



Newfoundland Forestry Companies

ATTESTATION OF

No. 150 Name Melville Colbourne Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Melville Colbourne</u> |
| 2. What is your full Address? | 2. <u>Purcells Harbor</u>
<u>Burthingate</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</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. What is your Religion? | 9. <u>meth</u> |
| 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, Melville Colbourne 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.

Melville Colbourne SIGNATURE OF RECRUIT.

Matthew J. Ellis Signature of Witness.

E 15/5/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Melville Colbourne 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. Johns on this 15 day of May 1917

Signature of Attesting Officer J. J. Blarney

† 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 Forestry Corp

If enlisted by special authority, such will be attached to the original attestation.

Date 15/5/17 1917
Place St. Johns

Signature of Approving Officer J. J. Blarney

† 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. 8150

Extract from Nominal Roll Forces, Embarked St. John's
for Overseas, per S.S. "Florisel" May 19.1917.

8150 Pte. M. Colbourne.

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

8150

No. 14161/232/P&A

From
 PAY & RECORD OFFICE,
 58, VICTORIA STREET,
 LONDON, S.W. 1.

To
 The Hon. the Minister of
 Militia,
 St. John's,
 Newfoundland.

FM/WF 20th, December 1917

SUBJECT:

8150, CPL. MELVILLE COLBOURNE,
 NEWFOUNDLAND FORESTRY CORPS.
 Reference Nos.

REPLY

Dated Jan, 15th, 1918

Claim for Separation Allowance
 in favour of mother is forwarded
 for customary enquiry as to
 dependence.

The Claim has been re-
 ceived and will have attention.

Colbourne has an allotment
 of 70 cents per day in favour of
 his mother, which has been in
 force since 16/5/17, please.

J. P. Bennett
 Acting Minister of Militia

F. J. Marshall *Wan*
 Major,
 Chief Paymaster & O i/c Records.

1ST N.W. REGIMENT
 PAY & RECORD OFFICE
 Ref. No. *1429*
 Dated *10 FEB 1918*
Noted
 Auto No.

BRANCH
Pay
 ACTED UPON
 DATE *10 FEB 1918*

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE



1. Regimental No. and Rank	#8150 Cpl.
Name	Melville Colbourne
Unit	Newfoundland Forestry Coy.
2. Full Name of Dependent.	Lavinia Colbourne
3. Address	Burcell's Harbor, Willingate, Nfld.
4. Have you made previous claim for Separation Allowance? If so, state particulars.	No
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	No
6. Date of Marriage.	Not married. Dependent is Mother.
7. Name and Address of your last Employer.	Rwd Nfld. Co.
8. The amount of your salary or wages immediately prior to Enlistment.	1.50 per day
9. Are your wages or any portion being paid by your employer during your absence?	No
10. If paid, what is the amount per month?	
11. Name of Corps prior to enlistment in the Nfld Contingent.	None

allowment payable to Mother. 70 day

I CERTIFY that the above is a true statement.

~~MAJ.~~
Cpl Melville Colbourne Cpl.

Signature of Officer forwarding this application.

...*W.S. ...*... Major.
O.C. NEWFOUNDLAND FORESTRY COYS

Unit Nfld Forestry Companies
Date Dec. 13th 1917

ST. JOHN'S, Mar 24/19

Newfoundland Forestry Companies

Billeting Account,

To Epl. M Colbourne

Billeting Soldiers as undermentioned

from Feb 17/19 to Mar 23/19

<u>50 Epl. M Colbourne</u>	<u>36</u>	<u>00</u>
----------------------------	-----------	-----------

Certified correct for \$ 36.00

J. A. Crawford
Billeting Officer.

Colr.

M Colbourne

Btm
889
MILL
C. C. S.

3/68/P.&.A

Nfld. Forestry Corps,
Kenmore N.B.

3rd February 9.

8150 A/Cpl. Colburne

30 1 19 976

8150 A/Cpl.M.Colbourne

£7:0:0

7:0:0

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 14161/232/P&A

C.R. 8/50

From

PAY & RECORD OFFICE,

58, VICTORIA STREET,
LONDON, S.W. 1.

To

The Hon. the Minister of
Militia,
St. John's,
Newfoundland.

FM/WF

20th, December 1917

SUBJECT:

8150, OPL. MELVILLE COLBOURNE,
NEWFOUNDLAND FORESTRY CORPS.
Reference No.

REPLY

Dated Jan, 15th,

1918

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in favour of mother is forwarded
for customary enquiry as to
dependence.

Colbourne has an allotment
of 70 cents per day in favour of
his mother, which has been in
force since 16/5/17, please.

F. H. Marshall
Major,
Chief Paymaster & O. i/c Records.

The Claim has been re-
ceived and will have attention.

W. J. R.
Acting Minister of Militia

Copy

CR. 8100

NEWFOUNDLAND CONTINGENT

NFP/82.

SEPARATION ALLOWANCE

Allowment payable to Mother 70¢ day.

1. Regimental No. and Rank	<i>81506 pl</i>
Name	<i>Melville Colbourne</i>
Unit	<i>Newfoundland Forestry Coy's</i>
2. Full Name of Dependent. (Mother)	<i>Lavinia Colbourne</i>
3. Address	<i>Purcells Harbour, Twillingate Nfld.</i>
4. Have you made previous claim for Separation Allowance? If so, state particulars.	<i>No</i>
5. Is Separation Allowance being paid on your account to anyone in Nfld or elsewhere?	<i>No</i>
6. Date of Marriage.	<i>Not married. Dependant is Mother</i>
7. Name and Address of your last Employer.	<i>Reid Newfoundland Coy</i>
8. The amount of your salary or wages immediately prior to Enlistment.	<i>\$150 per day.</i>
9. Are your wages or any portion being paid by your employer during your absence?	<i>No.</i>
10. If paid, what is the amount per month?	<i>—</i>
11. Name of Corps prior to enlistment in the Nfld Contingent.	<i>None</i>

I CERTIFY that the above is a true statement.

(Signed) Melville Colbourne pl.

Signature of Officer forwarding this application.

Unit *Nfld Forestry Companies* *(Sgd) M. Sullivan Major*
O.C. Newfoundland Forestry Coy's

Date *Dec. 13th 1917*



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. & 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

Colbourne, Melville.

Regiment from which discharged

Royal Newfoundland

Regimental number

8170

Intended address

Twilling etc.

Height on discharge

5 Feet *7"*

Color of hair on discharge

Dark

Complexion

Dark

Color of eyes

Brown

Descriptive Marks

Meduin

Figure on discharge

John

Christian name of Father

Kevin

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

Twilling etc. 18.7. 1898.

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)

J. Colbourne

(Rank)

Cpl.

Station

ST. JOHN'S.

Date

24.3.19.

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.

Station

Date



The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8156 Rank PLG Name Colbourne My
 Date of Enlistment 15.5.17 Address Purcell St District Lullington
 Occupation Lumberman Classification for Discharge 6 Medical Category B II
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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	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 25.3.19

H. M. News Jt.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

H. Colbourne
 Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$600.00

(b) Clothing Supplied _____

Date 26-3-19

Approved
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 958 R 34* his home
 at *Purcellville, Va* and Release Certificate No. *1747* issued.

Date *26 3 19*
Arthur C. M
 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 *11-11-19*

Date *26-3-19*
W. H. Capt
 Depot Paymaster.

Discharge approved for *28 3 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.....	B 268.....	B 121.....	1.	N.F. Med.....	D.F. 1.....	1.	
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	1.	
B 178a.....	1. D 400A.....	B 1915.....		do 2nd.....	" 3.....	2.	<i>J. Jones</i>
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.....		<i>20.6.1</i>			

Date *27 3 19*
Arthur C. M
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
 Officer in Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

Date *MAR 28 1919*
R. H. Sait Capt
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
 Date *April 11 1919*
Edward R. ...

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8150 Rank Capt Name Colbourne M.
 Intended place of residence Pursells Str
2. Occupation Lumberman
 Classification of soldier 2 Medical Category B11
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

Date 26-3-19

J. H. M. Capt
 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'S26-3-19

M. Colbourne
 Signature of soldier

J. H. M. 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'S26-3-19

M. Colbourne
 Signature of soldier

W. J. M. Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-5-17 No of days on Military
 Discharged from service 28-3-19 Plus 14 days Service 697

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'SDate MAR 28 1919

R. H. M. Capt
 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 April 11/1919
- M. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

A.F.B 2079/1892

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 815 C Rank. PLG Name Colbourne My
 Date of Enlistment 15 5 17 Address Percalls St District St. John's
 Occupation Line Sergeant Classification for Discharge 4 Medical Category B II
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. Pj36	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
B 179c	B 120	M 93		

Date 25.3.19

H. Mans. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

H. Colbourne

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #6000
 (b) Clothing Supplied _____

Date 26.3.19

Colbourne
 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *1958 19 340* to his home at *Parcells St. John* and Release Certificate No. *1747* issued.

Date *26 3 19* *C. D. Dukes 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 *11-4-19*

Date *26-3-19* *W. H. Miley Capt*
Depot Paymaster.

Discharge approved for *28 3 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
B 179c	B 120	M 93		

20.6 1

Date *27-3-19* *C. D. Dukes Capt*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *MAR 28 1919* *R. H. Sait Capt*
O. C. Discharge Depot.

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

Date

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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 question 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... *Melville* ... 2. Surname... *Belbourn*

3. Rank... *Sergeant* 4. Regt. No. ... *8150*

5. Address in full to which future payments of gratuity are to be forwarded... *9. Sprucells Harbor Twillingate District Sprucells*

6. Date of enlistment in the Regiment... *May 15th 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *Mrs. Lavina Belbourn*

8. Relationship of such dependents... *Mother*

9. Address in full of such dependent... *Sprucells Harbor Twillingate Dist.*

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 Nfld. If so, give dates, and particulars of such service... *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *From May 15th 1917 to date*
Have no discharge to date March 26th 1919

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

..... *no*

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.....

..... *no*

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 applicable*

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?.....

..... *not applicable*

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge..... (b) Reason for discharge.....

..... *not applicable*

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.....

..... *served with the 11th Field Coy. C.S.P. in Scotland*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? *no*

(b). If so, are you in receipt of full pay and allowances from that Committee.....

..... *not applicable*

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: *M. Colbourn*
 Place of Residence: *Parcell's St. Wallingford*
 Declared before me by: *M. John's, U.S.A.*
 This *26th* day of *March* 19*19*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.00</i>	<i>4.00-00</i>
.....
.....

Certified Correct,

Paymaster.

SEPARATION ALLOWANCE.

Claimant *Lavinia Colbourne*.....

On account of *Melville Colbourne* No *8150*.. Rank.. *Cpl.*

Decision *Approved*.....

Date *Nov. 5/1920*.....

Instructions.....

Paid from 16/5/17 To 28-2-18.....

Allotment of *70¢* per day payable to *Lavinia Colbourne*
his *mother* from *16/5/17* to *11/4/19*
Discontinued on account of *Demobilization*

W. J. H. ...

#190.67

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
Melville Colbourne Corporal Forestry 8150
2. Age of soldier. Married or Single.
21 Single
3. Name in full of mother. Age. Occupation. Permanent Address.
Lavinia Colbourne 45 Pinwell Harbor Twillingate
4. Give name of your husband. Age. Occupation Where Employed.
Dead. Drowned June 1st 1916
5. If your husband is not supporting you state the reason.
Dead
6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.) *Dead*
7. If you are a widow, state date and place of death of your husband. *June 1st 1916 Drowned in Frobisher Bay*
8. Have you married again since death of above mentioned husband? *No*
9. Names of your other children. Address in Age. Occupation ~~Married~~ or Single.
*Ralph Colbourne 16 Pinwell Harbor 18 Fisherman
Clara Colbourne 14 Twillingate 14
Lavinia Colbourne 12 Twillingate 12
Lavinia Colbourne 10 Twillingate 10*

10. State amount earned by (a) Yourself } ²¹⁻ Attention given wholly
 (b) Your husband } to home looking after family
-
11. State amount and source of any other income. } no other source
-
12. State value of real property belonging to you and your husband. } \$700
-
13. State value of personal property belonging to you and your husband. } very little furniture
 \$1300 a personal apparel
-
14. If husband is dead state value of real and personal property left by him. } About \$1000
-
15. Actual amount contributed by soldier during the year prior to enlistment. } About \$350
-
16. Was this amount contributed weekly or monthly. } At the end of voyage
-
17. Did this amount include payment of son's board, etc. } No
-
18. State your son's trade or occupation prior to enlistment. } Fisherman & Lumberman
-
19. State amount of his wages per week. } It was paid at the end of voyage.
-
20. State name and address of his last employer. } Fishing with his father.
-
21. State amount of monthly support from son since enlistment. } \$20 per month for first 2 years or so.
 \$30 since March 1919
-
22. State amount of allotment received by you from son since enlistment. } See Ques 21
-
23. State from what date did you receive allotment? } Sep 1916, but enlisted May 1916
-
24. Actual amount contributed by other children. } Weekly Monthly.
 I have only one foster son able to earn but very little owing to delicate health.
-
25. Are any of these children in the employ of you or your husband?
 My son Ralph above named goes fishing from home

26. If not receiving support from other children, state cause. Explain fully. } *Not of age. 3/-*
-
27. With whom are you residing at present? } *In my own home with my children*
-
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. } *No*
-
29. Are you already in receipt of Separation Allowance from any source? If so, how much? } *No*
-
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. } *No*
-
31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. } *No*
-
32. In what capacity and in what place?
-
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. } *No*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant... *Larima E. Colbourne*

Place of Residence... *Purcell Harbour, Inverness, Newfoundland*

Declared and subscribed before me at... *Inverness, Newfoundland*

this... *1st day* ...day of... *August* ...1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *Charles White J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the Soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *William H. Dakin, Inverness*

Signature of member of the Patriotic Fund Committee. } *Geo Robert Colbourne
Patriotic Committee*

FIRST NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch.)

Notice.

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THE PAYMASTER
Separation Allowance Branch,
St. John's Nfld.

now
Capt.

Name in full of Soldier. Rank Reg't. or Unit Reg't. No.
Melville Colbourne Capt. 8150 7th Freshwater Co

Age of Soldier 20 Married or Single.

Name in full of Mother Age Occupation Permanent Address.
Laena Colbourne 44 Home Murcells Dr St. John's

4. Give name of your husband. Age Occupation Where employed.
John (dead) 47 Fisherman P. H.

5. If your husband is not supporting you state the reason.
deceased (lost with 3 others)
in 1917

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)

7. If you are a widow, state date and place of death of your husband.
Widow, Murcells Dr (drowned)

8. Have you married again since death of above mentioned husband?
no

9. Names of your other Children Address in Full. Age. Occupation Married or Single.
Melville 20 Freshwater Scotland
Ralph 17
Clara 12 All the others
Irma 10 at home
Whitford 8

10. State amount earned by (a) yourself (b) Your husband (c) deceased

11. State amount and source of any other income.

None

12. State value of Real Property belonging to you and your husband.

Share in Schu & Fishery gear \$44 100.00

13. State value of personal property belonging to you and your husband.

only above

14. If husband is dead state value of Real and personal property left by him.

do

15. Actual amount contributed by soldier during the year prior to enlistment.

Say 100 Dollars

16. Was this amount contributed weekly or monthly.

Say monthly

17. Did this amount include payment of son's Board etc.

yes. when home

18. State your son's trade or occupation prior to enlistment.

Sanitarian

19. State amount of his wages per week.

when working say 10.00

20. State name and address of his last employer.

Norris Arm

21. State amount of support monthly from son since enlistment.

2.00 per month

22. State amount of allotment received by you from son monthly.

23. From what date did you receive Allotment?

1st June 1917

24. Actual amount contributed by other children

Wife home & Monthly earned say \$150 last year

25. Are any of these children in the employ of you or husband?

No

26. If not receiving support from other children state cause. Explain fully.

too young No

27. With whom are you residing at present.

at home

28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars.

No. - was not aware of it - until my son wrote me

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

No

30. Are you in receipt of any payment from any Patriotic Fund? If so, How much.

no

31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government.

no

32. In what capacity and in what place.

✓

33. Is he in receipt of a salary as much while serving in the 1st. Nfld. Regt. If so, how much?

no

And read & approved

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in witness whereof the Evidence Act.

Signature of Applicant *Levenson & Gilbourne*

Place of Residence *Parcell Harbor Swillingak*

Declared and subscribed before me at *Swillingak*

this *26th* day of *February* 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace.

Wm Scott J.P. Magistrate

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above Soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman *Loyd M Curtis (M.A.)*

Signature of Member of Patriotic Fund Committee *Wm Scott J.P. Chairman local P.F. Com*

Approved 20/3/18

W.P.R.
[Signature]