



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

C.R. 4295

No. 4295

Name John Dolanmont Corps Cof 2

### Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. John Dolanmont
- 2. What is your full Address? ..... 2. Rose Dolanmont
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 18 Years 4 Months
- 5. What is your Trade or Calling? ..... 5. Clerk
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? ..... 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. { Name .....  
Corps ..... } Yes
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

BY THE DIRECTION OF THE W.A.P.

I, John Dolanmont do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Dolanmont SIGNATURE OF RECRUIT.

R. Zannett Signature of Witness.

H - 7 - 1 - 18

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Dolanmont do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, 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 he 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 as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 7 day of Jan 1918.

John [Signature] 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 required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date Jan 7 1918 } Approving Officer.  
Place St. John's

† 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 enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

# DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name John Holmwood

Apparent age 18 years 4 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 37 inches  
Range of expansion 4 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles Holmwood  
Rose Holmwood | Relationship father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(c) Present address.		(d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>28.3.18.</u>									
Joined at <u>Paris</u> on <u>March 28 1918</u>									
<u>Discharged July 3/19</u>									
<u>Embarked on ship's train to Halifax N.S. 28<sup>3</sup>/<sub>18</sub></u>									
<u>Embarked for <u>St. J. 31.8.18.</u> <u>Queen's</u> <u>Home 21.8.18.</u></u>									
<u>Joined Bank Depot <u>Lower 2.9.18.</u> <u>Admitted 21.9.18.</u></u>									
<u>Admitted to <u>the King's Boutique 16.11.18.</u> <u>Dis. to <u>Liberal 22.11.18.</u></u></u>									
<u>Rejoined unit <u>18.12.18.</u> <u>Transferred from <u>Rouen 22.12.18.</u></u></u>									
<u>So transferred for <u>demobilization 22.5.19.</u></u>									
<u>Demobilization <u>Paris 3.7.19.</u></u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge) <u>1</u> <u>178</u>									

4295

Extract from Daily Orders Part II Unit The Royal W:ld.

By Lt. Col. P.G. Mathias, D.S.O. Commanding 1st

En. B-11-18

The U/M has been evacuated and is struck off the strength  
of the Unit.

4295 Pte. J. Dolliment

C Coy.

C. 4295

Extract from Daily Orders Part II Unit the Royal WIA.

Regt. Depot St. John's, June 9th, 1919

The discharge of the undermentioned on demobilization has been  
APPROVED O.C. Discharge Depot with effect  
from 19-6-19.

4295 Pte. John Delomont.

4295

Extract from Daily Orders Part 11 Depot, S3, Johns,

Date June 7th, 1919

4295 Pte. John Dolomont.

Reported at Headquarters 1-6-19. ex "Canadian"  
which sailed Liverpool May 22/1919.

C.R. 4295

Extract from C.E.D.B.R.S. by Lt. Col. G. Mathias D.S.O.,  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5/9/10.

The following arrived to-day and is posted to the  
following Company.

G. COMPANY.

4895, Pte. J. Dolmont.

C.R. 112715

Extract from Casualties received from Pay and Record Office, London  
dated December 1918.

Authority Memo from Lieut. L. R. Cooper dated 10/12/18.

#4295 Pte. J. Donomont.

C.R. 4293

Extract from list of sick and wounded N.C.O's and men of the  
Expeditionary Force- France dated Dec. 2nd 1918. List No. H.A  
82299.

4295 Pte. Dolomont, J.

Boils Knees Sgt. Dis. to Dtl. Gmp. Terlincthun ex 12 Con. Dep. 22 Nov. 18

4295

Extract of Daily Orders Part 11, from 4/1st  
Royal Newfoundland Regiment, Headquarters,  
dated January 6, 1918.

#4295 Pte. J. Dolloment.

Attested for General Service with the 1st Bfld.  
Regiment, posted to H. Coy' and given numbers as  
shown, with effect from January 7, 1918.

Army Form B. 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

**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. *7 Royal Newfoundland*
2. Regtl. No. *44295* 3. Rank. *pte*
4. Name *Dolomount John*  
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *July 1/18* at *St. Johns*  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) or 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 (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court.

NOTE.—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."  
*nil*
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
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. *and*

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 .....
- (iv) Ordinary military service before the war .....
- (v) Serious negligence or misconduct on the man's part. }

14 (e) If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature?

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 treatment was unobtainable?

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?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom;

Note—(b) is only applicable to soldiers invanded at Foreign Stations.

*Repatriation*  
*As per my DAD*  
*Capt R. W. C.*

Station *Harley D. Camp*

Date *20 4-19*

Medical Officer in charge of case.

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



No. 11092/1084

N.F.P./79.

~~NEWFOUNDLAND CONTINGENT~~

From:

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2/Bn. Royal Newfoundland Rgt.,  
Winchester.

10th, July 1918

Subject: 4295, Pte. J. Dolomount

With reference to the following telegram (6187 ) from the Hon. Minister of Militia, received

Pay to 4295 Dolomount: £3. 0. 0

Draft £3. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records

July 13 1918

Receipt hereunder.

CHARLES P. ... COLONEL  
COMMANDING 2ND BN. ... REGT.  
Officer Commandg. Batt'n  
Royal Newfoundland Regiment

Received the sum of Three

Guineas on account of cable remittance from Newfoundland.

J. Dolomount

No. 4295 Rank Private

James J. ...

Jul 8, 1919

#4295 etc. John Dolomont,

Rose Blanche.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2322.

Yours truly

W. J. Symaster & Officer i/c Records.  
Captain

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4295 Rank Pte Name Solomon John  
 Intended place of residence... Rose Blanche

2. Occupation Bank  
 Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of... **DEMOBILIZATION.**  
 Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place ST. JOHN'S  
 Date JUN 5 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST. JOHN'S  
JUN 5 1919  
 Signature of soldier J. Solomon  
 Signature of witness J. A. [unclear]

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S  
5-6-19  
 Signature of soldier J. Solomon  
 Signature of witness James O. [unclear]

### STATEMENT OF SERVICE

7. Enlisted for service 7-1-18 No of days on Military  
 Discharged from service 19-6-19 plus 14 days Service 543

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
 Date JUN 19 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's Nfld  
 Date July 1/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

*24132029/2322*





## 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 Office 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 *John Solomon*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4295*

Intended address *Rose Blanche*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *John Charles*

Christian name of Mother *Susan*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Rose Blanche, Aug 24<sup>th</sup>, 1900*

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)

*John Solomon*

*Pte*  
(Rank)

Station *St John's*

Date *4-6-19*

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 of Hospital,  
Unit, or Command Depot.

Station

Date

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. *4290*

Name: *Colomant John*

Address: *Rte. Blanche*

Present Medical Category: *A1*

Recommended for:— (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board	}	<i>R.H. Lout</i> O.C. Discharge Depot.
		<i>H. Robinson</i> Senior Medical Officer
		<i>G. Gordon</i> M.O. Enact

**The Royal Mtd. Regiment**

**DEMOBILIZATION**

No. *61995* Rank

Name *A. Demonty*

Warned for demobilization on

**JUN 5 1919**

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 295 Rank Pte. Name Dalymont, John  
 Date of Enlistment 17-1-19 Address Rue Blanche District B.L.C.P.  
 Occupation Black Classification for Discharge E Medical Category A.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P48	B 268	B 122	N.F. Med.	D.F. 1
B 178	W 8494	B 123	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	D 400B	Form L	do 3rd	" 4
B 178a	D 400C	Form K	do 4th	" 5
B 178b	B 103	ME 2		" 6
B 178c	B 120	M 98		

Date 1-6-19 O. C. Discharge Depot \_\_\_\_\_

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**a. Clothing**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \_\_\_\_\_
- (b) Clothing Supplied \_\_\_\_\_

Date 5-6-19 O i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 131459 to his home at Rose, Blanche and Release Certificate No. 2282 issued.

Date 5-6-19 *[Signature]*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 3-7-19

Date 5-6-19 *[Signature]*  
Depot Paymaster.

Discharge approved for 19-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P16	B 268	B 121	N.F. Med	D.F. 1	2 Form B
B 178	W 349s	B 122	Board Ist	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	E 103	ME 2		" 6	
B 179c	E 120	M 93			

Date 5-6-19 *[Signature]*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
Officer in Records.  
Board of Pension Commissioners.  
with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 19 1919 *[Signature]*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date .....

## 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 former occupation

Signature of Man.

Reg. No.

*W. L. Brown*  
Signature of the Vocational Officer or his Representative.

*J. J. Brown*

Place

*RT Johns.*

Date

*5-6-19*

1919

July 3, 1919

#4295 Pte. John Dolmont,  
Rosa Blanche.

Dear Sir:-

Referring to your application I enclose  
cheque for seventy dollars (\$70.00), being amount  
of first payment due you on account of the War  
Service Gratuity.

Yours truly

Captain,  
Quartermaster & Officer i/c Records.

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DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 28th, 1918.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. 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 RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *John* ..... 2. Surname... *Belomount*

3. Rank... *Pte* ..... 4. Reg't No... *429A*

5. Address in full to which future payments of gratuity are to be forwarded... *Rose Blanche*

6. Date of enlistment in the Regiment... *Jan. 2: 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *not applicable*

8. Relationship of such dependents... *do*

9. Address in full of such dependents... *do*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *no*

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Seveneen Months and Seveneen days*

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

..... *Not applicable* .....

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.....

..... *\$ 70.69 Cashmere & Ration* .....

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

..... *No* .....

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* .....

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

..... *June 9/15* .....

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....

..... *France 1918 and Germany* .....

21. (a) Are you receiving treatment from the Civil Re-establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

Signature of Applicant: *John Dolomont*  
 Place of Residence: *Rose Blanche,*  
 Declared before me at: *St John nfd*  
 This *5<sup>th</sup>* day of *June* 19*18*....  
*John McCarthy*

Signature of Barrister of the  
 Supreme Court, S. J. P. L. C.  
 Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	due
.....	.....	.....	<i>4 mos.</i>	<i>280 00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Barrister

Aug 25 1921

The accompanying Victory Medal and/or British War Medal  
is/are forwarded herewith to

Pte. John Dalomont

in respect of his service as No. 429b Rank Pte.

Name John Dalomont Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon:

Received Sept 2nd

Signature John Dalomont

Date Sept 3rd

Address Base Plouffe

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

FORMS  
U. S. A.  
18.

Regiment of

*P. Signal & Field*

Signature of O. C. Company

Number of Sheets

*2*

*[Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<i>1095</i>	Age on	<i>18 years 4 months</i>	<i>Clerk</i>				
<i>Detachment J.</i>		Place and Date of Enlistment	<i>St. John's 7-1-18</i>	Religion				
Joined	Date			<i>C. of E.</i>				
Joined	Date			Place of Birth				
Joined	Date							
Joined	Date							
		Period of	with Colours <i>17</i> years.					
			with Reserve <i>3 1/2</i> years.					

Place	Date of Offence	Rank	Class of Offence	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order suspending with trial	By whom awarded	REMARKS
				—					
<i>Demobilized St. John's, 3/7</i>									

To be carried over

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address.....

MARK YOUR REPLY:

For attention of:

Director,  
War Service Records,  
Department of Veterans Affairs,  
Ottawa, Ontario.

Re: DOLMOUNT, John Service No. 4295  
(SURNAME) (CHRISTIAN NAMES)

Veteran is stated to have served during WW I  
in the following Units Nfld Regt  
(STATE WAR OR WARD)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1 THEATRES OF SERVICE.

(1) South African War

Date and port of disembarkation.....

(2) World War I --- (If Canada only, state if with territorial limitations)

Canada ~~and~~ ~~France~~ ~~and~~ ~~Britain~~ ~~and~~ ~~France~~

IF CANADA  
AND  
U.K. ONLY

Date(s) disembarked in U.K.....  
Date(s) S.O.S. in U.K. for Canada.....  
Period(s) of desertion in U.K.....

(3) World War II --- (If Canada only, state if with territorial limitations)

Date of embarkation.....

(4) Korean War

Date of embarkation.....

2. Date and place of all enlistments. 7 Jan - 1918 - St. Johns, Nfld.

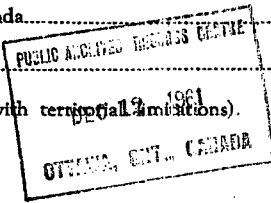
3. Date of all discharges and reason. 3 July - 1919 - Demobilization

4. Date and place of birth as per attestation paper. 24 Aug - 1900 - Riv. Blanche, Nfld.

5. Marital status; if married, name in full of wife. Single

6. Any other military service Nil

7. Decorations, if any. Nil



Director of War Service Records