



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5180 Name George Coffin Corps Inf.

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>George Coffin</u> .....            |
| 2. What is your full Address? .....  | 2. <u>Bay St. St. John's</u> .....       |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>24</u> Years <u>0</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Sea Cook</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>No</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. Name .....                           |
|  | Corps .....                              |
| 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, George Coffin 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.

M  
18-5-18  
George Coffin SIGNATURE OF RECRUIT.  
W. D. Caughlan Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George Coffin 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 18 day of May 1918.

Signature of Attesting Officer W. D. Caughlan

### 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 May 18 1918 } Approving Officer.  
Place St. John's }

† 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).....



C.R. 5180

Extract from Daily Orders Part 11 Unit The Royal Nfd.  
St. John's, July 16th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 12-7-19.

5180 Pte. Geo. Coffin.

C.R. 5180

Extract from Daily Orders Part II Unit The Royal Nfld.

Regt. St. John's, June 19th, 1919.

The discharge of the mentioned on demobilisation has been  
APPROVED by C.C. Discharge Depot with effect from 25-6-19.

5180 Pte. G. Coffin

C.R. 5180

Extract from Daily Orders Part II Depot, St. John's,

Date June 18th 1919.

5180, Pte. G. Coffin.

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

C.R. 5780

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.

#5180 Pte. G. Coffin.

C.R. 5180

Extract from telegram to ya. from Mil. dated March 5/1919.

*Infam*

5180

Whereabouts - 6150 Goppin.

C.R. 5180

Extract from telegram from Syn. to Mil. dated March 7th., 1919.

In answer to your telegram March 5th., 5180 Coffin B.E.F.



Form No. 1



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

Check

C.R. 5780

Place from

To

Hapstack  
R Bennett  
Min of Militia



Please advise whereabouts  
of pte George Coffen  
no 5780

Mrs William Coffen

Mar. 11th 19

Mrs. Wm. Coffin  
Haystack.

Dear Madam:

In answer to your telegram of March 4th, in which you are making enquiries regarding the whereabouts of No. 5180 Pte. George Coffin, I beg to inform you that we have received a telegram from our Pay & Record Office London, which states that he is now with the 1st Battalion of the Royal Newfoundland Regiment, on Active Service. Any further information that we get concerning him will be at once communicated to you.

Yours faithfully,

Lieut.

Casualty Officer.

WW/MP.

C.R. 5180

Extract from Nominal Roll received from Pay and Record Office  
London, of Draft No. 56 from the 2nd., Battalion, Winchester  
to the 1st., Battalion B. E. F., Embarked Southampton 23/11/18..

#5180 Pte. G. Coffin.

C.R. 5780

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

The following man embarked ~~from~~ overseas on H.M.S.  
"Columbolla" July 22, 1918.

#5180 Pte. George Coffin.

Extract from ~~Salaga~~ Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, Nfld. dated May 20th, 1918

#5180 Pte. George Coffin

Attested for General <sup>4</sup>Service with the Royal Nfld. Regt.  
from 18.5.18

*J. Coffin*

C.R. 5180

*1890*

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* 7. Former Trade or Occupation } *Fisherman*  
2. Regtl. No. *2700* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—  
4. Name *Coffin, G.* (Surname) (Christian Name) (a) Former Regts. or Corps ; with Regtl. Nos.  
5. Age last birthday *21*  
6. Posted for duty on *17. 6. 18.* at *S. John* in category (or grade).....  
8. If the disability is an injury was it caused  
(a) in action (b) on field service (b) Date of Discharge ;  
(c) on duty (d) off duty ? (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 a (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. *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 (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
- (ii.) Previous active service .. .. .
- (iii.) Climate in pre-war service .. .. . na
- (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? } na

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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.)*

no complaints of no disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
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? na
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? na

Repatriation

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.

W. J. Procmier Capt R.A.M.C.  
 Medical Officer in charge of case.

Station Hampley Down Camp  
 Date 29.11.19

\* 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









Coffin, G.

5180

Ray Sept

July 12, 1919

#5280 Pte. George Coffin,

Haystack, P.B.

Dear Sir :-

Please find enclosed Discharge Certificate #2986.

Yours truly

Captain,  
Paymaster & Officer i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5180 Rank Pfc Name Coffin Geo.  
 Intended place of residence. Haystack
2. Occupation Islerman  
 Classification of soldier E Medical Category A1
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 .....  
 Comanding 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 .....  
 Signature of soldier  
 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 JUN 14 1919 .....  
ST. JOHN'S. .....  
 Signature of soldier  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 ..... No of days on Military  
 Discharged from service. 28-6-19 plus 14 day Service 421.....

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S. .....  
JUN 28 1919 .....  
 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 13/1919 .....  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

W/132079/5986



# The Royal Newfoundland Regiment

Class for Demobilization:—

*1/1*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *11-6-19*

Regimental No. *5190*

Name *C. Coffin* *3rd* *Regt*

Address *Haystack*

Present Medical Category *A 1*

Recommended for:— (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board

*R. H. Lait Major*  
O.C. Discharge Depot.

*H. A. Searon*  
Senior Medical Officer

*S. W. Burdett*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5180 Rank Plt Name Boffin, George  
 Date of Enlistment 18.5.18 Address Naumtonk District Placentia  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.P. 1136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3194	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
B 179c	B 120	M 93		

Date 14-6-19 J.O. C. Discharge Depot. H.M. Ins. B.

### PARTICULARS FOR DEMobilIZATION

#### I. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. g. Boffin

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied \_\_\_\_\_

Date 14-6-19

O i/c. Re-clothing Alb. L. ...



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 71-1793 to his home at..... and Release Certificate No. 2799 5749 issued.

Date .....

14-6-19

*J. P. Shaw Capt.*

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.....

Date .....

14-6-19

12-7-19

*H. J. [unclear] H.*  
Depot Paymaster.

Discharged approved for .....

28-6-19

Forwarded with following documents to O. C. Discharge Depot.

N.F. P38	B 268	B 121	N. F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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

*J. P. Shaw Capt.*

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

*R. H. [unclear] Capt.*

O. C. Discharge Depot.

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

Date .....

## 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

*J. L. P. in*

Signature of Man.

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Reg. No. 5180

Place

ST. JOHN'S.

Date

14-6-19

191

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

## MEDICAL HISTORY

Surname

*Coffin*

OF

Christian Name

*George*

## Table I.—GENERAL TABLE.

Birthplace:—Parish *St. John's* County *Nfld.*

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined .....	18 <sup>th</sup> day of May 1918	St. John's	day of	191
Declared Age .....	21 years	days	years	days
Trade or Occupation .....	Fisherman			
Height .....	5 feet 4 <sup>1</sup> / <sub>2</sub> inches		feet	inches
Weight .....	134 lbs.			lbs.
Chest Measurement {	Girth when fully expanded .....	36 inches		inches
	Range of Expansion .....	3 inches		inches
Physical Development .....				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....			
Number .....				
When Vaccinated .....				
Vision .....	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	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)	<i>Samuel Peterson</i>			
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted .....	at	St. John's	at	
	on	18 day of May 1918	on	day of 191
Joined on Enlistment .....	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>The Royal Nfld. Regt.</i>	<i>5180</i>		
Transferred to .....				
Became non-effective by .....	on	day of 191	on	day of 191
(Signature)				
(Rank)				









## 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

Regiment from which discharged

Regimental number

Intended address

Height on discharge

Color of hair on discharge

Complexion

Color of eyes

Descriptive Marks

Figure on discharge

Christian name of Father

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.

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)

Station

Date

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

*Coffin, George*

*1st. Newfoundland*

*5150.*

*Haystack I.B. A. Hays.*

*5 Feet 5*

*Light Brown*

*Tan*

*Blue*

*Medium.*

*William*

*Mary.*

\_\_\_\_\_

\_\_\_\_\_

*Haystack 5-5-1897*

\_\_\_\_\_

*George Coffin* *H.C.*

*14-6-19* (Rank)

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. (1), 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 Artillery* }  
 2. Regt. No. *5180* }  
 3. Rank. *Pte* }  
 4. Name *Coffin* }  
 (Surname) } (Christian Names)  
 5. Age last birthday. *21*  
 6. Posted for duty on *17/7/18* at *St. John's*  
 in category (or grade).....  
 7. Former Trade or Occupation } *Fisherman*  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ; with Regt. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 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. 179a (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. *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
- |  | (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.

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.)*

*the complainant's present disability*

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 invalided at Foreign Stations.

*Repatriation*  
*W. E. Brown*  
*Capt. R. R. M. C.*

Station *Hagley, Down*  
 Date *29/4/19*

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.



## Casualty Form - Active Service.

Regiment or Corps R. Newfoundland  
 Rank Pte Surname Coffin Christian Name Geo.  
 Religion Methodist Age on Enlistment 21 years  months  
 Enlisted (a) 18/5/18 Terms of Service (a) Duration Service reckons from (a) 18/5/18  
 Date of promotion to present rank  Date of appointment to lance rank   
 Extended  Re-engaged  Qualification (b)   
 or Corps Trade and Rate 1st Lance Corp  
 Occupation Fisherman Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.113, 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, &amp;c

(17981.) W.L.W. 1387-P.1134. 1,000,000. 6/18. D.&amp;S. Form B/103. (E. 1256.)

[P.T.O.]

Next of kin: Father: Coffin William; Capstick; P. Bay; N. S. D.

Capt. J. H. Howley.

Dept of Militia  
St John's

Haystack  
July 16<sup>th</sup> 19

Dear Sir:-

I have gratefully received cheque no 1186.  
to the amt. of \$70.00. also discharge  
certificate.

yours Very Truly.

no 5150.

George Coppin

July 12, 1919

#5180 Rte. George Coffin,

Haystack, P.B.

Dear Sir:

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

Yours truly

Captain.  
\*Quartermaster & U. I. C. records

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 20th. 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..... *George* ..... 2. Surname..... *Coffin* .....
3. Rank..... *Pte* ..... 4. Regt. No..... *5180* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Haystack P.B.* .....
6. Date of enlistment in the Regiment..... *May 18/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not applicable* .....
8. Relationship of such dependants..... *No* .....
9. Address in full of such dependants..... *No* .....
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 Mfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Thirteen months* .....
- and eleven days* ..... *13* .....

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

*Not applicable*

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.

*\$100.00 Clothing, 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 Regt.? *No* If not give - (a) date of discharge *June 29/19.* (b) Reason for discharge *Wounded*

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. *France, Belgium 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.

Signature of Applicant: *G. Coffin*

Place of Residence: *Raychaux, P. R.*

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

This *14* 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. McCarthy*

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





Capt W Howley  
Paymaster  
Militia

5491

Haystack  
June 17<sup>th</sup> 1919

Dear Sir

Just as you advised me on Saturday I have understood from my wife that she remember of indorsing two cheques by writing my name across the back of each cheque. I also wish to say that in order to avoid further error please address all payments to my son Pte George Coffin No 5180 who have returned home to day.

W. Coffin

P.S

I also inclose Messrs Watkelys letter of 13<sup>th</sup> inst as receipt for £21<sup>/-</sup> 70

W.C

O.K. CBH



OUR MOTTO:  
"SERVICE"

# Thos. Wakely & Sons

GENERAL IMPORTERS  
AND EXPORTERS

*Harbor Buffett, N. F.*

June 13, 1919.

Mr. William Coffen,  
Haystack.

Dear Sir:

We thank you for your cheque No. 682660 replacing No. 582510  
payment of which was refused by the Bank, and which we herewith enclose.

Yours truly,

*Thos. Wakely & Sons.*

IW/LW.

No.

G. 729

TRAVELLING WARRANT

Date

14-6-19.

The Royal Newfoundland Regiment

Thos Wakley Haystack #3 ~~1/2~~

Please issue 1st Class Passage and Meals for

No. 5180

Rank

Private

Name

Wakley Thos.

From

~~ST. JOHN'S~~

To

Haystack

Arnolds Cove.

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

J. A. Shaw

SIGNATURE OF ISSUING OFFICER.

The Department of Militia

#3<sup>00</sup>

The sum of ----- Dollars is due

to *Thos Wakeley - Haystack* for *driving*

Reg No *5180* Rank *Pte* Name *Coffin G.*

From *Anolds Cove* TO *Haystack*  
Captain

*Account for \$ 3.<sup>00</sup>/<sub>100</sub> of *Thos Wakeley**

Demobilization Officer

DISTRICT OFFICER  
NEW BRUNSWICK  
AUG 14 1919  
COMMANDING

The Department of Militia,

June 14/14

The sum of *one* *#1.* dollars and *75* cents is due *Pte George Coffey* for driving ~~.....~~

Name ~~.....~~ From ~~.....~~

To *Arnolds Cove.*

Voucher attached

*certified correct for*  
*\$1.75*

*J. C. J.*  
*The Colonel*

ACCOUNT	<i>Trans. Ev</i>
NO.	<i>2561</i>
<i>The Colonel</i>	
Lieut.	
PAY	
DATE PAID	
BY	

Keep this Bill to check your Monthly Account.

Harbor Buffett, N.F.,

*Pto*  
*June 12* 191*9*

*Mr Geo Coffen*  
M

Bought of

**THOS. WAKELY & SONS**

General Importers and Exporters.

"THE HOUSE OF QUALITY."

Sold by

Exam'd by

1 *Trupt to Arnold Case 1.75*

2

3

4 *A.C.S.*

5

6

7

8

9

0

No

12

August 7, 1919

Pte. George Coffen,  
Arnold's Cove,

I enclose herewith cheque for  
\$1.75, refund due you on account of  
transportation to your home.

Capt.  
Paymaster

LM/

*A. C. R.*

August 7, 1919

Pte. George Coffen,  
Arnold's Cove,

I enclose herewith cheque for  
\$1.75, refund due you on account of  
transportation to your home.

Capt.  
Paymaster

LM/

*J. C. R.*



ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

*The Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

September 1<sup>st</sup> 1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of  
the late No. 5180 Rank

Name *Ronald Colbert*

Royal Newfoundland Regt.

*John Colbit* (Sgd.)  
Relationship.

Address *Red-Head Cove*

*C. B.*

C.R. 5180

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal 1914-1919.

Name  *George Coffin*

Date *Nov 26th 1919.*

Place *Haystack*

ST. JOHN'S  
NOV 11 2 11  
NEWFUND

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and~~ British War Medal

is/are forwarded herewith to

George Coffin

in respect of his service as No. 5180 Rank Pte.

Name G. Coffin Royal Nfld. Regt.  
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

George C Coffin

Date

Oct 26th 1921.

Address

Haystack G. Bay Nfld.

[P.T.O.]

Receipt for Army Book 64

No. .... *5180* ..... Name *Coffin* .....

To Certify that I have received the AB 64 of the above  
named Soldier.

Name *Geo. Coffin* .....

Date *July 26th 1920* .....

Place *Haystack* .....

W  
U.S. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39Number of Sheet 1

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. B. Nicks, Lieut.

Regimental Number and Name		Enlistment		Trade
No.	<u>5180 Coffin George</u>	Age on	<u>21</u> years <u>0</u> months	<u>Fisherman</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>18.5.18</u>	Religion
Joined	Date			<u>Method.</u>
Joined	Date	Period of	with Colours	Place of Birth
Joined	Date		<u>3 1/2</u> years.	<u>Haystack, P.B.</u>

Good Conduct Badges, 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>Recognized St. John's 12/19</u>					

To be carried over

Army Form B. 121.



5180

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5180 Rank Plt Name Collier George  
 Date of Enlistment 18-5-18 Address St. John's District St. John's  
 Occupation Fisherman Classification for Discharge F Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P136	B 263	B 121	N.F. Med	D.F.	1
B 178	W 319	B 122	Report 1st	" 2	3
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	
B 179c	B 120	M 93			

Date 12-6-19 for O. C. Discharge Depot. *H. H. H.*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. *by Collier*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$125.00
- (b) Clothing Supplied \_\_\_\_\_

Date 12-6-19

O/c. Re-clothing *M. B. Smith*

5180

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5180 Rank Pte Name Coffin, George  
 Date of Enlistment 18.5.18 Address Haystack District Parsonage  
 Occupation fisherman Classification for Discharge F Medical Category A.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 340	B 122	Report 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
B 179c	B 120	M 93		

Date 11-6-19 P.O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. by bottom

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied \_\_\_\_\_

Date 11-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. .... to his home at 1411th Placentia and Release Certificate No. 2799 1579 issued.

Date 11-6-19 ..... *J.P. Brown*  
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 .....

Date 11-6-19 ..... *J.P. Brown*  
Depot Paymaster.

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

N.F. P/36	B 288	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		

*Form B*

Date 14-6-19 ..... *J.P. Brown*  
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 21 1919 ..... *J.P. Brown*  
O. C. Discharge Depot.

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

Date July 10/19 ..... *James H. ...*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at 11700 Pleasant and Release Certificate No. 2797 1370 issued.

Date 14-6-19 *J. J. Snow*  
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 \_\_\_\_\_

Date 14-6-19 \_\_\_\_\_  
Depot Paymaster.

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

N.F. P/36	B 268	B 121	N.F. Mod	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	B 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*Form B*

Date 14-6-19 *J. J. Snow*  
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 Grant**

Date Jun 28 1919 \_\_\_\_\_  
O. C. Discharge Depot.

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

Date July 10/19 *J. J. Snow*

Reg. No. *5180* Rank *Pvt* Name *Coffin, Geo.*

Attested ..... Address *Chatham*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas .....

Returned on S.S. *Corsican* Cause *Sick*

**PASSED TO DEMOBILIZATION**

**DISCHARGE APPROVED OF DEMOBILIZATION**

C.R. 5180

Sept. 20th. 1920.

Secretary,

Civil Re-establishment Committee.

Dear Sir:-

Herewith please, are communications from  
Edwin Crocker, No. 5962 and George Coffin, No. 6180,  
Millertown, relative to retraining. Will you be good  
enough to reply thereto.

Yours faithfully,

Secretary,  
For Chief Staff Officer.