



Newfoundland Forestry Companies

ATTESTATION OF

No. 3 Name James Morrison Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>James Morrison</u> |
| 2. What is your full Address? | 2. <u>44 Wickford St</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>25</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>Widower</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>yes nfld Regt</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>R.C.</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | Corps |

I, James H. Morrison 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.

James H. Morrison SIGNATURE OF RECRUIT.

James H. Morrison Signature of Witness.

James H. Morrison 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

on this 18th day of April 1917

Signature of Attesting Officer J. J. O'Leary Capt. St John's

+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 compiled with. I accordingly approve, and appoint him to the

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

Date 17.5.17 1917

Place St Johns } Approving Officer. J. J. O'Leary Capt. Forestry Co.

† 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 James Morrissey
 Apparent age 25 years 1 months. Height 5 feet 7 inches

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

Distinctive marks Gray eyes, Brown Hair, Scar on head.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Catherine Morrissey
44 Wickford St | Relationship Mother
St John's

Particulars as to Marriage

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

(a)	(b)	(c)	(d)
<u>Widower</u>			

Particulars as to Children

Christian Names	Date and Place of Birth
<u>None</u>	

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>Despatch</u>	<u>St. John's</u>	<u>Dep.</u>	<u>1st Lt.</u>	<u>Sep. 14/1917</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.

Number of Sheet First

Forms
B 121
30.

Regiment of Newfoundland Forestry Company C. Company

Regimental Number and Name	
No. <u>1003</u>	<u>J Morrissey</u>
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____
Joined _____	Date _____

Enlistment		Trade
Age on <u>25</u> years <u>1</u> months		<u>Lumberman.</u>
Place and Date of Enlistment <u>St. Johns.</u> <u>7/26/17</u>		Religion <u>R.C.</u>
Period of <u>151</u> years. (with Colours)		Place of Birth
<u>365</u> years. (with Reserve)		

Good Conduct Badge, Service pay or proficiency pay



Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>N.M. I.S. Olympic.</u>	<u>30-5-17</u>	<u>Pte.</u>		<u>Insolence to N.C.O.</u>	<u>Cpl Bennett</u>	<u>48 hrs. Detn.</u>	<u>30-5-17</u>	<u>Major Larty</u>	<u>W.M.</u>
<u>Dunfield, Scotland</u>	<u>27-6-17</u>	<u>Pte</u>		<u>Talking insubordinate to N.C.O.</u>	<u>Platoon</u>	<u>5 hrs extra work</u>	<u>28-6-17</u>	<u>Lieut Goddard</u>	<u>J.A.S.</u>
<u>Dunfield, Scotland</u>	<u>28-6-17</u>	<u>Pte</u>		<u>Damaging food property</u>	<u>Sgt. Gamble</u>	<u>15 hrs. extra work</u>	<u>30-6-17</u>	<u>Lieut Goddard</u>	<u>J.A.S.</u>
				<u>Medically unfit</u>	<u>St. John's</u>	<u>14</u>	<u>9/17</u>		

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.S. No. 910/17
 ISSUED 9 - AUG 1917

To be carried over

Army Form B. 121.

COPY



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 MORRISSEY JAMES H.

Regiment from which discharged 1st. Newfoundland

Regimental number 8003

Intended address 44 WICKFORD STREET

Height on discharge 5 Feet 7

Color of hair on discharge DARK BROWN

Complexion DARK

Color of eye GREY

Descriptive Marks SCAR ON TOP OF HEAD

Figure on discharge ERECT

Christian name of Father DEAD

Christian name of Mother CATHERINE

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. ST. JOHN'S 1890

Nature and locality of civil employment required LABOURER

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) JAMES HENRY MORRISSEY

(Rank) PTF

Station ST. JOHN'S Nfld. Date AUGUST 28th., 1917.

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.

(SGD) J. SINCLAIR TAIT

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

Station ST. JOHN'S Nfld.

Date AUGUST 28th., 1917