

Newfoundland Forestry Companies

ATTESTATION OF

No. 8393 Name Patrick Parrell Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Patrick Parrell</u> |
| 2. What is your full Address? | 2. <u>Stornoway Lane</u> <u>St John</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>25</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Carpenter</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>R-C</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | { Corps |

I, Patrick Parrell 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.

27/10/17

.....SIGNATURE OF RECRUIT.
.....Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION

Patrick Parrell 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 on this 27 day of Oct 1917

Signature of Attesting Officer [Signature]

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 Oct 20 1917
Place Report

Approving Officer. [Signature]

* 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:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Parrell OF Christian Name Patrick

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Wfld.

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|-------------------------------------|---------------------------|---------------------------|---------------------------|
| | Right | Left | Right | Left |
| Examined | on <u>20</u> day of <u>Oct</u> 1917 | on _____ day of _____ 191 | at _____ | at _____ |
| Declared Age | <u>25</u> years <u>6 mo</u> days | | years _____ | days _____ |
| Trade or Occupation | <u>Carpenter</u> | | | |
| Height | <u>5</u> feet <u>10</u> inches | | | |
| Weight | <u>169</u> lbs. | | | |
| Chest Measurement | Girth when fully expanded | | | |
| | Range of Expansion | | | |
| Physical Development | | | | |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | R. E.—V L. E.—V | | R. E.—V L. E.—V | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>Lamont Paterson</u> | | | |
| (Rank) | <u>Major</u> | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at _____ | at _____ | on _____ day of _____ 191 | on _____ day of _____ 191 |
| Joined on Enlistment | Corps. <u>Wfld Forestry</u> | Regtl. No. <u>8393</u> | Corps. _____ | Regtl. No. _____ |
| Transferred to | | | | |
| Became non-effective by | on _____ day of _____ 191 | on _____ day of _____ 191 | | |
| [Signature] | | | | |
| [Rank] | | | | |

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| | |
|------|--------|
| DATE | |
| feet | inches |
| lbs. | inches |
| | inches |

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 Commissioners of Chelsea Hospital. Part A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and Part B should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his own 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.1.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Parrell, John*
Regiment from which discharged *Newfoundland Forestry Coy*
Regimental Number *8393*
Where born (Parish, Town and County), and when *St. Johns. Newfoundland. 1890.*
Intended address *Thorburn Lane. St. Johns. N.F.L.D.*

Height on discharge *5 Feet 10. Inches*
Colour of Hair on discharge *Dark* **Colour of Eyes** *Blue*
Descriptive marks *Lump behind right ear.* **Complexion** *Fresh*
Figure on discharge *Well built*

Christian name of Father *Patrick*
Christian name of Mother *Teresa*
Wife's Maiden name in full *Rosa Murphy*
Date and Place of Marriage *4-11-17. St. Johns. Newfoundland*
Christian names of Children *Simon None*
Nature and locality of civil employment desired *Farming. Newfoundland.*

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|-------------------|----|-------------|
| To | No | Date |
| Officer in Charge | | |
| Medical Officer | | |
| Records | | |
| | | 13 SEP 1918 |

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 Parrell* **(Rank)** *Pte*
MAN. with M.F. **Date** *13-8-18.*
Station *Kemmore. Perthshire*

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.

Stewart **Medical Officer i/c unit**
Capl. RAME **Hospital**
Date *13-8-18.*

Station *Kemmore. Perthshire*

| B Period of Service and in what Corps ... | Regiment | Years | Days | All Service Abroad with Stations | |
|---|----------|-------|------|--|------|
| | | | | Years | Days |
| | | | | India | |
| | | | | S. Africa | |
| Disallowed ... | | | | | |
| Service towards Pension ... | | | | | |
| Date inclusive to which pay has been issued | | | | Sum due on account of advance of Pension } | |
| Sums due on account of public debts ... | | | | | |

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form 1

Form
B. 121
39

Number of Sheet *1*

Regiment of *17th Field Forestry Companies*

Signature of O. C. Company *H. B. [Signature]*

| | | | | |
|--------|-------------------------|--|------------------------|---|
| No. | Regimental No. and Name | Enlistment | Trade | Good Conduct Badges, Service pay or proficiency pay |
| 8393 | <i>Patrick Carroll</i> | Age on <i>25</i> years <i>6</i> months | <i>Carpenter</i> | |
| Joined | Date | Place and Date of Enlistment | Religion | |
| Joined | Date | Period of with Colours | <i>R.C.</i> | |
| Joined | Date | with Reserve | Place of Birth | |
| | | | <i>St. John's N.Y.</i> | |

| Place | Date of Offence | Rank | Cases of drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order suspending trial etc. | By whom awarded | REMARKS |
|-------------------|-----------------|-------------|----------------------|---|---|---------------------------------|---|-------------------------|-----------|
| <i>St. John's</i> | <i>11-2-17</i> | <i>Pte.</i> | | <i>Deserting from draft proceeding on leave</i> | <i>Sgt. [Signature] Pte. [Signature] Pte. [Signature]</i> | <i>28 days S.P. 1/2 1/2 1/2</i> | <i>11-2-17</i> | <i>G.S. [Signature]</i> | <i>MS</i> |
| | | | | <i>David St. John's</i> | <i>10</i> | | | | |
| | | | | To be carried over | | | | | |

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23 SEP 1918