHURCHILL Eldred
4858	DUNN Isaac
4859	KENNEDY James



	ATTESTATION OF
	4857 Name Eldren Churchill Corps meth
	Questions to be put to the Recruit before Enlistment.
	What is your name?
2.	What is your full Address?
j .	Are you a British Subject?
	What is your age?
;	What is your Trade or Calling? 5. Fisherman
5. .	Are you Married? 6. hs
	Have you ever served in any Branch of His Ma ; 5
	Are you willing to be vaccinated or re-vac-
	Are you willing to be enlisted for General Service? 9.
	Did you receive a Notice, and do you understand to
s	Are you willing to serve upon the conditions as emb died in the roll of service to be 11.
ad	do solemnly declare that the above answers by me to the above questions are true, and that I am willing to fulfit the engagements made. A Clared Chile Signature of Witness.
m	OATHUTC BE TAKEN BY RECRUIT ON ATTESTATION. 1 Clared domain on the conditions of my service. OATHUTC BE TAKEN BY RECRUIT ON ATTESTATION. do make oath, that I will be faithful and true allegiance to His Majesty King George the Fifth. His Heirs and Successors, and that I will, as in duty d, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all lies, according to the conditions of my service.
_	CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
**	The Recruit above named was cautioned by me that if he made any false answer to any of the above questions 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 epided to, and the said recruit has made and signed the declaration and taken the eath before me at this
	Signature of Attesting Officer
	CERTIFICATE OF APPROVING OFFICER.
	I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
ir	ed forms appear to have been compiled with. I accordingly approve, and appoint him to the:
	If enlisted by special authority, such will be attached to the original attestation.
te	Approving Officer
AC	Approving Officer
	† The signature of the Approving Officer is to be affixed in the presence of the Recruit. † Here insert the "Corps" for which the Recruit has been emisted.

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4857. C.R. ###7_

Retrait from Mominel Ro71 from 1st. Battalion Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st.Battalion left Rouen Camps #2/4/19, embarked at Eavre £1/4/19, disembarked at Southampton 25/4/19 and reached Hazeley Down Camp 23/4/19.

#4857 Pte. E. Churchill.

Extrast from Daily Orders Part 11 Unit The Reyal Mf14. Regt. St.John's, June 80th, 1919.

The discharge of the undernoted on demobilization has been at confined by officer 1/c Records from 29-6-19.

4857 Pte. Eldred Churchill.

Extract from Daily Orders Part 11 Unit The Royal Effd. Regt. St. John's, June 19th, 1919.

The discharge of the undermoted on demobilisation has been APPROMED by O.C. Discharge Depot with effect from 16-6-19.

4857 Pte. E. Churchill.

CR. 4857

Extract from Pailty Orders Part 11 Depot. St. John's, Date June 18th 1919:

4857, Pte. E. Churchill.

Reported at Headquarters 1/6/19. Br "Corsican" which sailed Liverpool May 22/1919.

Retreet from Daily Onkers Part 11 Unit The Royal Pfile. Regt, By Lt. Col. T.G. Mathias, D.S.O. Communing lat Res 5-11-15.

The following joined the Battm. 3-21-18.

4857 Pte. B. Churchill.

A Coy.

Driven's from Senting Sell or independent Apple South Schools Sellection 18/10/10, from Sel Settin, Sayal Sentential Seglecting Sentential Seglecting Sentential Seglecting Sellection States Sept. Sentential Seglecting Sell-7.

48577Pte. Ohurchill, E.

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Extract from Daily Orders Part 11.from Unit The Royal Nfld. Regiment, St. John's, dated June 14th 1918.

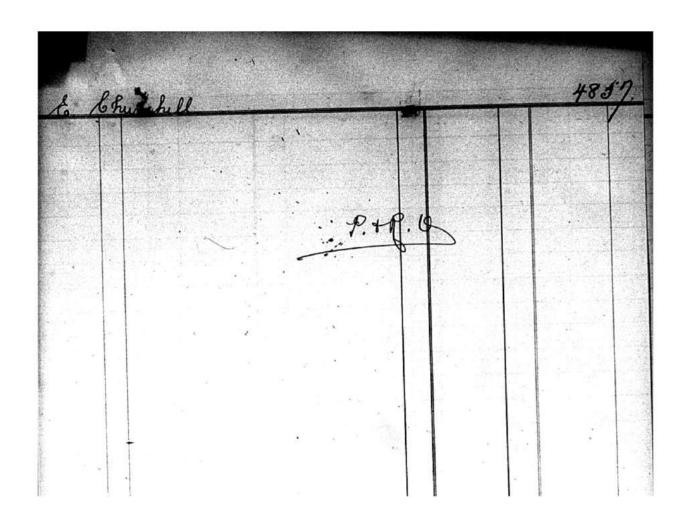
4857 Pte E.Churchill.

Embarked for Overseas with Draft 11-6-18.

Extract from Daily Orders part 11, from Unit The Royal Nrid. Regt. St. John's dated May 2nd 1918.

#4857 Pte. Albert Churchill.

Attested for General Service With the Royal Mfld Begt. from 1/5/18.



Sir:- Ploes pay it to	o sharto tho	Touris Street. London, S.V.	t, Ito me name to my r Fund in quarter	account and
		yoar. 1st July 1918. Namo	Amorans .	Signaturo
1857	Rte	Churchil	1 E \$250	E. C. line
no ful	1./18		Your ob	honour to bo, sodiont sorvant.

FORM K No 3960 11. 1ST. NEWFOUNDLAND REGIMENT hereby agree, until further notification by me, said in similar official form to make an Allotment of Dollars and ... Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.: . Allotment begins Identity Certificate other Relative or Friend NAME (in full) Total Allotment, \$ NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application. (Sig.) Eldred Churchie

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	1st. N	EWFOUNDLAN	D REGIMENT	
	00	ALLOTMEN	T S	
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		notification by me, and in similar Dollars and	Cents, per diem, fr	om my Pay
to, and fo	r the benefit of t	he undermentioned Person and Person for Person of the relative Identity		
concerne				or reison
Action and the	Notment begins	Mine!	1	
Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	(each person
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		(margaret)	1:3 Decel	
		tchill	Lucy Flor	
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Parameter			Total Allotment, \$	6
		er Commanding Company and hand	ng Company, signed by the Volumed to the Paymaster as authority	
	equired payments	on application.	,	
Sig.	A Sfa	medeut	011.106	1.0
0	7.4	Officer Commanding (S) clared come	nul_
1	1.1	C Company (Ra	nk) //c	

Army Form B. 1784 r para. 392 (xvi. or xvia.), King's Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve. 1. Unit and Corps. Royal A scotours land 7. Former Trade or Occupation }

2. Regtl. No. 44 5 7 3. Rank. plt. 7a. If the soldier claims previous service in Army, he should state—

4. Name Churchill Else (a) Former Regts. or Corps; (a) Former Regts. or Corps; with Regtl. Nos.

in category (or grade). 8. If the disability is an injury was it caused

6. Posted for duty on may 1 /1 Fat .. Cl. ?

(a) in action

5. Age last birthday.

(b) on field service

(c) on duty

(d) off duty?

(b) Date of Discharge;

(c) Cause of Discharge.

9. If a Court of Inquiry was held on an injury state :-

(a) When

(b) Where

(c) Opinion of Court

(if any) Notz.—The foregoing particulars are to be filled in and A.F.B. 179 s (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

(d) Particulars of Pension or Gratuity

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal

 If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter " nil.'

11. Date of origin of disability.

12. Place of origin of disability.

 Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

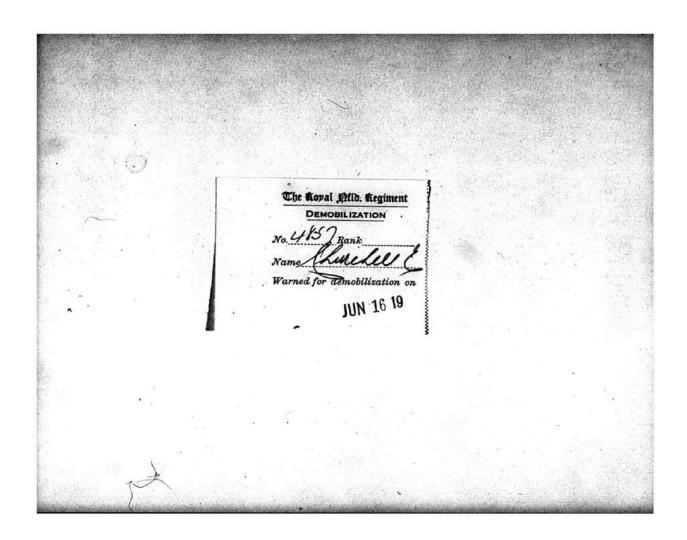
8588/P2001, 250,000, 1/19, D. & S.

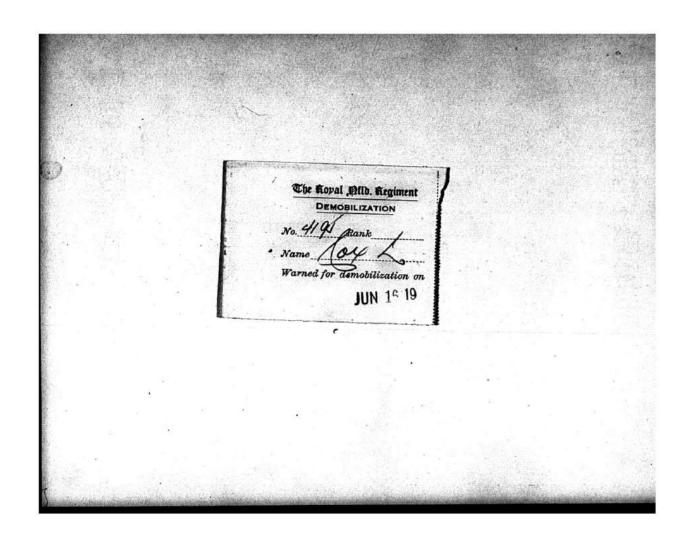
To said the advantage of the page of the	
	attributable to (b) aggravated by
(i.) Service during the present war	·f
(ii.) Previous active service.	
(iii.) Climate in pre-war service	
(iv.) Ordinary military service before the war	
(v.) Serious negligence or misconduct on the man's part.	
14 (a). If not due to any of these causes, to what specific condition do you attribute it?	ju i
is a feelal injure. as feelal injure. ise, sye, sar, some and threat, disabilities, ac., a specialists proport is to be attached with radiographs where possible and in cases where possible and in cases to be exact position should be stated.	de emplois for
16. Was an operation performed? If so, when and what was its nature?	m
17. If not, was an operation advised and declined?	
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treat- ment was unobtainable?	n.
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?	
	· iar
	tion
	Napo /
20. Do you recommend—	
(a) Discharge as permanently unfit?	110
(b) Change to United Kingdom ; Note—(b) is only applicable to soldiers invalided at	Reportion time
Foreign Stations.	Capillane
Station . Mazel up boune	Medical Officer in charge of case.
Date?-9/4/19	
 Loss of teeth on or immediately after active service, should it is due to some other cause 	d be attributed thereto, unless there is evidence that
is place to some other cases	

oate of last entry company Condu				und date) Period not reckoning towards st drunk) freedom from extra tios	Names of Witnesses	Punishment awarded	Date of award or	Bushananada	Remarka
Place	Date of offence	Rank	Cases of Drucken-	Offence		1277117	with trial	2 4	37
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Shurchill, E Pay Depl.

June 29,1919 #4857 Pte. Blared Churchill. #34 Bond St. City Dear Sir :-Please find enclosed Discharge Certificate No. 2538. Yours truly reymaster & 0.1/c Records.





	Newfoundland Regiment
\$P\$\$P\$(C.M.A.M.C.P.M.) \$P\$ (4.4) \$P\$ (4.4) \$P\$ (4.4) \$P\$ (4.4) \$P\$ (4.4) \$P\$ (5.4) \$P\$ (5.4) \$P\$ (6.4) \$P\$ (6.4) \$P\$	CEEDINGS ON DISCHARGE
Intended place of residence3.4	
Classification of soldier.	Medical Category.
3. The above named man is discharged in co	
4. His accounts are correctly balanced and accordance with Regulations. Place, ST. JOHN'S Date JUN. 16. 1919	I have impartially inquired into all matters brought before me, in Commanding Discharge Depot The Royal Newfoundland Regiment
CERTIFICATE TO	BE SIGNED BY SOLDIER ON DISCHARGE
5. I hereby acknowledge that I have receifust demands up to the present date, and of all financial responsibility in my confuse, ST. JOHN'S Date, JUN 16, 1919	Coll Signature of soldier
	MENT CERTIFICATE TO BE SIGNED BY SOLDIER
Flace, ST. JOHN'S Date JUN 1 . 1343	to resume civilian occupation immediately on discharge. E. Churchiel Signature of saddier Signature of witness
	ATEMENT OF SERVICE
Discharged from service	No. of days on Militar Plus 14 days Service. 4.26
AF	PPROVAL OF DISCHARGE
8. The discharge of the above mentioned so The Royal Newfoundland Regiment, two Place, ST. JOHN'S JUN 16 1919 Date	oddier is hereby approved to be confirmed by the Officer ic Records venty-eight days from date. Officer Commanding Discharge Depot The Royal Newfoundland Regiment
CON	PIRMATION OF DISCHARGE
o. The discharge of above mentioned soldie	

The Koyal Pewfoundland Regiment

Report of Demobilization Travelling Board, held on soldier for discharge.

N. 1 . B W 1	m		
Discharge Depot: Headquarter	s The Royal Newfoundlar	d Regiment	
	Date	11649	
Regimental No 4857			
Name Constill	6 lolus I	Bank 84	
Address Sa Danchar	all st		- 1 1
	N.		
Present Medical Category	1		
Present Medical Category	+7		
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Recon	mended for :	ediate discharge	
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* ,	· · · · · · · · · · · · · · · · · · ·	Lat Jail	Mayor
		O.C. Discharge Depot	. 0
*		Lateron	•
Me	mbers of Board	Senior Medical Officer	
		senior medical Onicer	
		See Dordon	
		M. O. Deput	

Class for Demobilization:

	DEMOBILIZATION OF 0 000 0
Reg. Nosco 7 Rank	Mamo Churchill &
Date of Enlistment 1 - 5 1	Address On Disprio
Occupation Tislomon.	Classification for Discharge . Medical Category H.J.
Recommendation S. M. B.	Disability Rating
Passed to Demobilization Officer	with following documents:-
N. P. 1/36 B 268	B 121 N.F. Med D.F. 1
R 178 W 3494	B 121 N.F. Med D.F. 1 B 122 Board 1st. "2 D 1915 do 2nd "3
D 1/84	B 1915
В 179а D 400С	Form K do 4th " 5
	ME 2
The reserve server server server server	## ## ## ## ## ## ## ## ## ## ## ## ##
Date 144-6-19	O. C. Discharge Depot.
	ICULARS FOR DEMOBILIZATION
PARI	ICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.	Mark and Miles compation
1 am	position to resume civilian occupation.
	1 to 6 must res
Danticular named to V	eational Officer for information and action.
rarticulars passed to vo	
Date	in the state of th
2. Clothing.	
	- 1
Certified that Clothing (a) Clothing Allow	

	16-6-19 ITASIAN	Ma Shawleft
Date	70.	Demobilization Officer
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ned soldier's accounts have been a settled. He has received pay a	correctly balanced and all matters in con- nd allowances to 30
Date 166	1	Depot Paymaster.
131	16-6	- 19
Discharged approved fo Forwarded with	following documents to O.C. Dis	charge Depot.
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		d
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B 179b B 103 B 120		
	10 00	
Date /6 - 6	17	Anuw boys
_H		O. C. Discharge Depot.
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Of	icer i c Records. ard of Pension Commissioners.	
with following additi		
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	LINGIDIC TO	
Date JUN 16 1919	1	1731. Jail Capt.
	To Live or organity experi-	O. C. Discharge Depot.
ATTENDED TO THE PARTY OF THE PA	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second section of the second

Civil Re-establishment Committee

I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume furmer Occupation.

E Chris Chicle

Reg. No. 1183

Place

1/1/1-1-1

191

D, & C1000-4-18			Reprint to	er Royal NEd. Rept of Porm B. 1784
To be used only for Special Resec	rue Recruits, and for	or Special Reserv	ists enlisting into th	e Regular Army.
00	MEDICAL	HISTORY	or an aba	
Surname Church	iee °		8	Mana at Har
Surname	PERSONAL SERVICE PROPERTY			
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Birthplace:—Parish	Johns	County		<u> </u>
	SPECIAL R	The second secon	REGULAR on day of	ARMY 191
- Bxaminei	on day of	7	on day of	
Declared Age	Jo years	days	years	days
Trade or Occupation	Fisher	nan		,
Height	o √ feet	8 3 turbes	feet	inches
Weight		148 lbs.		ibe.
Chest Girth when fully expanded		38 inches		inches
ment (Range of Expansion		3 inches		******
Playsical Development	Right	Left	Right	Left
Vaccination Marks	Kigat			
(Number				
When Vaccinated	-6/6	19	R.EV-	
Vision }	L.EV-6/6		L.BV-	
			×.v	
(a) Marks indicating congenital peculi-	(a)		(a)	
arities or previous disease				
	(b)		(6)	
(b) Slight defects but not sufficient to				
cause rejection				
Approved by (Signature)	dament	Pater		74
(Repk)	10 W 100 0	-gn		
	8.70	Medical Officer.		Medical Officer.
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	on day o	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	TheRopal	4857	,	145
	yealegt			
Transferred to		7		
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Became non-effective by		of 191	on day	of 191
(Signature	on day (of	0	
(Rank				
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N.M.D. Form DecoA Sec



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification, depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting. The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i | c Records together with the remainder of the man's documents. Changes occurring in the description subsequent to the date of admission to pension should be noted Name in full Churchiel, Cloure

Regiment from which discharged Royal Newfoundland

Regimental number 4857.

Intended address 24 Bond Shrut in red ink. Height on discharge Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth Nature and locality of civil employment required I declare that I am the soldier referred to above and that all the particulars contained in th statement are, to the best of my knowledge, correct Eldre Bhirchiel (Soldier's signature in full) (Rank)

Station

13-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer ic Hospital. Unit, or Command Depot.

Station

Army Form B. 179A

an

Medical Report on a Soldier Boarded Prior to Discharge or . P., or P. (T), of the Reserve. Transfer to Class

25	~ *P	1.11	be Jan	10-1		$\boldsymbol{\psi}$	
1.	Unit and Corps. 4. L.	rue !	curound	ccance 7.	Former Trade	Itash	erm
	Unit and Corps	Fall of the State of the	- tol		or Occupation		

2. Regtl. No.4 7a. If the soldier claims previous service in

4. Name

5. Age last birthday. 6. Posted for duty on. in category (or grade)

8. If the disability is an injury was it caused

(a) in action

(b) on field service

(c) on duty

(d) off duty?

(b) Date of Discharge;

Army, he should state-(a) Former Regts. or Corps; with Regtl. Nos.

(c) Cause of Discharge.

9. If a Court of Inquiry was held on an injury state:-

(a) When

(b) Where

(c) Opinion of Court

. (d) Particulars of Pension or Gratuity (if any)

Norz.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

S/P2001, 250,000, 1/19, D. & S.

14	. State whether the disabilities are	(a) attributable to (b) aggravated by
	(i.) Service during the present war	
	(ii.) Previous active service.	
	(iii.) Climate in pre-war service	
3.7.50	(iv.) Ordinary military service before the war	
	(v.) Serious negligence or misconduct on t man's part.	he}
14	(a). If not due to any of these causes, to specific condition do you attribute it?	what}nc.;
in all cases such 15 as facial finjur- les, typ, as classification, and the case of the case of disabilities, &c., a specialisty re- port is to be attached with radiograph a where possible; and in cases of amputation the exact position about the stated.	What is his present condition? (A note should be made as to Weight in all when it is likely to afford evidence of the gress of the disability.)	osses the enflains Jun.
16	. Was an operation performed ? If so, when and was its nature?	what 34
. 17	If not, was an operation advised and declined?	
	. In the case of loss or decay of teeth,—Is the lost teeth the result of wounds, injury or disdirectly attributable to active service or three service under such conditions that dental transment was unobtainable?	ease ough
19.	Give particulars of any other disabilities existing, not in themselves sufficient to cause invalid State whether or not they are attributable to have been aggravated by service during the prewar, and if so, to what or by what specific milliconditions?	ling. o or sent
20.	Do you recommend—	(Mahat
	(a) Discharge as permanently unfit?	Repatriatio
	(b) Change to United Kingdom?	
	Note—(b) is only applicable to soldiers invalide Foreign Stations.	
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Sto	tion Harelet N. Canh	Medical Officer in charge of case.
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	(e) In this	case of a man who has to engag	ed for, or enlisted this Section D. Army hereeve, particulars of t	such re-onga-ement or enight	merfu ffe ente	111

DEPARTMENT OF HILLITIA.

WAR SERVICE GRATUITY.

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

St. John's Newfoundland.

Declaration required of Officers and men of the Royal Perfoundlend Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th:1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no debles, if any questions are not applicable, the words, "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C.

Obsistion name. Classed. 2, Summere. Constability of 3. Rank. Ptc. 4. Regitation. 4.85.7.

5. Address in full to which future payments of gratuity are to be forwarded. 34. Bound St. Cily.

6. Date of enlistment in the Regiment. Warry 12.918.

7. Rane of dependent, if any, to when Separation Allowance is being issued, or was being issued, invedictally prior to your desclarge. C...

8. Relationship of such dependents.

9. Address in full of such dependents.

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of crother sublines.

11. Were you on active service only in lifted, It so, give dates and particulars of such service. Mo.

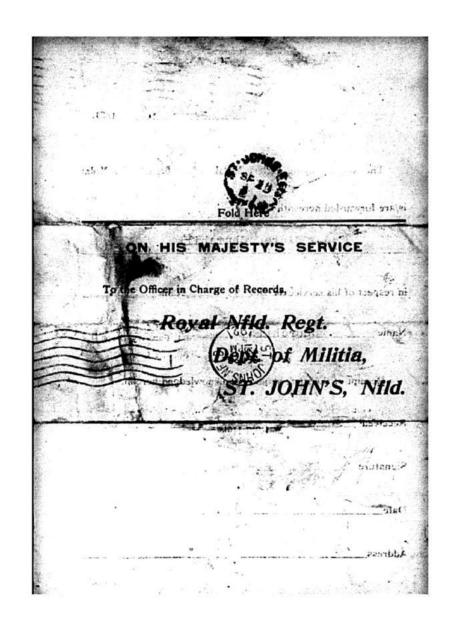
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13. Have you had more then one enlistment? If so give particulars
of discharge and re-onlistments, and under what regimental numbers.
14. Have you already received any payment of Post Discharge pay or
War Service Cratuity? If so, state amount you and your dependents
have already received and by whom paid
15. Have you been issued with a War Service Badge?
16. Have you, during the present war, sexted in the I perial Boroes. 440
17. Are you entitled to receive, or have you received my Gratuity
in the nature of Post Discharge Pay from the Imperial Forces? If
so, state amount received or to which you are entitled
18, Did you revert Overseas to a rank lower than the substantive
renk held by you on your arrival in England?
(b) If so, was such reversion in consequence of Hisconduct or
inefficiency?
19. Are you now serving in the Rost.? Tota. II not give?- (a) date
of discharge after halffef. (b) Ronson or discharge
demobilization
0
20. Did you at any time serve at the from, in an actual theatre of
War? If so give particulars of places, mi. dates of such service
France ang 2 6/18 to Teburary 1919
9
21.(a) Are you receiving treatment from the Wivil Re-Establishment
Com.(b) If so are you in receipt of full, pay and allowences from .
that Cormittee
And I : cke this selenn declaration conscientiously believing it to
be true and knowing that it is of the rame force and effect as if made under oath.

Signature of Amilioant: & Churchill
Place of Residence: 34 Bound St., City Declered before ne et: 8º Johns 16 th day of freme 19.1.9 This Signature of Serrister of the Supreme Court Stipendiary Haristrate Hotary Public Rustice of the Perce, or Commissioner of affidevits. POST DISCHARGE PAY. Net amount due Date paid said Paid Var Service Soldier. Dependent Grabilty. Paymaster Cortified correct.

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The accompanying	Victory Medal and/or British War Medal
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	As No. 4857 Rahk Pts
	should be acknowledged hereon.
Signature E. C	
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