



Newfoundland Forestry Companies

ATTESTATION OF

No. 8318

Name Wm O'Brien Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? Wm O'Brien
2. What is your full Address? Edward Falls
3. Are you a British Subject? Yes
4. What is your age? 20 Years 10 Months
5. What is your Trade or Calling? Lumberman
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. What is your Religion? R.C.
10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? Yes { Name
Corps

I, Wm O'Brien 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.

Wm O'Brien SIGNATURE OF RECRUIT.
W. B. Watkinson Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm O'Brien 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 Johns on this Sept day of 1917
Signature of Attesting Officer J. P. Goodyear, 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 compiled with. I accordingly approve, and appoint him to the;
If enlisted by special authority, such will be attached to the original attestation.
Date 1917
Place } Approving Officer.

† 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 Certificates 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)

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

Forms
B 121
39

Number of Sheet first

Regiment of Infantry Forestry Companies

Signature of O. C. Company J. P. Grogan

Regimental No. and Name No. <u>8318</u> <u>Wm O'Brien</u>		Enlistment Age on <u>20</u> years <u>11</u> months		Trade <u>Carpenterman</u>	Good Conduct Badges, Service pay or proficiency pay
Joined _____ Date _____	Place and Date of Enlistment <u>St Johns</u>	Religion <u>R.C.</u>	Place of Birth <u>St Johns</u>		
Joined _____ Date _____	Period of <u>3/9/17</u> with Colours <u>25 1/2</u> years.				
Joined _____ Date _____	with Reserve <u>36 1/2</u> years.				

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>Medically unfit</u>	<u>St Johns</u>	<u>14</u>	<u>5</u>		

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.32. No. 7587
DATED 18 JUN 1918

To be carried over



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 **O'BRIEN? JOHN WILLIAM**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8318**

Intended address **GRAND FALLS**

Height on discharge **5** Feet **4 $\frac{3}{4}$ "**

Color of hair on discharge **FAIR DARK BROWN**

Complexion **FAIR**

Color of eye **BLUE**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father **LAWRENCE**

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 OCTOBER 8th., 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

(Soldier's signature in full) **(SGD) JOHN WILLIAM O'BRIEN**

(Rank) **PTE**

Station **ST. JOHN'S NFLD.**

Date **FEBRUARY 22nd., 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.

(SGD) F. W. BURDEN

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

Station **ST. JOHN'S**

Date **FEBRUARY 22nd., 1918.**