

# THE ROYAL NEWFOUNDLAND REGIMENT

Questions to	be put to the Recryst before Enlistment.
I. What is your name?	
2. What is your full Address?	Reminse !
3. Are you a British Subject?	3 - yes
4. What is your age?	
5. What is your Trade or Calling?	5 Darlon
6. Are you Married?	6. NO
7. Have you ever served in any Branci jesty's Forces, naval or military, if	
8. Are you willing to be vaccinated	
9. Are you willing to be enlisted for Ger	neral Service? · 9
O. Did you receive a Notice, and do you its meaning. and who gave it to you?	u understand } 10 ) Name ) Corps
Are you willing to serve upon the consigned by you if you are accepted	nditions as embodied in the roll of service to be } 11
nade by me to the above questions are tr	do solemnly declare that the above answer the and that I am willing to fulfil the engagements made.  When the solemnly declare that the above answer the and that I am willing to fulfil the engagements made.  Signature of Witness.
OATO OBE OATO OBE OATO OBE OATO OBE OATO OBE OATO OBE OBE OATO OBE OBE OATO OBE OBE OATO OBE OBE OATO OBE OBE OATO OBE OBE OBE OBE OBE OBE OBE OBE OBE OBE	TAKEN BY RECRUIT ON ATTESTATION.  To get the Fifth, His Heirs and Successors, and that I will be faithful an alesty, His Heirs and Successors, and Dignity against a gesty.
ear true allegiance to His Majesty King Gound, honestly and faithfully defend His Majesty and faithfully defend his Majesty King Gound, honestly and faithfully defend his Majesty King Gound, honestly and faithfully defend his Majesty King Gound, honestly and faithfully defend his Majesty King Gound his Majesty King Goun	TAKEN BY RECRUIT ON ATTESTATION.  To get the Fifth, His Heirs and Successors, and that I will be faithful an alesty, His Heirs and Successors, and Dignity against a gesty.
ear true allegiance to His Majesty King Gound, honestly and faithfully defend His Majemies, according to the conditions of my second The Recruit above named was caution	Signature of Witness.  TAKEN BY RECRUIT ON ATTESTATION.  Corge the Fifth, His Heirs and Successors, and that I will be faithful at a lesty, His Heirs and Successors, in Person, Crown and Dignity against service.  COF MAGISTRATE OR ATTESTING OFFICER.  The med by me that if he made any false answer to any of the above question.
ear true allegiance to His Majesty King Gond, honestly and faithfully defend His Majemies, according to the conditions of my se  CERTIFICATE  The Recruit above named was caution e would be liable to be punished as provided.	Signature of Witness.  TAKEN BY RECRUIT ON ATTESTATION.  do make oath, that I will be faithful an algesty, His Heirs and Successors, and that I will, as in dural algesty, His Heirs and Successors, and that I will, as in dural algesty, His Heirs and Successors, and that I will against a lervice.  OF MAGISTRATE OR ATTESTING OFFICER.  The dot by me that if he made any false answer to any of the above question ded in the Army Act.
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ear true allegiance to His Majesty King Gound, honestly and faithfully defend His Majemies, according to the conditions of my see CERTIFICATE  The Recruit above named was caution e would be liable to be punished as provided in the case of the cas	Signature of Witness.  TAKEN BY RECRUIT ON ATTESTATION.  To THE Heirs and Successors, and that I will be faithful are already by the Heirs and Successors, and that I will, as in dural algesty, His Heirs and Successors, in Person, Crown and Dignity against service.  To F MAGISTRATE OR ATTESTING OFFICER.  The dother was a successor of the above question ded in the Army Act.  To the Recruit in my presence.  The act of Attesting of Magistration and the the oath before me at the control of the successor of the act of the successor.
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cert trae allegiance to His Majesty King of Sind, honestly and faithfully defend His Majesty Allegians, according to the conditions of my seemies, according to the conditions of the seemies, according to the conditions of the seemies, according to the conditions of the seemies, according to the seemies, according to the seemies, according to the seemies, according to the conditions of my seemies, according to	Signature of Witness.  TAKEN BY RECRUIT ON ATTESTATION.  On make oath, that I will be faithful are original attestation.  OF MAGISTRATE OR ATTESTING OFFICER.  To the Recruit in my presence.  The and signed the declaration and taken the oath before me at the content of the above named Recruit is correct, and properly filled up, and that the red with. I accordingly approve, and appoint him to the:  The actual of the content of the content of the above named Recruit is correct, and properly filled up, and that the red with. I accordingly approve, and appoint him to the:  The actual of the content of th
ear trie allegiance to His Majesty King of Certificate The Recruit above named was caution would be liable to be punished as provide The above questions were then read I have taken care that he understands is replied to, and the said recruit has made in thisday of	Signature of Witness.  TAKEN BY RECRUIT ON ATTESTATION.  do make oath, that I will be faithful ar algesty, His Heirs and Successors, and that I will, as in dural algesty, His Heirs and Successors, in Person, Crown and Dignity against service.  OF MAGISTRATE OR ATTESTING OFFICER.  and by me that if he made any false answer to any of the above question ded in the Army Act.  to the Recruit in my presence.  a each question, and that his answer to each question has been dural entering and signed the declaration and taken the oath before me at the control of th

DESCRIPTIVE REPORT ON ENLISTMENT orrespond with entries on the Medical History Sheet. Name. Height Apparent age Girth when fully expanded Chest Measurement inches Range of expansion. Distinctive marks. INFORMATION SUPPLIED BY RECRUIT James Name and Address of next of kin Relationship 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) (6) (d) Particulars as to Children Date and Place of Birth Christian Names STATEMENT OF THE SERVICES Service not al-lowed to reckon for fixing the rate of pension Service in Re-Signature of Officers certifying correctness of Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. ed to reckon to-wards G. C. Pay Army Rank Dates entries Years Total Service forfeited as above..... Total Service towards Ru

Chapman, Wi

5563

Hay Lept.

August 4th 1919.

#5563m Pte.Wm.Chapman,

Recontre, R.B.

Dear Sir:

Enclosed please find Discharge Certificate

Yours truly,

apt. Paymaster.

RS/.

Reg. No. 5563 Rank The Name Chapman &	6.
Attested 1-6-18 Address Resembles	7.009
Allotment 60 Allottee Mrs James Chaper	nan (fother
Date of Allotment	
Embarked for Overseas Clause	
34/8 Vace 2 2 monte 11-7-13	1
136/81 June	
AL 23 9/8-37/13 R. L. 6-7-18	
Maria Cara Cara Cara Cara Cara Cara Cara	

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

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

#5563 Pte. Wm.Chapman.

# C.R. 5563

Entreet from Daily Orders Part 11 Unit The Royal Hild. Hegt. July 10th, 1919(st.John's.)

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

5563 Pte. Wm. Chipman.

Extract from Daily Orders part 11.from Unit The Royal Hild Regt St. John's dated Jumo Sthale18.

#5563 Pte. W. Chapman.

Attested for General Service with the Royal Hild Regt. from 1.6.18

C.R. 5563

Extract from Daily Orders Part 71 Sait The Poyal Effla Begio. St. John's, Enly 32171919.

5563 Pte. W Chapman

Reported at Ecodymortone 127219 or "Cassanine which sailed Glasgow 24th Jano, 1919.

Extract from Daily orders Part II Royal Newfoundland Regiment. Depot st. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer 1/c Records from noted date 4-8-19.

5563, Pte. wm. Chapman.

C.R. 5563

### RECEIPT,

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

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

Name . W Chofman

Date Asp. 7....

Place . Runsontin ...

#### Fold Here

#### ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

DOT	1 5 1921	1921.

[P.T.O.]

is/are forwa	rded herewith to	
	NEER WITHAM	Chapman 570
		1
in respect of	his service as No. 5	563 Rank Pte.
Name	W. Chapman	Royal Nild, Regt.
		Acjan Titol Regit
Di	Mell to have	Minar Forestry Co.
Receipt	of the same should be ac	knowledged hereon
Receipt	of the same should be ac	Minus Forestry Stage.
Receipt	of the same should be ac	cknowledged hereon
Receipt Received	of the same should be ac	knowledged hereon  5 # 1921.  Chapman.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet B 121. Regimental Number and Name Good Conduct Badges, Service pay or proficiency pay Age on 20 years Place and Date Joined Date\_ of Enlistment Toined Date Toined Date Toined Date with Reserve Date of award or of order Date of Name of Rank Place OFFENCE Punishment awarded By whom awarded REMARKS Offence Witnesses dispensing with trial To be carried over.

August 11th 1919.

mi r. W. Chapman.

Rencontre, Burgeo.Dist.

Dear sir:

inferring to your application, I enclose cheque for seventy dollars (370,00) being emount of first payment due you on account of war Service Gratuity.

Yours truly.

Cant.&

Paymaster.

## DEPARTMENT OF BULLIPIA.

### WAR SHRVIOL GHARGISY.

St. John's Newfoundland.

a u name a war fa wad and
perferation required of Officers and men of the Royal Perfoundland
Regiment, who claims War Service Gratuity under Order-in-Council
dated Jenuary 20th.1919.
A complete reply must be given to every question in this Declaration Theory must be an blanks and no dribber, If my questions are not applicable, the words "NOT APPRICABLE" must be written out.  On completen this Declaration is to be returned to MEN SECTION I/O
RECORDS, RAY & RECORD OFFICE, ST. JOHN'S. Chapmen
Chalation none. Rie 4. Kegtl. No. 5563
to cf tuity are to be
forwarded. Rencontra, Burgeo Austrial
6. Date of conlistment in the Reginant. June 1:1918
6. Date of emlistment in the Regiment
7. Name of dependent, if ony, to wher Separation Allowance is being
issued, or was being issued, immediately prior to your discharge
8. Relationship of such dependents
9./ddress in full of such dependents,
10. Is said dependent, nov, or was said dependent at my tire in receir
of Sammetion Allowance on account of another soldier?
1). Were you on active revoice only in Hild. It so give dates and
particulars of such service
12. Give total length of time which you served on active service,
whether in liftld.or Oyerseds

	13. Have you had more then one enlistment? If so, give particulars
	of discharge and re-onlistments, and under what regimental numbers
	-70
Ē	
	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
	15. Have you been issued with a War Service Badge?
	16. Have you, during the present wer, served in the Imperial Dorces
	17. Are you entitled to receive, or have you received any Gratuity
	in the nature of Pest Discharge Pay from the Imperial Forces? If
	so, state grount received, or to which you are entitled
	•••••••••••••••••••••••••••••••••••••••
*	18. Did you revert Overseas to a rank lower than the substantive
1	renk held by you on your arrivel in England?
	(b) If so, was such reversion in consequence of Hisconduct or
	inefficiency?
	19. Are you now serving in the Rost .? No . Is not give? - (:) date
(	of discharge. (b) Reason for discharge
	semble zation
2	20. Did you at any time serve at the front in an actual theatre of
	ar? If so give particulers of places, and dates of such service
•	Lupland
2	1.(a) Are you receiving treatment from the Givil Re-Establishment
	on.(t) If so are you in receipt of full pay and allowences from
	hat Cormittee
	nd I : the this solumn declaration, conscientiously believing it to e true, and knowing that it is of the same force and effect as if all under oath.

Bignature o	f Amplicanty 4	V. Ema	fman	· · Au	
Place of No	sidence:	reont	re, id	auge of	<b>~</b>
Declared be	fore negat:	se hat	0.	Coca	
Phis	fore negat:	of M	19.	9	· M
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					100

		DISCHARG		1														1		
Da te	paid	Paid Soldier.	Paid Dependent	T.	Gr	Setu	ryi	co.					I	ct		nrac C	ou	nt		
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		Cartifica	3077633.											~						

## The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE Intended place of residence... .. Medical Category.. 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 Commanding Discharge Depot Date JUL 7 1919 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, ST. JOHN'S Date JUL 7 1919 CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place, ST. JOHN'S STATEMENT OF SERVICE No. of days on Military Service. 4.30 ... ......Plus 14 days APPROVAL OF DISCHARGE

The Royal Newfoundland Regiment, twenty eight de	ays from date.
Place, ST. JOHN'S	Officer Commanding Discharge Depot The Royal Newfoundland Regiment
Date JUL 21 1919	The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S Date August 4/1919

25E 1660 ENER

## The Royal Newfoundland Regiment

Class for Demobil-
ization:-
1
t

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

Discharge Depot: Headquar	ters The Royal Newfound	nand Regiment		
	T	Date	4-7-19	
		Jace		
Regimental No. 5563 Name Che				
Name Cho	pman Ww			
rame	vo .			
Address				
	/			
Present Medical Category	/+-7			
	. (	(a) Immediate disc	harge	
	Recommended for:-	O.) Canding Modic	aal Board	
		1	H Last	711 - 1
	1.		I Jail	mayir.
		О.	C. Discharge Depot	
			Pater	240-
	Members of Board (		nior Medical Office	
		. Se	mor Medical Office	
		10.	al a	
		xe	Burdo	
		AND A PROPERTY OF THE SECTION OF	M. O. Depot	

# The Koyal Pewfoundland Regiment

DEMOBILIZATION OF
Reg. No 5063 Rank Mr. Name Chapman William
Date of Enlistment 1615 Address Rencontite District Fortune
Occupation Lautor Classification for Discharge Medical Category A.I.
Recommendation S. M. B. Disability Rating
Passed to Demobilization Officer with following documents:—
Tasset to Demonifization Officer with following documents.
N.F. 1 36 B 268 B 121 N.F. Med D.F. 1
B 178
B 178:1 D 400A B 1915 do 2nd " 3 3
B 179a D 400B Form L do 3rd " 4 B 179a D 400C Form K do 4th " 5
B 179a D 400C Form K de 4th "5 B 179b B 108 ME 2 "6
B 179c B 120 M 93
/ 1/1/1/1/
Date M. O. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
W. Etastwan
. Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) Clothing Allowance payable (0.0)
(b) Clothing Supplied (b) Clothing Supplied

3. Transportation The above	e named has b		h Travelling V Certificate No.	3246	The second of
Date 7-	7-19	, <u>(а</u> .истро	JA	Snew! Demob	dization Officer
4. Pay and Allow The herein	n named soldie	er's accounts have	e been correct	ly balanced and	all matters in cor
Date ]	- 19			∫ Del	Hw) H Ol Paymaster.
Discharged approve Forwarded w	d for	documents to O.	C. Discharge	9 Depot.	
B 178 W D 4 B 179a D 4 B 179a D 4	3494	B 122	do 2nd		2 FormB
Date 7 -	7-19	7	At	O. Chi	scharge Depot.
APPROVED.			And Albert		
Documents a	s above forwar		* 10		
	Officer i c Red Board of Pen	cords. sion Commission	iers.		
with following ad					
DateUUL?	o 1919	Eligi	ble for V	ar Solvice All Coolee Lov. O. C. Di	e Gratuity Lufet scharge Depot.
Received the above	noted docume	ents from O. C. I	Discharge Dep	ot.	
Date					

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## 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:

W. Chafn	nan.
	Signature of Man.

Reg. No. 5-5-63

ignature of the Vocational Officer or his Representative

Place

John

Date

191

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

## MEDICAL HISTORY

Christian Name REGULAR 191 day of · Examined .... days Declared Age... years days Trade or Occupation .... Height inches Weight lbs. c inches Girth when fully expanded .... Chest inches Measure Range of Expansion . . inches Physical Development... Right Left Right Vaccination Marks When Vaccinated R.E.-V= Vision L.E.-V= (a) (a) (a) Marks indicating congenital peculi-arities or previous disease (6) (6) (b) Slight defects but not sufficient to cause rejection 15.1: Approved by (Signature) (Rank) Medical Officer. Medical Officer. Bulisted 191 8 Regtl. No. Corps Regtl. No. Transferred to .. Became non-effective by 191 (Signature (Rank)

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

Date

Brief Details, and Signatures

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3-6-18	tace 20	
13-6-18	T.A.B74	
	TAB LO	
20-7-18	11B) P	
	13	
The second		*
		Tiel 1
	1	It is hereby cortified that this soldier
- A		Total Grant Off are & Technolling Br. 1:
		and and has been classified as
		Jor Dischurge on Demokilisa
		tion. Medical category

### Table IV .- SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
1					
					ř.
		7.			
		. –		24.70	
	ars ny				

Nº 6344



## THE ROYAL NEWFOUNDLAND REGIMENT

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
731	mother	In James Chapman	Rencontre	6
,			Heruntage Ban	
			, ,	
10				
				_
		X /	Total Allotment, 5	6

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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

1-4	0 1011	1-
1. Unit and Corps.		7. Former Trade or Occupation
2. Regtl. No 3. 660	3. Rank.	7a. If the soldier claims previous service in Army, he should state—
4. Name (Surnaya)	(Christian Nam	(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday.	2./	
	at	
8. If the disability is a	n injury was it caused	
(a) in action	(b) on field service	
(c) on duty	(d) off duty?	(b) Date of Discharge;
9. If a Court of Inqui	ry was held on an injury state :—	(c) Cause of Discharge.
(a) When		
		(d) Particulars of Pension or Gratuity

(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."

11. Date of origin of disability.

12. Place of origin of disability.

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

(if any)

		#E-HTAT LAMAKET MATERIALISM (1985) # - PER LES HER HTML HER HER HTML HER HER HTML HER HER HTML HER HER HER HER HER HER HTML HER
	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
.1		(v.) Serious negligence or misconduct on the man's part.
	14	(a). If not due to any of these causes, to what
In all cases such as facial injuries, eye, ear, note and throat, disabilities, &c., a specialist, export is to be attached with radiographs and in cases of amputation the exact position should be stated.	15.	specific condition do you attribute it?  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.)  Lee Subblish
-		
	16.	Was an operation performed? If so, when and what was its nature?
	17.	If not, was an operation advised and declined?
		*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?
		1 1 1 1
		12 triality
	90	11111
	20.	Do you recommend—
		(a) Discharge as permanently unfit?
	4	(b) Change to United Kingdom?  Note—(b) is only applicable to soldiers invalided at Foreign Stations.
	Sta	tion Hezsley Leven Medical Officer in charge of case.
	Da	ie 1-14-19
	it is	* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that due to some other cause



# 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 red ink.

Name in full www. Chapturan

Regiment from which discharged Royal Bewfoundland Regimental number 5363 Intended address Rousentro Height on discharge Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth Rescontre 25# hor 1898 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) W. Chafman

(Rank)

If John's

Date 4-7-12

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 i|c Hospital. Unit, or Command Depot. W Chapman C.R. 5563 PASS

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), 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 of	or
Transfe	er to Class	W., W. (T	), P., or P	. (T), of	the Reserve	

Transfer to Class W., W. (1), F.,	or F. (1), or the Reserve.
1. Unit and Corps. Propalled 2. Regtl. No. \$3.63 3. Rank. Pla. 4. Name Chafman (Christian Names) 5. Age last birthday. (Christian Names)	7. Former Trade or Occupation } Saclow  7a. If the soldier claims previous service in Army, he should state—  (a) Former Regts, or Corps; with Regtl. Nos.
5. Age last birthday.	
6. Posted for duty on at	
8. If the disability is an injury was it caused (a) in action (b) on field service	
(c) on duty (d) off duty?	(b) Date of Discharge;

- 9. If a Court of Inquiry was held on an injury state:-
  - (a) When
  - (b) Where
  - (c) Opinion of Court

- (b) Date of Discharge:
- (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if anv)

·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."
- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

		(i.) Service during the present war	
		(ii.) Previous active service	
		(iii.) Climate in pre-war service	<i>-</i>
		(iv.) Ordinary military service before the war	
		(v.) Serious negligence or misconduct on the	
	14	man's part.  (a). If not due to any of these causes, to what specific condition do you attribute it?	Lemplaus
In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.		(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)	fro disability
		요 그 사이가 하셨다면 하다고 소의 작가 계약	
	16.	3. Was an operation performed? If so, when and what was its nature?	
	17.	7. If not, was an operation advised and declined?	
	18.	3. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treat- ment was unobtainable?	
	19.	6. 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—	Repatrialian
		(a) Discharge as permanently unfit?	
		(b) Change to United Kingdom?	
		Note—(b) is only applicable to soldiers invalided at Foreign Stations.	unies. Capl Rame
	Sta	tation Mexcley form	Medical Officer in charge of case.
		ate	
		* Loss of teeth on or immediately after active service, should be	attributed thereto, unless there is evidence that

(a) attributable to

(b) aggravated by

14. State whether the disabilities are

Nº 6344



# THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

Certificate No.	Whether Wife, Child. other Relative or Friend	NAME (in full)	Address	Amo (each	OUNT person)
731	Mother	nor Comes (	Kepman Rencontre		6
1		1 0	Henratage Re		
			Town of the second seco	1	
					1111
					-
No.					
-			Total Allotment, S		6

21163

# The Koyal Newfoundland Kegiment

DEMOE	SILIZATION OF
Reg. No 5 5 6 3 Rank	
	ddress Rencanting District Tothere
	n for Discharge 6 Medical Category I
	Disability Rating
	Type and the second
Passed to Demobilization Officer with following	ng documents;—
N.F. F 36	/ N.F. Med D.F. 1
B 178 W 3494 B 122	
B 178a D 400A B 1915	
	do 3rd " 4
B 179a D 400C	de 4th " 5
B 179b B 103 ME 2	
B 179c	
	0 1111111.
Date # 1.14	O. C. Discharge Depot.
PARTICULARS I	FOR DEMOBILIZATION
1. Civil Re-Establishment,	
I am in a position to re	sume civilian occupation
	The state of the s
	E batings
Wi.	E rady markens.
Particulars passed to Vocational Office	er for information and action.
	Municonstantine services
Date	V
2. Clothing,	Trade:
Certified that Clothing Regulations h  (a) Clothing Allowance payable	
And the second s	the think the transfer and
(b) Clothing Supplied	COMMON CONTRACTOR

O ic. Re-clothing

3. Transportation and Release Certificate.	0.9711
The above named has been provided with Travelli	ng Warrants Noto his hon
at Rencontil and Release Certificate	No. 32 +6 issued ?
	,
Date 7-7-19	A Snewlast .
	Demobilization Officer
4. Pay and Allowances.	* * * * * * * * * * * * * * * * * * * *
The herein named soldier's accounts have been co	rreetly belenged and all
nection therewith settled. He has received pay and	allowances to
Date	anowances to
Date	· ······ · · · · · · · · · · · · · · ·
	Depot Paymaster.
Discharge approved for 21-7	- 19
Forwarded with following documents to O.C. Dischar	erro Donat
=	rge Depot.
N.F. P 36 B 268 B 121	D.F. 1
B 178	
B 178a D 400A B 1915 do 2nd	
B 179 D 400B Form L do 3rd	······································
B 179a D 400C Form K do 4th	
B 179b B 103 ME 2	
B179c B 120 M 93	
Date 7-1-19	Inovolated.
	0.000.1
	O. C. Discharge Depot.
APPROVED.	
Documents as above forwarded to:-	
Officer i c Records.	
Board of Pension Commissioners.	
with following additional documents.	
Ellgible for	War Service Gratally
	war stry ce Gratally
1111 9 1 1515	1/1////////////////////////////////////
Date JUL 21	all Cooper Capt
Ball gibbs and a second second balance than the second	O. C. Discharge Depot.
Received the characteristic of a province	U - and a second of the second
Received the above noted documents from O. C. Discharge I	Depot.
Date 21/1	

Attested	3. Rank Mu Name Chapman	
Allotment	Allottee	1 1919
Date of Allotmen	Returned from Overseas	1 1010
Returned on S S.	Returned from Operseas.	uar.
1 1		10000
1719	DECHARGE APPROVED ON DEMOBILISATION.	
319	DESHARGE APPROVED ON DEMORILISATION.	
2		

فات	1 1	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A	Ut	e of Enlictment- June 1, 1918
1	Die	of Enlishment-June 1, 1918  of Mischarge - August 4, 1919  Popartment OF FINANCE
		PARTMENT OF FINANCE
		DEPARTMENT VETERANS' AFFAIRS  MAY 3 1954  WAR SERVICE RECORDS  MAY 3 1954  WAR SERVICE RECORDS
		MAY 3 1954 Referred To Research Superannuation 11 75-5-83
		WAR SERVICE RECORDS MAY 3 1054
	Di	rector OTTAWA:
	wai	partment of Veterans Affairs,
	· Ot	tawa, Ontario.
		De Chapman Hilliam It. Ber No 5563
		Re: Chapman Milliam H. Reg. No. 5563
		Date of Birth Assemble 25, 1897
		Branch of Service Lesmy
	of	To enable the Department of Finance to determine the eligibility the above named, to count his service on active service in the forces
	in	World War for the purposes of the Public Service perannuation Act, I have to request that you furnish the following
		formation.
		95-9-4 (MSR 5) Guatole Sugnon
1	OVA.	Anatole Gagnon //C/
		May 0, 1774.
	1.	Did the above serve on active service in the forces during World War I?
		(yes or no)
	2.	
		theatres of service. Newfoundland and Overseas
	3.	Was the above mentioned a member of the Permanent Force, if so during what period or periods? No
	4.	
	5.	Date of enlistment
	6.	Date of discharge 4 August, 1919
	7.	Reason for discharge Honourable "Demobilization"
	Ren	marks:-
	0	
-		

NL

H. M. Jackson,
Director,
War Service Records,
Department of Veterans Affairs.

Please return one copy to the Superannuation Branch, Department of Finance, Finance Building, Tunney's Pasture, Ottawa, Ontario.

Regt'1 No. 5563 Rank Quesite
Name-William Chapman
Theatres of Service- Tifld Aresseas
_ * 4
P.F. Service
Branch of Service C.E.F
Date of Enlistment
Date of Discharge H august 1919
Reason for Discherge - Henry Llench
Date-4-5-5-4 Clerk's Initials