



Newfoundland Forestry Companies

ATTESTATION OF

8061 Name *Archibald H. Russell* Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <i>Archibald H. Russell</i> |
| 2. What is your full Address? | 2. <i>Leading Sickles</i>
<i>N. D. V.</i> |
| 3. Are you a British Subject? | 3. <i>yes</i> |
| 4. What is your age? | 4. <i>24</i> Years <i>0</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Lumberman</i> |
| 6. Are you Married? | 6. <i>no</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } | 7. <i>no</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>yes</i> |
| 9. What is your Religion? | 9. <i>b. of E.</i> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <i>yes</i> { Name
Corps |

I, *Archibald H. Russell* 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.

Archibald H. Russell SIGNATURE OF RECRUIT.

E 28/4/17 *Wm. J. Ellis* Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Archibald H. Russell* 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 *30th* day of *April* 1917

J. P. O'Rourke 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 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.....191

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 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 Archibald H. Rowse
Apparent age 24 years months Height 5 feet 5 inches
Chest Measurement { Girth when fully expanded inches
Range of expansion inches
Distinctive marks Eyes - dk grey Hair - Light Brown Scar

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Archibald Rowse
Reading Zinkle | Relationship Father
M.D.V.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.

Particulars as to Children

Table with 2 columns: Christian Names, Date and Place of Birth.

STATEMENT OF THE SERVICES

Table with columns: 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.

Service towards limited engagement reckons from
Joined at Discharged on July 24/19

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



Certificate of 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 for a pension on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Commission.

The declaration 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 Pensions and Disabilities Commission 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 blue ink.

Name in full *Arch. Russell*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8061*

Intended address *Leading Tinkles*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Archibald*

Christian name of Mother *Hariet*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Leading Tinkles, April 21st 1895*

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)

Archibald Russell

MC
(Rank)

Station

S. J. John's

Date

13-6-19

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.

Station

Date