

### THE ROYAL NEWFOUNDLAND REGIMENT

| 1-1  |      | ATTES  | TATIO | Man  |
|--|------|--------|-------|------|
| 374  | 100  | 7/1 =3 | 1110  | 1170 |
| - The state of the |      | Juom   | ann   | cum  |
|  | Nama |        |       |      |

orns 6

| Questions to be put to the Recruit before Enlistment Sollar   |
|---|
| I. What is your name? I   |
| 2. What is your full Address?   |
| 3. Are you a British Subject?   |
| 4. What is your age?  |
| 5. What is your Trade or Calling? 5   |
| 6. Are you Married? 6.  |
| 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.  |
| 8. Are you willing to be vaccinated or re-vac- a s  |
| 9. Are you willing to be enlisted for General Service? • 9  |
| 10. Did you receive a Notice, and do you understand } 10 Name   |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you are accepted?   |
| 2167722   |
| I. 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.  SIGNATURE OF RECRUIT.    |
| Signature of Witness.   |
| GATH TO BE DAKEN BY RECRUIT ON ATTESTATION.   |
| I   |
| 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 duty entered   |
| as replied to and the said recruit has made and signed the declaration and taken the oath before me at  |
| on thisday of   |
| 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-   |
| quired 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  |
| Place   |
| † The signature of the Approving Officer is to be affixed in the presence of the Recruit.<br>‡ Here insert the "Corps" for which the Recruit has been enlisted.           |

|                       |                  | DESCRIPT                                  | To correspo                       |                               | N ENLIST  |                          | 1 11  |
|-----------------------|------------------|---|-----------------------------------|-------------------------------|---|--------------------------|---|
| Name                  |                  | Josephin                                  | 0100                              |                               |   |                          | U3/·  |
| Apparent              | age              | years                                     | month                             | s. 24                         | Height  | <u></u>                  | feet / Yinches  |
| Chest Me              | easurem          | ent { Girth when fu<br>Range of expa      | lly expande                       | 1/2                           | inches  | es                       |   |
| Distinctiv            | ve marl          | KS  |                                   |                               |   |                          |   |
|                       |                  | INFORMA                                   | TIONASI                           | IBPLIEI                       | D BY ÆF   | FRUIT/                   | 7.  |
| Name and              | d Addre          | ses of next of kin                        | 6                                 | Sa                            | ie ve   | Total                    | ton   |
| Vin                   | en.              | gras on                                   | $\alpha$                          | Relatio                       | nship   | 0000                     | ne C  |
| 1                     | 1                | 9.  | Particular                        | s as to M                     | arriage   |                          |   |
|                       | a) Christia      | un and Surname of Woman to<br>(c) Prese   | o whom married<br>nt address. (d) | and whether<br>Initials of Of | spinster or widov<br>ficer verifying en                                 | r. (b) Place and<br>trv. | date of marriage.   |
|                       | (a)              |   | (6)                               |                               | (c)   |                          | (d)   |
|                       |                  |   | Particula                         | rs as to C                    | hildren   |                          | Alexandron  |
|                       | Chris            | stian Names                               |                                   |                               |   | Date and Pla             | ace of Birth  |
|                       |                  | STATI                                     | EMENT (                           | OF THE                        | SERVICE:  |                          |   |
| Corps in which served | Rgt. or<br>Depot | Promotion, Reductions,<br>Casualties, &c. | Army Rank                         | Dates                         | Service not al-<br>lowed to reckon<br>for fixing the<br>rate of pension | Residence   Control      | Signature of Officess certi-<br>fying correctness of<br>entries |
| Service towa          | ards limite      | d engagement reckons from                 |                                   |                               | Years Days  | Years Days               |   |
|                       |                  |   |                                   |                               |   |                          |   |
|                       |                  |   |                                   |                               |   |                          |   |
|                       |                  |   |                                   |                               |   |                          |   |
|                       |                  |   |                                   |                               |   |                          | <u> </u>  |
|                       |                  |   |                                   |                               |   |                          |   |
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|                       |                  |   | 1374                              |                               |   |                          |   |
|                       |                  |   |                                   |                               |   |                          |   |
|                       |                  |   | - A                               |                               |   |                          | 2. · · · · · · · · · · · · · · · · · · ·                        |
|                       |                  |   |                                   |                               |   | d3.                      |   |
| Tol                   | tal Service      | forfeited as above                        |                                   |                               | 1 1   |                          |   |
| Tetal Service t       |                  | gagement to                               |                                   | [date of disci                | narge]5v  |                          | \$  |



# THE ROYAL NEWFOUNDLAND REGIMENT

| Vo. 0-304 Name Thomas Bollan Corps Gof G  | )     |
|---|-------|
| Questions to be put to the Recruit before Enlistment.   |       |
| I. What is your name?   | 0:0   |
| 2. What is your full Address?   | ec    |
| 3. Are you a British Subject? 3   |       |
| 4. What is your age?  |       |
| 5. What is your Trade or Calling? 5. Justion Trade  |       |
| 6. Are you Married? 6.  |       |
| 7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.  |       |
| 8. Are you willing to be vaccinated or re-vac-} 8.  |       |
| 9. Are you willing to be enlisted for General Service? · 9.   | ••••  |
| 10. Did you receive a Notice, and do you understand tis meaning. and who gave it to you?  | <br>  |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by rou if you are accepted?  | !     |
| made by me to the above questions are true, and that I am willing to tain the engagements made.  SIGNATURE OF RECR.  Signature of Witness.  |       |
| Of the Taken By recruit on attestation.  I do make oath, that I will be faithful bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity agains enemies, according to the conditions of my service.   | duter |
| 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 quest he would be liable to be punished as provided in the Army Act.   | lons  |
| 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 day end  | ared. |
| as replied to, and the said recrist has made and signed the declaration and taken the oath before me all the oath | m     |
|   | 1.70  |
| †CERTIFICATE OF APPROVING OFFICER.  I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the   |       |
| quired forms appear to have been compiled with. I accordingly approve, and appoint him to the:  | re-   |
| If enlisted by special authority, such will be attached to the original attestation.  |       |
| Date  |       |

† 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.

|                                   | DESCRIP                                   |            |                                   | N ENLIST                                   |   | 537  |
|-----------------------------------|---|------------|-----------------------------------|--|---|--|
| Vame .                            | Thomas                                    | 1/30       | lla                               | ــــــــــــــــــــــــــــــــــــــ     |   |  |
| Apparent age                      | Z / years                                 | month      | ıs.                               | Height                                     | 5   | feet 4 Juinch  |
| Chest Measurem                    | Girth when fu                             |            | 11. 1                             | /2_inch                                    | ies   | 71. Z. (1)   |
| distinctive mark                  | ks  |            |                                   |  |   |  |
|                                   | INFORMA                                   | TION, SI   | JPPLIED                           | BY RE                                      | CRUIT   | 1  |
| Jame and Addre                    | ess of next of kin                        | , 6-       | sa                                | u Ve                                       | soll  | gan.   |
| inchy                             | gras sie                                  | d          | Relation                          | ıship                                      | Fai   | her,   |
| 13/18                             | 3,  | Particular | rs as to Ma                       | rriage                                     |   | production of the production o |
|                                   | as and Surname of Woman to (c) Prese      |            | and whether s<br>Initials of Offi |  | r. (&) Place an<br>Nov.                       |  |
| (a)                               |   | (8)        |                                   | (c)  |   |  |
|                                   |   | Particula  | rs as to Ch                       | ildren                                     |   |  |
| Chri                              | strian Names                              |            |                                   | 1 (1907) (1944), (1947)<br>- 1947)         | Date and P                                    | lace of Birth  |
|                                   | STATI                                     | EMENT (    | OF THE                            | Service not al-                            | Service in Re-                                |  |
| Corps in Rgt. or ich served Depot | Promotion, Reductions,<br>Casualties, &c. | Army Rank  | Dates                             | for fixing the rate of pension  Years Days | serve not allowed to reckon to wards G. C. Pa | - entitles   |
| ned at                            | d engagement reckons from                 | The ary    | 5-18                              | 8  |   |  |
| super-                            | I all                                     | 1/4        | )<br>                             | 111  |   | 80.1   |
| Dewlank                           | in Mothes                                 | 19.10      | ootum                             | lella                                      | 6 /40   | Gay Nd. 22-  |
| Dewbork                           | 3 11:4                                    | 1. 23-11-  | 18 fe                             | antes (                                    | 10  | Loop Nover   |
| leonchiles /                      | 379. Admilia                              | Multary    | Horpital                          | houska                                     | - influence                                   | 1 4  |
| My 1                              | If the w                                  |            | Spel                              | of the                                     | Duo Co Nea                                    | Mater 28 19.   |
| you was                           | LO em                                     | Jak a      | tion .                            | 1-6-19.                                    | 100 1   | 1/21919  |
| Total Service                     | forfeited as above:                       | 3          |                                   |  | 660 . 4 1<br>3 01<br>3 1                      | , , , , , , , , , , , , , , , , , , ,  |
| al Service towards Eng            | gagement to 2-                            | 1-1919     | [date of discha                   | rge]                                       | urs 49 da                                     | /8   |
| Pen                               | sions "                                   |            | _r " "                            | 1  |   | · · · · · · · · · · · · · · · · · · ·  |

| mpany Conduc | t Sheet         | Ly will m | No. and date of last drunk   | Period not reckoning towards freedom from extra fine | Sheet No.          | Signature O.C. Company, etc. | MIL   | O CO Al Oha     | racter 7 |
|--------------|-----------------|-----------|--|--|--------------------|------------------------------|---|-----------------|----------|
| Place        | Date of offence | Rank      | Cases of<br>Drunken-<br>ness   | Offence  | Names of Witnesses | Punishment awarded           | Date of award or<br>of order dispensing<br>with trial | By whom awarded | Remar    |
|              |                 |           | NO COMMON NOTICE OF THE PARTY O |  |                    |                              |   |                 |          |
|              |                 |           | 7008 (1 3  | • 3.388 Fr. 17 A. 17 H.                              |                    |                              | Internation   | 68 - 1000-103   |          |
|              |                 |           |  | - 2  |                    |                              |   |                 | Sale N   |
|              |                 |           |  |  |                    |                              |   | Carry Charles 4 | 2 7 8 L  |
|              |                 |           |  |  |                    |                              |   |                 |          |
|              |                 |           |  | 1. 2   |                    |                              | 12.134  |                 | • 6 h    |
|              |                 |           |  |  |                    |                              |   | 5.00            |          |
|              |                 |           | ······   |  |                    |                              |   |                 |          |
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|              | 1. Com. 1.      |           |  |  |                    |                              |   |                 |          |
| 100 100      |                 |           |  |  |                    |                              | 1 1 2 3 3   |                 |          |

[P.T.O.

extract from casualties from May a motord office, London Dated April 22nd 1919.

5375, Pte. T. Bollem

discharged from 3rd L.G.H. Furlough 19-4-19 -28-4-19.

rit for 1. Duty.

AUTHORITY:

A.FS. 3016.

Extractf rom Daily Orders Part 11 Unit The Royal Hfla Regt. St. John's, 1July 4th 1919

The discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot with effect from 2-7-19

5375 Pte. Thos. Boland.

Extract from Daily Orders Part 11 Depot, St. John's, Date June 7th 1919

5375 Pte. Thos. Boland.

Reported at Headquarters1-6-19. which sailed Liverpool May 22/1919.

ex "Corsican"

Extractifrom Daily Orders Part 11 Unit The Royal BflA. Regiment, Depot, St. John's, June 9th 1919.

The discharge communication demobilization of the undernoted has been APPROVED by O.O. Discharge Deput, with effect from 28-6-19.

5375 Pte. Thos. Roland.

Extract from Telegram from Syndptical London to Mil. dated April 17th., 1919.

Military Hospital Lewisham Influenza 5375 Bollen.

Extrcat from Casualties received from Pay & Record Office, London, Mar. 28th, 1919.

5375 Pte. T. Bollen.

Was transferred from the Military Hospital, High Street Lewisham, S.E. to the 3rd London General Hospital, Wandsworth?, S.W. 1. On 26-3-19.

Extract from telog man April 17th., 1919. from syn. to Mil.

In answer to your telegram April 16th.

537¶ Bollen. 5375

3rd. London General Hispital.

Extract from Casualties ...... List No. H.A. 35359 20/3/19

5375 Pte. J. Bollen

Bronchitis Mild...Adm. 6 Gen. H. Rouen Mar. 13,19

6.4.8.5

April 21, 1919

Rev. F.P. Law.

"The Rectory"

Newtown

Rev. & Dear Sir :-

With reference to your enquiry regarding No. 5275, Private Thomas Bollen. I beg to inform you that we have received a massage in reply to our cable asking for particulars of this soldier, which states that he is at the 3rd London General Hospital, Wandsworth suffering from influence.

Should any further information be received concerning his condition, same will be notified to his next of kin.

Yours faithfully.

Lieut. Col ..

Chief Steff Officer.

march. 31 giq.

Dear Sir

boards for knilly five he same information (affer due encuery) as to the Chereabouts of Private Thamas Boland of Pinchanis Hans B.B. (alld No 6522). For same him he has not been heard fran. haukungan heman "To faithfull"

JRBennett -Nunite of Pilita. (Rev) Fedans

But met from telegram From Mit. to Syn. dated April 14, 1919.

Inform whereabouts

5375 Bollan.

Extract from Rominak Roll of draft No. 56, from the 2nd., Sattalien of the Newfoundland Regiment, to the 1st., Battalien of the Regt. B. F. embarked Southempton 25/11/18.

#5375 Pte. T. Bollen.

Extract from Daily Orders part 11, from Unit The Royal Nfld.Regt.St.John's, dated July 25,1918.

The following man embarked for overseas on H.M.S. "Columbella" July 22,1918.

. #5375 Pte . Thomas Bollam .

Extract from Daily Orders part 11, from Unit The Royal Hfld.Regt.St.John's, dated May 25,1918.

#5375 Pte. Thomas Beliam.

Attested for General Service with the Royal HfldRegt. from 23.5.18

To be used only for Special Reserve Recruit

**MEDICA** 

(Rank)

Surname Table I.—GENERAL menarys Island 1813 Birthplace:-Parish 191 8. 137 day of May Skychus .. Examined days days Declared Age... Trade or Occupation .... inches tnches feet Height lbs. lbs. Weight ( Girth when fully expanded .... inches inches Chest Measure-ment inches inches Range of Expansion. Physical Development... Left Right Left Right ( Arm Scar Vaccination Marks (Number .... When Vaccinated R.E.-V= Vision L.E. (a) (a) Marks indicating congenital peculi-arities or previous disease (6) (6) (b) Slight defects but not sufficient to cause rejection Approved by (Signature) (Rank) Medical Officer. Medical Officer. day of 191 Regtl. No. Joined on Enlistment. ROYAL NEWFOUNDLAND REGIN Transferred to .. Became non-effective by 191 (Signature

Surname.

Repring for Royal Nifed. Regt of gray Form B. 178A.

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

## MEDICAL HISTORY

Doeen

Christian Name...

Thomas

| Birthplace:—Parish   |            | Table I.—GENI<br>chards Aslan |          | Count            | 1110:    |        |                  |
|--|------------|-------------------------------|----------|------------------|----------|--------|------------------|
|  | 1          | SPECIAL R                     | ESERVE   |                  | REG      | ULAR A | RMY              |
|  | on         | A Sold day of                 | May.     | 191              | on -     | day of | 191              |
| Examined ···· ···  | ·· at      | Skilpel u                     | 'n       |                  | at       |        |                  |
| Declared Age   |            | A years                       |          | days             |          | years  | days             |
| Trade or Occupation  |            | roh                           | + 1      |                  |          |        |                  |
| Height   |            | feet                          | 1        | tuches           |          | feet   | inches           |
| Wegit ···· ···   |            | 180                           |          | lbs.             |          |        | lbs.             |
| Chest Measure   Girth when fully expanded .  |            | 9/100                         |          | inches<br>inches |          |        | inches           |
| ment / Range of Expansion  |            |                               |          |                  |          |        |                  |
| Physical Development   |            |                               |          |                  |          |        |                  |
| Vaccination Marks  | [          | Right                         | Left     |                  | Right    |        | Left             |
| (Number,   | -          | Heren 20                      | :        |                  |          |        |                  |
| When Vaccinated  |            | i Ola                         |          |                  | R.EV     |        |                  |
| Vision   | ) 1.       | E. V                          |          |                  | L.H. V-  |        |                  |
| <ul> <li>a) Marks indicating congenital pec<br/>arities or previous disease</li> </ul> | ruli- J    | a)                            |          |                  | (a)  (b) |        | C:               |
| (b) Slight defects but not sufficien cause rejection                                   | it to      | *                             |          |                  |          |        |                  |
| Approved by (Signat  | ture)      | Lagrana !                     | 75.62    | مدند در د        |          |        | •                |
| (Ra  | ank) ,     |                               | روره     | al Officer.      |          |        | Medical Officer. |
|  |            | St Hohas.                     | - Metric | ar Omcer.        | at .     |        | •                |
| Enlisted   | . 1        | on Alya day                   | of May   | 191 8            | on       | day of | 191              |
| Joined on Enlistment   |            | Koyae 19es.                   | Regtl    | 7.10             | Corps    |        | Regtl. No.       |
| Transferred to   |            | MOTAL MEME                    | OUNDLAN  | P REGI           | MEN.     |        |                  |
| Became non-effective by  | AND STREET | on day                        | of       | 191              | 011      | day of | 191              |
|  | nature)    |                               |          |                  |          |        |                  |
|  | Rank)      |                               |          |                  | 1        |        | [P.T.O.          |

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

|                                       |          |   |        |                     |        |             |                               |  | Marie Control of the |                              |
|---------------------------------------|----------|---|--------|---------------------|--------|-------------|-------------------------------|--|---|------------------------------|
| Name of Hospital                      | Adn<br>H | itted to                                | Di     | ischarged<br>Hospit | l from | Disease     | Number<br>Days in<br>Hospital | Remarks bearing o<br>syphilis, admission | in the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars ment out of hospital, transfers, etc., will be given in the special sphills case sheet.  | Signature of Medical Officer |
| A Buo I C. DOM U                      | BAY )    | ionth Y                                 | ear Da | Mont                | Year   |             | Hospital                      | of tres                                  | tment out of hospital, transfers. etc., will be given in the special syphilis case sheet.   |                              |
| THE LENDER SENERAL                    | 08777    |   |        |                     |        |             |                               |  |   |                              |
| WANDSWORT                             | 26 0     | 3 10                                    | 10     | 4                   | , ,    | 21 mfluenza | 24                            | leover                                   | w.  | Mourin mo                    |
|                                       |          | 17                                      |        |                     | 't     | - July      |                               | /4/14/50                                 |   | HAZAGAGA WAS                 |
|                                       |          |   |        |                     |        |             |                               |  |   |                              |
|                                       |          |   |        |                     |        |             |                               |  |   |                              |
|                                       |          |   |        |                     |        |             |                               |  |   | •                            |
|                                       |          |   |        |                     |        |             |                               |  |   |                              |
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|                                       |          |   |        | -                   |        |             |                               |  |   |                              |
|                                       |          |   |        |                     |        |             | 1                             |  |   |                              |
|                                       |          |   |        | -                   |        |             |                               |  |   |                              |
|                                       |          |   | -      |                     |        |             |                               |  |   |                              |
|                                       |          |   |        | -                   |        |             |                               |  |   |                              |
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|                                       |          | -                                       |        | -                   |        |             |                               |  |   |                              |
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| . \                                   |          |   |        | -                   |        |             | -                             |  | 190   |                              |
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|                                       |          |   |        |                     | -      |             |                               |  |   |                              |
|                                       |          |   |        | -                   | -/-    |             |                               |  |   |                              |
|                                       |          |   |        |                     |        |             |                               | * 250                                    | •   |                              |
|                                       |          |   |        |                     |        |             |                               |  |   |                              |
|                                       | X        |   |        |                     |        |             |                               |  |   |                              |
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|                                       |          |   |        |                     |        |             |                               |  |   |                              |
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| <u> </u>                              |          | -                                       |        |                     |        |             |                               |  |   |                              |
|                                       |          |   |        |                     |        |             |                               |  |   |                              |
| 1                                     |          | • |        |                     |        |             |                               |  |   | [P.T.O.                      |
|                                       |          |   |        |                     |        |             |                               |  |   |                              |

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field of Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

| gical Appliances; Particulars of Dental Treatment, &c. |   |   |                              |                   |             |  |  |  |  |  |  |
|--|---|---|------------------------------|-------------------|-------------|--|--|--|--|--|--|
| Date   | Charles Sinternite applica                          | Brief Details, and Sign                   | atures                       | in and the second |             |  |  |  |  |  |  |
| 0  |   | ~~  | •                            | 180               |             |  |  |  |  |  |  |
|  |   | .,7                                       | 4 Petrani                    |                   |             |  |  |  |  |  |  |
|  | A THE STREET OF STREET                              | ent production and in grown in a solution | rate out 1995.               |                   | - Marin and |  |  |  |  |  |  |
| 14-5-18 Vace   | IP.   |   |                              |                   |             |  |  |  |  |  |  |
|  | TABLE   |   | and the second second second | 5.0               | -           |  |  |  |  |  |  |
| 10514  | THS MIN   |   |                              |                   |             |  |  |  |  |  |  |
| 100018   | THS MA  |   |                              |                   |             |  |  |  |  |  |  |
|  | - 5 /   |   |                              |                   |             |  |  |  |  |  |  |
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| <u> </u>   |   |   |                              |                   |             |  |  |  |  |  |  |

#### Table IV.—SERVICE TABLE.

|      | Station or Troopship | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation | Station or Troopship | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation |
|------|----------------------|--------------------------------------|---|----------------------|--------------------------------------|---|
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| the second second                       |                           |  |   |  | Region                             |                                       |
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| Surname G                               | Bollen                    |  | Christian Na                            | mesT.                                      | 2                                  |                                       |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | E I.—Ceneral Tal          | ble.   | TABLE III<br>Vaccination<br>for Field o |  |                                    |                                       |
| Birthplace                              | h<br>ty                   |  | engagemen<br>Issue of S<br>Dental Tre   | it, or Prol<br>urgical App<br>atment, etc. | ongation of<br>liances, Par        | f Service,<br>rticulars of            |
| Examined {                              | day of                    | 191,   | Date.                                   | Brief                                      | details and Signs                  | ture.                                 |
|   | years                     | days.  |   |  |                                    | - A. P. L. V.                         |
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| When Vaccinated                         |                           |  |   | · ~~                                       |                                    |                                       |
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| /ision L.E.—V                           | With<br>Glasse:           | s I  |   |  |                                    |                                       |
|   | s, such as Tattoo, Moles  | A STATE OF THE STA |   |  |                                    |                                       |
| ·                                       | s, such as Tattoo, broies | , Scars, etc—  |   |  |                                    |                                       |
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| Defects or Ailments                     |                           |  |   |  |                                    |                                       |
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| ignature                                | Chairman of Medical B     | loord  | TA                                      | BLE IV.—S                                  | Service Tab                        | le.                                   |
|   |                           | oatu.  | Station or                              | Troopship.                                 | Date of arrival<br>or embarkation. | Date of Departur<br>or disembarkation |
| Re-examined for po                      |                           |  |   |  |                                    |                                       |
| )n                                      | day of                    | 191  |   |  |                                    |                                       |
| Enlisted {at                            |                           |  | e ba                                    |  |                                    |                                       |
| on                                      | day of                    | 19   |   |  |                                    | *                                     |
| oined on                                | Corps                     | Regtl. No.   |   |  |                                    |                                       |
| enlistment 124                          | hew formallows            | 53.75  | the second section of                   |  | dommer in the                      |                                       |

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(Rank).....

..,...

(Signature)...

MR33 WL12048/457 400,000 T/18 CLAP 836

#### ). TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

| Name of "                              |     | Admitted to<br>Hospital. |      |     | harged<br>Hospital | frem  | Disease  | Number<br>of days in | Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of spphila, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special sphilic case sheet. | Signature of   |
|--|-----|--------------------------|------|-----|--------------------|-------|--|----------------------|--|----------------|
| Hospital.                              | Day | Month                    | Year | Day | Month              | Year  | Disease.   | Hospital.            | particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.  | Medical Office |
| · >                                    | يد  | .3                       | 19   | 26  | 2                  | 14    | 21. lafluenza  | 6                    | Nort Suffuence Debite  | Minn           |
|  |     |                          |      | 2   |                    |       |  |                      |  |                |
| V.1-5-1                                |     |                          |      |     |                    |       |  |                      |  |                |
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| ······································ |     |                          |      |     |                    |       |  |                      |  |                |

Squadron, Troop, Battery and Company Conduct Sheet. Regimental Number and Name Good Conduct Badges, Service pay or proficiency pay Enlistment Place and Date Joined. **Joined** Date with Colours Joined Period of Joined Date Date of award or of order dispensing with trial Date of Place Name of OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses To be carried over.

Army Form B. 121.



# THE ROYAL NEWFOUNDLAND REGIMENT ALLOTMENTS

| 2 Father Can Bollin Panghards |
|-------------------------------|
|                               |
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|                               |
| Total Allotment, 5            |

Nº 6522



#### THE ROYAL NEWFOUNDLAND REGIMENT

| Entrance Line      | Whether Wife, Child. | light 1=    |                    | AMOUNT - |     |
|--------------------|----------------------|-------------|--------------------|----------|-----|
| Certificate<br>No. | Friend               | Esan Bollen | Pinehards          | (each p  | 50  |
|                    | <b>7 0 0 0 0 0 0</b> |             | Island 13          |          |     |
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|                    |                      |             |                    |          | Ts. |
|                    |                      |             | Total Allotment, S |          | 50  |

3 rd. London gen boss Wansdwort & W. 18 To Pay master 28/3.19 please Pay to me The Sum of two pounds an charge same to my acount. 6 376. pt. J. Boll. D.K. \$2-0-0 Reach 18 1850 Mr. ABSWEAT 28-5-19 9 S H

3 4 and on General Haspital Wandeworth. dw. 5/4/1919. To gaymaster. Royal Newfoundland Regt Sg. Victoria stasktimo of the pound charge the same to my account the No 53 y 5 R. N. T. L. 100 DIL 1934 OK \$1.0,0 XUSI 5/4/19

3ed London gen- Hosp. Wansdwort & W. To pay masti to me the super of one Round an charge same to my acount 5375. pet F. Bollen. Doyal exted Reg. M.R. 14/200 BIBI BOAP! Market House Receptive 2017

No. 5845/60 HEWFOUNDLAND CONTINGENT

Chief Paymaster & U.i/c Records,

Newfoundland Contingent, 58. Victoria Street,

London, S.W. 1.

15th April

1919

5375 Pte. T. Bollen

With reference to the following telegram from the Minister of Militia, / / ( 132 )

> "Pay to- 5375 T. Bollen £8. 2. 0.

Kindly advise whether this remittance should be

(1) forwarded to you for payment to this Soldier;

(2) retained to credit of his account; or

(3) otherwise dealt with.

Chief Paymanter & On i/a Ro

To: Officer Commanding,

3rd London General Hospital

Wandsworth \*S.W.16.

Kindly place this

remittance to the

bredit of 5345.

ADON GENERAL HOSPITAL

WANDSWORTH, 8. W.

N.F.P./80.

Boland, 11.

Aug Loeph.

#5375 Pte. Thomas Boland.

Newtown, B.B.

Dear Sir :-

Please find enclosed "Mscharge

Certificate "0.2314."

Yours truly

raymaster & U.i/e Records.

## The Royal Newfoundland Regiment

#### PROCEEDINGS ON DISCHARGE

| I. No. 3'375 Rank Olo - Name Balant Phone  |
|--|
|  |
| 2. Occupation Frohman  |
| Classification of soldier  |
| Classification of soldier  |
| 3. The above named man is discharged in consequence of <b>DEMOBILIZATION</b> ?   |
|  |
| 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 TORIN'S Comanding Discharge Depot  |
| Date .JUN.4. 1919. Comanding Discharge Depot The Royal Newfoundland Regiment   |
| Date .UUN.EIJIJ  |
| CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE   |
| I have that I have received all my pay and allowances (including clothing allowance) and all   |
| 5. I hereby acknowledge that I have received an my pay and anowance (movement, 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 Chokand  |
| Signature of soldier   |
| JUN 4. 1919.   |
| Signature of witness   |
|  |
| 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. Signature of soldier  |
| Signature of soldier   |
| 4-6-18 Jan & Derma   |
| Signature of witness A -   |
|  |
| STATEMENT OF SERVICE   |
| 7. Enlisted for service  |
|  |
| Discharged from service. 18-6-19 Tun 14 days Service .4.1.4  |
|  |
| APPROVAL OF DISCHARGE  |
| 8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer ilc Records  |
| The Royal Newfoundland Regiment, twenty-eight days from date.  |
| Place ST. JOHN'S   |
| Officer Commanding Discharge Depos   |
| JUN 18 1919  |
| Date   |
|  |
| CONFIRMATION OF DISCHARGE  |
| 9. The discharge of above mentioned soldier is hereby confirmed  |
| expound. yea / 100 occeptant   |
| Place Officer ilc Records  |
| Date . The Royal Newfoundland Regiment   |
| 2016 20010000  |

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

# The Royal Newfoundland Regiment

Class for Demobilization:—

| <u> </u>  |                              |
|---|------------------------------|
| Discharge Depot: Headquarters The Royal News                                    | foundland Regiment  Date     |
| Regimental No. 5375  Name 13 aland Uho  | <del>77.4.3</del> .4         |
| Address   |                              |
| Present Medical Category  |                              |
| Recommended for   | :- { (a) Immediate discharge |
| It is hereby certified that this soldier has been by fire a Transiting Medical. | O.C. Discharge Depot.        |
| Brank and has hear a war bas  | 000                          |
| tion. Medical category 4  4-5 19 Date of T.M.B. Captain                         | Senior Medical Officer       |
| Date of T.M.B. Captain  | M <del>. O. De</del> pot     |

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

| Reg. No. 53.75 Rank. 112                           | Name Bolano Momas   |
|--|---|
| Date of Polistment                                 | ddress Newtown District Bangara   |
| Date of Emistment                                  | H A-  |
|  | on for Discharge  |
| Recommendation S.M.B.                              | Disability Rating   |
| Passed to Demobilization Officer with following of | locuments:—   |
| N.F. P 36   B 268   B 121                          | N.F. Med. D.F. 1  |
| B 178 W 3494 B 122                                 | Doord 1st # 2   |
| В 178а D 400А Л. В 1915                            |   |
| B 179 D 400B Form L                                |   |
| B 179a D 400C Form K                               | ''(1) 이 발표가 열면 1 12:20 (1) 12:20 (1) 12:20 (1) 12:20 (1) 13:20 (1) 13:20 (1) 14:20 (1) 14:20 (1) 15:20 (1 |
| B 179b B 103 ME 2                                  | [12] [14] [15] [15] [15] [15] [15] [15] [15] [15  |
| В 179с В 120 М 93                                  | [대명 [1][[[생생] [1] [[[[[[[[[[[[[[[[[[[[[[[[[   |
|  |   |
| PARTICULAR   | RS FOR DEMOBILIZATION   |
| 1. Civil Re-Establishment.                         |   |
| I amin a position to                               | resume civilian occupation.  J Bland  |
|  | J W Cand  |
|  |   |
|  |   |
| Particulars passed to Vocational Officer           | r for information and action.   |
|  |   |
| Date   |   |
| 2. Clothing.                                       | ere et luc  |
| Certified that Clothing Regulations ha             | eye been complied with:-  |
| (a) Clothing Allowance payable                     |   |
| (b) Clething Supplied                              | I DIVITION TO THE   |
| (b) Ciocumg supplied                               | www.  |
| Date. 4 - 6 - 19 1                                 | O i c. Re-clothing.   |

| 3. Transportation and Release Certificate.  The above famed has perporovided | with Travelling Warrant No. 1377. 9.540  |
|--|--|
| Memora DD  | Release Certificate No issued.   |
| 4-6-19   | Il anow toff-  |
| Date   | Demobilization Officer   |
|  | Demonitization Unicer  |
| 4. Pay and Allowances.   | e of Collamban Collins of |
| The herein named soldier's accounts  | have been correctly balanced and all matters in connection   |
| therewith settled. He has received pay                                       | and allowances to  |
| Date   | Depot Paymaster.   |
| 8  | 3 6 - 19   |
| Discharge approved for.  | ations in the State of the Stat |
| Forwarded with following documents t   | o O.C Discharge Depot.   |
| N.F. P 36 B 268 B 121  |  |
| Б 178 W 3494 В 122   | Board 1st " 2 From S   |
| B 178a D 400A  |  |
| B 179 D 400B Form L B 179a D 400C Form K                                     |  |
| B 179b B 103 ME 2  |  |
| В 179с В 120 М 93  |  |
| 4 6 - 19   | M throw table  |
| Date   | 1.H.   |
| <u>v.</u>  | Demobilization Officer.  |
| APPROVED.  | man Comment on manager of many street pleasure to a see an   |
| Documents as above forwarded to:   |  |
| Officer i c Records.<br>Board of Pension Commissi                            | oners.   |
| with following additional documents.   | estado lai rel como fracismo i ag bedag sedebbel.  |
| Eligib   | le for War Service Gratuity  |
| .IIIN 1 0 1010 ·   | -RH1-1-  |
| Date JUN 1 8 1919  | O. C. Discharge Depot.   |
| Received the above noted documents from O. C.                                | Discharge Denot  |
|  | Symples guided (ii)  |
|  | ••••   |
| Date   | $\lambda = \lambda + $   |

### 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 fellews:

To resume Jorner Occupation

PReg. No. J Boland Signature of the Vocational Officer or his Representative.

Place At Johns.

Date 4-6-19. 191 1919



### 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 occuring in the description subsequent to the date of admission to pension should be noted in

Thomas Boland

Name in full Regiment from which discharged Royal Dewfoundland Regimental number 5375 Newtown, BR Intended address Height on discharge Color of hair on discharge Light
Complexion Fair Roma Color of eyes Descriptive Marks Figure on discharge Esan 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 Ventoum, July 18- 1897 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 Thomas Boland (Soldier's signature in fuli) (Rank) Pt Afolis M

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.

Date 2-6-19

Medical Officer i|c Hospital. Unit, or Command Depot.

Station

July 2,1919

#5375 Pte. Thomas Boland.

finchard's Bland, B.B.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.08), being amount of first payment due you on account of the "War Service Gratuity."

Yours truly

Paymaster & O. i/c Records.

439

# DEPARTMENT OF MILITIA. WAR SERVICE GRATULTY.

St. John's, Newfoundland.

Declaration required of Officers and man of the Royal Newfoundland Regiment, who claims War Service Grasuity under Order-in-Council dated January 28th.1919.

A complete reply must be given to every mestion in this Declaration . There must be no blanks and no debbes. If may questions are not applicable, the words "LOT APPLICABLE" must be written out. On completion this Declaration is to be returned to MME OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN 3. Chaistien name. Momas ..... 2. Jamen Boland 3. Roak, The ..... 4. Rog #1. Bo. 2. 9. 5. Address in full to which future payments of gratuity are to be forwarded. Lunchard's Sold. B. Bay. 6. Date of enlistment in the Regiment. 131/5 7. Name of dependent, if any, to when Separation Allowance is being issued, or wer being issued irredictory prior to your discharge..... 8. Relationship of such dependents ... Ast apple cal 9. Address in full of such dependents ... . Nut alo 10. Is said dependent, now, or was said dependent at any time in receipt of Sejeration Allowance on account of exother soldier?.. Wash. -11, Were you on active service only in Wild. II so, give dates and particulars of such service.... Luer sea..... 12. Give total length of time which you served on active service, whether in Wfld.or Overses. ...

o de la compansa de l

|  | Thomas Bo  | land   |
|--|--|--|
| Signature of Applicant:                | 0.0.   | ds Island  |
| Place of Residence:                    | & Linehar  | as The   |
| Declared before me at:                 | n. Johne 13 Da   | 19   |
| This 3 M. day                          | of ferre   | he total   |
|  | s:Pawrister of the   | S. S. S.   |
| Signaturo<br>Sagnare Cou               | of Berrister of the  | .S-  |
| teste, note                            | irt, Still Shing Co.<br>Try Evolic, Mistice of<br>Commissioner of affi | lacvits.   |
| Pecce, or                              | JOHELLE CO.  | APP CONTRACTOR OF THE PROPERTY |
|  |  |  |
| THE WAY                                |  |  |
| POST DISCHARGE PAY.                    | War Service  | Net amount   |
| Date paid Fold Poid<br>Soldier. Depend | ent. Gratuaty.   | 3 - 280  |
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| 0                                      |  |  |
|  |  |  |
| ······································ |  | Paymaster  |

C.R. 5375

#### RECEIPT.

### FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches of Riband of British War Medal 1914-1919.

Name . Thomas Bollan

Date Nov. 20 th

# The Royal Newfoundland Regiment

| DEMOBILIZATION OF  |  |  |  |  |
|--|--|--|--|--|
| Reg. No. 5375 Rank NEW Name Boland Moman   |  |  |  |  |
| Date of Enlistment   |  |  |  |  |
| Occupation   |  |  |  |  |
| Recommendation S.M.B Disability Rating   |  |  |  |  |
| Passed to Demobilization Officer with following documents:—  |  |  |  |  |
| rassed to Demobilization Officer with following documents.   |  |  |  |  |
| N.F. P 36 B 268 B 121 N.F. Med D.F. 1  |  |  |  |  |
| B 178. W 3494 B 122. Board 1st 2 B 178a. D 400A B 1915 do 2nd 3  |  |  |  |  |
| B 178a   |  |  |  |  |
| B 179a D 400C Form K do 4th " 5  |  |  |  |  |
| B 179b B 103 ME 2 " 6 " 6  |  |  |  |  |
| B 179c B 120 M 93  |  |  |  |  |
| W// ctt  |  |  |  |  |
| Date. H. 6. 19 J. J. J. W. P. J. O. C. Discharge Depot.  |  |  |  |  |
|  |  |  |  |  |
| The second of th |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION   |  |  |  |  |
| The second of th |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am   |  |  |  |  |
| 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.  2. Clothing.  Certified that Clothing Regulations have been complied with:  (a) Clothing Allowance payable.   |  |  |  |  |
| PARTICULARS FOR DEMOBILIZATION  1. Civil Re-Establishment.  I am   |  |  |  |  |

| 3. Transportation and Release Certificate.  The above named has been provided with Travelling Warrant No. 1937 1 1 to his home |
|--|
| Date and Release Certificate No. issued.  Demobilization Officer   |
| Pay and Allowances.  |
| The herein named soldier's accounts have been correctly balanced and all matters in connection                                 |
| Date   |
| Discharge approved for.  |
| Forwarded with following documents to O.C Discharge Depot.   |
| N.F. P 36  |
| APPROVED.  |
| Documents as above forwarded to:— Officer i c Records. Board of Pension Commissioners.   |
| with following additional documents.   |
| Eligible for War Service Gratuity  |
| Date JUN 1 8 1919 O. C. Discharge Depot.   |
| Received the above noted documents from O. C. Discharge Depot.   |
| Date June 11/19 Hort och Clark   |

| Reg. No        | 75 Rank 96 Name Boland Homas       |     |
|----------------|------------------------------------|-----|
| (b)            | Address Mewtown Doll.              |     |
|                |                                    |     |
|                | Allottee                           | ••• |
| Date of Allo   | tment                              | ••• |
| Returned on    | ss. Corres on Cause Descharge      |     |
|                |                                    |     |
|                | PASSED TO DEMOBILIZATION OFFICER   |     |
| 4-6-19         | DISCHARGE APPROVED ON DESCRIPTION. |     |
| 18-6-19        | DISUMARGE ACCRECATE OF STATES      |     |
|                |                                    |     |
|                | • •                                |     |
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| and the second |                                    |     |