



Newfoundland Forestry Companies

ATTESTATION OF

No. 8486

Name Clementine Atkin Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Clementine Atkin</u> |
| 2. What is your full Address? | 2. <u>Manuels</u> |
| | <u>C.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| | <u>R.C.</u> |
| 9. What is your Religion? | 9. |
| 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, Clementine Atkin 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.

Clementine Atkin SIGNATURE OF RECRUIT.

89-3-18

C. J. Ellis Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Clementine Atkin 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 March 1918

Signature of Attesting Officer W. H. [Signature]

†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.....1918

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 Clementine Atkins
 Age 0 years 7 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded _____ inches Weight 132
 Range of expansion _____ inches
 Distinctive marks Dark Brown Brown eyes
Scar on right cheek.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Atkins
Mamuel | Relationship Father
Gr. 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)

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 Re-serve 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>Amherst</u>	<u>1st</u>	<u>26/1919</u>							
Total Service forfeited as above.....									

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

ENTERED	<i>JA</i>
PAY LEDGERS	
NUM. ROLL	
ALLOT. INDEX	
INCL. IN	
EXAMINED	



No. 1027

Newfoundland Forestry Companies ALLOTMENTS

I, Clementine Atteim, Regl. No. 8486

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty 60^c Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins Mar. 9th/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (In Full)	ADDRESS	AMOUNT (each person)
1027	Father	William Atteim Sr.	Mannuel C.B.	
Total Allotment, \$				60

NOTE.— This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) *W. J. L. [Signature]*
Officer Commanding
St John's Company
Mar 9th 1918

(Sig.) *Clementine Atteim [Signature]*
(Rank) *prh*
W. J. L. Ellis
[Signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
no.

Number of Sheets First

Regiment of 2nd Forestry Company

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Clementine Allen</u>	Age on <u>27</u> years <u>3</u> months	<u>Laborer</u>	
Joined	Date	Place and Date of Enlistment <u>St John</u> <u>9-3-18</u>	Religion	
Joined	Date		<u>R.C.</u>	
Joined	Date	Period of } with Colours <u>18</u> years. } with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date		<u>London 21/19/18</u>	

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
									<p style="font-size: 2em; font-family: cursive;">Demobilized St John's 26³/₁₉</p>

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8486 Rank Private Name Atkins B.

Intended place of residence Pound Island

2. Occupation Labourer

Classification of soldier E Medical Category B II

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 for H. Meus Lt.

Date MAR 11 1919 Commanding Discharge Depot
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 and date ST. JOHN'S C. his
Atkins C.M.D.

Signature of soldier

W. J. ...
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S C. his
Atkins

Signature of soldier

W. J. ...
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 9.13.18 No of days on Military
Discharged from service 11.3.19 Plus 14 days Service 382

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R. H. ...
Lt Capt

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

Date MAR 12 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's H. ...
Med

Officer i/c Records

Date March 26 1919 The Royal Newfoundland Regiment

11.3.19 1481



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 *Clementine Atkins*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *8486*
 Intended address *Long Pond, C.B.*
 Height on discharge *5 Feet 10*
 Color of hair on discharge *Black*
 Complexion *Fair*
 Color of eyes *Grey*
 Descriptive Marks
 Figure on discharge *Tall*
 Christian name of Father *William*
 Christian name of Mother *Mary*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth *Sourd Island 8th Dec. 1892*
 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) *Clementine* *his* *Atkins* *witness*
marks *W. H. Marmohan*
 (Rank) *Plt*

Station *S. John's* Date *10.3.19*

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.

