



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 373

Name in full Harold Burt Age 23  
 Address Battery Road  
~~Married~~ Single Height 5'10" Weight 187 lb.  
 Color fair Hair fair Eyes blue  
 Other distinguishing marks burns on both upper arms.  
 Nearest relative father John  
 Address as above  
 Dependents none  
 Occupation labourer Present Wage 27<sup>00</sup> per day  
 Previous service \_\_\_\_\_  
 Decorations \_\_\_\_\_  
 General Remarks \_\_\_\_\_  
 Date of Enlistment \_\_\_\_\_

I, Harold Burt, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

Declared before \_\_\_\_\_ this \_\_\_\_\_ day  
 of \_\_\_\_\_ 1914

Harold Burt  
Sept 14<sup>th</sup>

Rendell





# Proceedings on Discharge

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 113 Army Rank Private

Name Harold Spurt  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st Newfoundland Regiment

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c. or to General Staff of the Army, it should be so stated.)

Date of discharge October 15th 1915

Place of discharge On board J. J. Foxallham "Corsican"

1. Description at the time of discharge.

Age <u>23</u> years	months	Descriptive marks.
Height <u>5'10"</u> feet	inches	
Chest measurement {	girth when fully expanded _____ ins.	
	range of expansion _____ ins.	
Complexion <u>Fair</u>		
Eyes <u>Blue</u>		
Hair <u>Brown</u>		
Trade <u>Laborer</u>		
Intended place of residence <u>St. Johns Newfoundland</u>		

(To be given as fully as practicable.)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Jim B. Guperungand medically unfit.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Exemplary

4. Character awarded in accordance with King's Regulations:— An excellent soldier and an honest worker

Confirmed that the above is an accurate copy of the character given by me on Army Form B. 2087 and that Army Form B. 480 was awarded in this case.

Auto.  
Initials of Commanding Officer.  
COMMANDING DEPT. N.F.L.D. REGT.

Form B. 2088 has been issued to\*

[OVER]

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.C. badges (if the man is a N. C. O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay .. .. . Class ✓

6. Campaigns, Medals and Decorations

Blank lines for listing campaigns, medals, and decorations, with a checkmark in the second line.

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) 75<sup>th</sup> Battalion

(Date) 15<sup>th</sup> Oct. 1915

Eric S. [Signature] MAJOR,  
707  
Commanding COMMANDING DEPOT, N. F. L. D. REGT.,  
Baton. Regiment.  
NEWTON-CN-AYR, N.B.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) 75<sup>th</sup> Battalion

(Date) 15. 10. 15

H. Burt (Signature of Soldier.)

K. Goodyear (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 at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

H. Burt (Signature of Soldier.)

10. Statement of service.

Service towards engagement to Oct 22<sup>nd</sup> 15 (the date to which the record of service is completed) 1 years — days.

Further service " 15<sup>th</sup> Oct (the date of confirmation of discharge) .. .. " 12 "

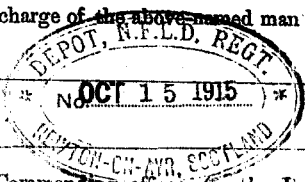
Total .. 1 " 12 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for OCT. 15 1915 (date)

(Place) DEPOT, N.F.L.D. REGT.

(Date) OCT 15 1915



Signature C. White MAJOR,  
COMMANDING DEPOT, N. F. L. D. REGT.,  
NEWTON-CN-AYR, N.B.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

CD 323

Extract from Harold Bell's report St. John's per 8.21  
"Pierisai" Oct. 6, 1914.

323 Buft Harold.

**C.R.** 323

Extract from Nominal Roll of Royal Wfld. Regt, ~~changed~~  
Discharged in United Kingdom 15-10-15.

323 Pte. H. Burt.

Time expired (Ayr) Subsequently repatriated (In U.S.)



## 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 in red ink.

Name in full *Burt Harold*

Regiment from which discharged *1st. Newfoundland*

Regimental number *323*

Intended address *Baileys Road*

Height on discharge *5* Feet *11*

Color of hair on discharge *Dark brown*

Complexion *fair*

Color of eyes *blue*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Jemima*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *St Johns Oct. 20<sup>th</sup> 1892*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Harold Burt* (Rank) *Private*

Station *St Johns* Date *Feb. 1st*

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.

*Sto Borden Lieut*  
Medical Officer i/c Hospital,  
Unit, or Command Depot.

Station *St Johns* Date *Feb. 1, 1917*

# PENSIONS AND DISABILITIES BOARD OF NEWFOUNDLAND PATRIOTIC ASSOCIATION

HON. P. T. McGRATH, LL.D.  
(President Legislative Council)  
Chairman

HON. M. P. CASHIN,  
(Minister of Finance and Customs)

HON. M. G. WINTER, M.L.C.

MAJOR. G. T. CARTY, (1st. Nfd. Regt.)

FLEET PAYMASTER G.W. WYLLYS, R.N.

C. P. AYRE, Esq.

J. A. CLIFT, Esq., K.C., M.H.A.

H. E. COWAN, Esq.

R. F. HORWOOD, Esq.

R. A. TEMPLETON, Esq.

All Communications should be addressed to the Secretary  
2ND. LIEUT. J. M. HOWLEY,  
Deputy Paymaster 1st. Nfd. Regt.  
St. John's.

*St. John's, Newfoundland,*

January 29th. 1917

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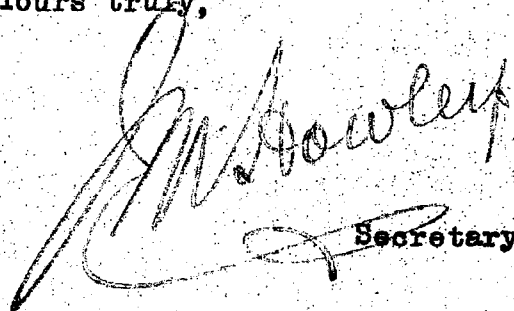
Mr. Harold Burt,  
Battery Road,  
City

Dear Sir:-

In order to establish the extent of your disability and to have your case considered by this Board for final disposal, it will be necessary for you to appear before the Medical Board at St. John's, for examination, at the earliest opportunity.

I have therefore, to request that you report to me at the Regimental Pay Office, Colonial Building, St. John's, immediately on receipt of this letter.

Yours truly,

  
Secretary

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland 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 dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Arnold* 2. Surname *Burt*

3. Rank *Private* 4. Regt. No. *323*

5. Address in full to which future payments of gratuity are to be forwarded *Upper Battery Road*

6. Date of enlistment in the Regiment *St. John's*  
*Sep. 14/1914*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*

8. Relationship of such dependents *Not applicable*

9. Address in full of such dependent *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *Yes on active service outside of Newfoundland. Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *13 months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....

*No.*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

*Referred 10/87  
Post Discharge Pay from Military Dept  
St John*

15. Have you been issued with a War Service Badge?.....

*Yes*

16. Have you, during the present war, served in the Imperial Forces.....

*No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

*No.*

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*No.*

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

*Not applicable*

19. Are you now serving in the Regt.?..... If not give: - (a) Date of discharge..... (b) Reason for discharge.....

*Oct 25/15  
for active service  
Unfit*

20. Did you at any time serve at the front in an actual theatre of war? If so give particulars of places, and dates of such service.....

*No.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.....

*No.*

(b). If so, are you in receipt of full pay and allowances from that Committee.....

*No.*

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: *Harold Park*  
 Place of Residence: *Upper Battery Road, St. John*  
 Declared before me at: *St. John's*  
 This *25<sup>th</sup>* day of *February* 19*19*

Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits. *[Signature]*  
*Barrister-at-Law.*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
21.12.18.	100.10		1.00	70.00
			100.10	100.10
				30.10

Certified Correct. Paymaster.

