



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4673 Name Robt Brown Corps Rif

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Robt Brown</u> |
| 2. What is your full Address? | 2. <u>Salvage Bay</u> |
| | <u>Salvador</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>30 1/2</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>Navy</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. <u>Name</u> |
| | <u>Corps</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Robt Brown 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.

A
24.4.18

Roberto Brown SIGNATURE OF RECRUIT.

Frank J. Green Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Robt Brown 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 defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, 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 24 day of April 1918

Signature of Attesting Officer Edmund

†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 Rank of Private if enlisted by special authority, such will be attached to the original attestation.

Date April 24 1918
Place St John's } 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).....

Repeat 29.4.18

C.R. 4673

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.

St. John's, July 16th, 1919.

The discharge of the Undernoted on demobilisation has been ~~REMOVED~~
CONFIRMED by Officer I-C Records from 12-7-19

4673 Pte. Robert Brown.

C.R. 4673

Extract from Daily Orders Part II Unit The Royal Rifles,
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED BY C.O. Discharge Depot with effect from 28-6-19.

4673 Pte. Robt. Brown.

C.R. 4673

Extract from Daily Orders Part 11 Depot. St. John's,
Date June 18th 1919.

4673, Pte. R. Brown.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

RE "Corsican"

C.R. 4673

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19. embarked at Havre 22/4/19.
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4673 Pte. R. Browne.

4673.

C.R. 4673

Extract from Nominal Roll of draft No. 56, from the 2nd.,
Battalion of the Newfoundland Regiment to the 1st.,
Battalion of the Newfoundland Regiment, Winchester.
Embarked Southampton, 23/11/18.

#4673 Pte. R. Brown

C.R. 4673

Extract from Daily Orders part 11, from ~~Daily Orders~~
~~200011~~, from Unit The Royal Field Regt. St. John's,
dated July 25, 1918.

The following man embarked for overseas on the
H.S.M. the "Columbella" July 22, 1918.

#4673 Pte. Robert Brown

C.R. 4673

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated April 25, 1918.

#4673 Pte. Brown Robert.

Attested for General Service with the Royal Mfld. Regt.
from 24/4/18.

P. Brown

C.R. 4673

P. Brown

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.) or xvia), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4673* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Brown* *Robert* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *34*
6. Posted for duty on *Apr 24/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- Nil*

11. Date of origin of disability. *Nil*
12. Place of origin of disability. *Nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Nil*

14. State whether the disabilities are
- | | | | | | |
|--|-------|---------------------|--------------|-------------------|--------------|
| (i.) Service during the present war | | (a) attributable to | | (b) aggravated by | |
| (ii.) Previous active service | | } <i>No.</i> | } <i>No.</i> | } <i>No.</i> | } <i>No.</i> |
| (iii.) Climate in pre-war service | | | | | |
| (iv.) Ordinary military service before the war | | | | | |
| (v.) Serious negligence or misconduct on the man's part. | | | | | |
| 14 (a). If not due to any of these causes, to what specific condition do you attribute it? | | | | | |

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

he complains of no disabilities

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

Major OADMS

Station *Stanhope D. Camp*.....

Date *30-4-19*.....

Sgt. J. P. Knight Capt R. A. M. C.
 Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

Brown, E

4673

Hay sept.

July 12, 1919

F4673 rts. Robert Brown,

Salvage, B.B. (Red Bay, Strts Bell Isle)

Dear Sir:-

Please find enclosed Discharge Certificate #2977.

Yours truly

Raymaster & U.i/c Records Captain,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4673 Rank Pte Name Brown Robt
 Intended place of residence Salvage Bay
 2. Occupation Fisherman
 Classification of soldier 2 Medical Category AI

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 ST. JOHN'S
 Date JUN 14 1919
 for Miss Lieut.
 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
JUN 14 1919
R. Brown
 Signature of soldier
J. A. Shaw Capt.
 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
JUN 14 1919
R. Brown
 Signature of soldier
W. J. Ealey Quis
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No of days on Military
 Discharged from service 28-6-19 PLUS 14 DAYS Service 445

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date JUN 28 1919
R. H. Sait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date July 12 1919
M. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

27/3/2019 9/2977

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4675 Rank Plt Name Brown Plt
 Date of Enlistment 24-11-18 Address Salvage Bay Bonaville
 Occupation Subman Classification for Discharge A1 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 14-6-19 J. O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

P. Brown

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied None

Date 14-6-19

O. i. c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. A. 1786 to his home at Salvage Bay and Release Certificate No. 2798 issued.

Date 14-6-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 12-7-19

Date 14-6-19

[Signature]
Depot Paymaster.

Discharged approved for 28-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 14-6-19

[Signature]
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 28 1919

[Signature]
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

The Royal Newfoundland Regiment

Class for Demobilization: —

R.C.

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

13.6.19

Regimental No.

4673

Name

Brown Robert

Rank

Address

Red Bay St.

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

R.H. Last Capt

O.C. Discharge Depot.

P. Anderson

Senior Medical Officer

J.W. Burden

M. O. Depot

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

R. Bascom

Signature of Man.

Reg. No. *H 673*

J. P. Knowlton

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

14-6-19

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To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname Brown Christian Name Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish Salvage Bay Par. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>21st</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	at <u>S. Johns</u>	at		
Declared Age	<u>33</u> years	<u>—</u> days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>5 1/4</u> inches		feet	inches
Weight	<u>135</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches			inches
	Range of Expansion... <u>3</u> inches			inches
Physical Development				
Vaccination Marks	Arm	<u>1 Scar</u>		
	Number			
When Vaccinated	<u>27th Apr 1910</u>			
Vision	R.E.—V= <u>6/10</u>		R.E.—V=	
	L.E.—V= <u>6/10</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Parsons</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. Johns</u>	at		
	on <u>21st</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal</u>	<u>4673</u>		
Transferred to	<u>Nfld Regt</u>			
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				

Casualty Form - Active Service.

Regiment or Corps 9 Newfoundland

Rank Pte Surname Brown Christian Name R

Religion C of E Age on Enlistment 33 years 1 months

Enlisted (a) 24/4/18 Terms of Service (a) Duration Service reckons from (a) 24/4/18

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation Fisherman Signature of Officer W J Lloyd

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV	1918	
		Joined Batt.	5	JAN 1919	
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/108. (E. 1256.)

Next of kin: Father: Brown Robert Salvage Bay Labrador: N.F.L.D

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4673 Rank _____

Name Brown L

Warned for demobilization on

June 14/19



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 *Robert Brown*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4673*

Intended address *Red Bay, Straits Belle Isle,*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Henry*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Salvage Bay, March 31st, 1885*

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) *Robert Brown*

Pte
(Rank)

Station *S + John*

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

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.); King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *467* 3. Rank. *plie*
4. Name *Brown Robert*
(Surname) (Christian Names)
5. Age last birthday. *34*
6. Posted for duty on *Apr 21st 18* at *P.O. Johns*
in category (or grade).....
7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *he*
12. Place of origin of disability. *he*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *he*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

No.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No. He complains of no disability.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

16. Was an operation performed? If so, when and what was its nature?

No.

17. If not, was an operation advised and declined?

No.

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

No.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

No.

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invaded at Foreign Stations.

Repatriation

MRK
my J.P.P.S.
Capt R.A.M.C.

Station *Hazely D. Camp*

Medical Officer in charge of case.

Date *30-4-19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

July 26th 1919.

Mr. Robert Brown, (4673)
Red Bay, Labrador,
Nfld.

Dear Sir:

Referring to your application, I enclose cheque for seventy dollars (\$70.00) being amount of first payment due you on account of War service Gratuity.

Yours truly,

Capt. & Paymaster .

RS/.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name, *Robert* 2. Surname *Brown*

3. Rank *Pte* 4. Regiment No. *4673*

5. Address in full to which future payments of gratuity are to be forwarded. *Red Bay, Labrador.*

6. Date of enlistment in the Regiment. *April 24 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge. *None*

8. Relationship of such dependents. *None*

9. Address in full of such dependents. *None*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Hfld. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *1st Months in Regiment and 2 1/2 Months in Royal Naval Reserve.*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Yes Enlisted Oct 1915 and was discharged unvalued 22 Feb 1918. Enlisted under 1937X

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

85.19. Cloths, etc

15. Have you been issued with a War Service Badge? *no*

16. Have you, during the present war, served in the Imperial Forces? *no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *no*

19. Are you now serving in the R.C.S.? *no* If not give - (a) date of discharge *June 29/19* (b) Reason for discharge

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

In Navy; English Channel 19mos - In Regt.

Franc. Bagin and Germany

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

19. Are you now serving in the R.C.S.? If not give - (a) date

Signature of Applicant: *A. Brown*

Place of Residence: *Red Bay, Labrador*

Declared before me at: *St. John's Nfld*

This *14th* day of *June* 19*.19...*

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.
John M. Cahill

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

Reg. No. *4673* Rank *St* Name *Brown, R.*

Attested Address *Salvage Bay*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

14.6.19
28.6.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION