



Newfoundland Forestry Companies

ATTESTATION OF

No. 8263 Name Azariah Mercer Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Azariah Mercer</u> |
| 2. What is your full Address? | 2. <u>Bay Roberts</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>9</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>yes</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>yes 12 mos in Navy</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>Meth</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> |

I, Azariah Mercer 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.

Azariah Mercer SIGNATURE OF RECRUIT.
Nothing J Ellis Signature of Witness.

E 9/7/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Azariah Mercer do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully serve His Majesty, His Heirs and Successors, in the United Kingdom, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 9th day of July 1917

Signature of Attesting Officer A.A. P. Capt.

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

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

Date 1917 } Approving Officer.
 Place

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Agariah Mercer
 Apparent age 22 years 9 months. Height .6 feet 1/2
 Chest Measurement { Girth when fully expanded _____ inches (180 lb)
 Range of expansion _____ inches
 Distinctive marks Black Hair, Brown eyes
one Vaccination scar left on

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Emily Mercer
Bay Roberts | Relationship wife

Particulars as to Marriage

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

(a)	(b)	(c)	(d)
<u>Emily Trotman</u> <u>spinster</u>	<u>Ramsgate, Eng.</u> <u>5/8/15</u>	<u>Bay Roberts.</u>	

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged</u> <u>at</u> <u>St. John's</u> <u>April 18/1918</u>									

Total Service forfeited as above.....

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] " _____ "

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
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Number of Sheet 1

Regiment of Nfld Forestry Co.

Signature of O. C. Company W. H. Rose Capt.

Regimental No. and Name	
No. <u>8763</u>	Name <u>A. No. 1000</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment	
Age on _____	_____ years _____ months _____ days
Place and Date of Enlistment	<u>St John's 9/7/17</u>
Period of _____	with Colours <u>2 1/2</u> years.
_____	with Reserve <u>3 1/2</u> years.

Trade
<u>Landscaper</u>
Religion
<u>Meth</u>
Place of Birth



COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.

No. 22/2/18

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	DATE of award of order dispensing with trial	By whom awarded	REMARKS
<u>Dumfries Scotland</u>	<u>29.9.14</u>	<u>6th</u>		<u>Absent from 11 p.m. till 1.30 p.m. 30-9-14</u>	<u>C. M. James</u>	<u>2 days C. B.</u>	<u>1-10-14</u>		<u>Forfeit sleep by R. W.</u>
<u>omsted</u>	<u>27/2/17</u>	<u>Ki</u>		<u>absent from 1.30 p.m. into 4.30 p.m. 26/2/17</u>	<u>Com. F. L. E.</u>	<u>Forfeit 5 days pay for R. W.</u>	<u>27/2/17</u>	<u>Capt. W. H. Rose</u>	
				<u>Medically unfit St John's</u>		<u>18 1/2</u>			

To be carried over

Army Form B. 121



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station," and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *Azariah Mercer*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *8263*
 Intended address *Bay Roberts*
 Height on discharge *6* Feet
 Color of hair on discharge *Black*
 Complexion *Fair*
 Color of eyes *Grey*
 Figure on discharge *Medium*
 Christian name of Father *Eli*
 Christian name of Mother *Susannah*
 Wife's maiden name in full *Emily Trotman*
 Date and place of marriage *Rams gate England Aug 5th 1916*
 Christian names of children *Eli Henry Owen*
 Place and date of soldier's birth. *Bay Roberts*
 Nature and locality of civil employment required *Lambman*

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) *Azariah Mercer*

(Rank) *Pte*

Station *St Johns*

Date *April 4. 1918*

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.

W. Burden

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

Station *St Johns N*

Date *April 7/18*

to be left blank
Chelsea Number.



Proceedings on Discharge.

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

No. <u>8263</u>	Army Rank <u>Private</u>
Name <u>Mercer Azariah</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>Newfoundland Forestry Companies</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>23</u> years — months Height <u>6</u> foot <u>1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade <u>Lumberman</u> Intended place of residence { _____ (To be given as fully as practicable) _____	Descriptive marks. <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> ST. JOHNS, N.F.L.D. No. <u>2911/2</u> DATED <u>22/2/18</u> </div>
2. The above-named man is discharged in consequence of _____ _____ _____ <small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— _____	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.