



Newfoundland Forestry Companies

ATTESTATION OF

No. 8/129 Name Henry W. Burlow Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Henry W. Burlow</u> |
| 2. What is your full Address? | 2. <u>Northern Arm</u>
<u>Botwood C.P.D. Bay</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>33</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Lumberman</u> |
| 6. Are you Married? | 6. <u>yes</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>N.P.</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>Method</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, Henry W. Burlow.....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.

Henry W. Burlow.....SIGNATURE OF RECRUIT.

James J. Waugh.....Signature of Witness.

7/5/17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Henry W. Burlow.....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 Grand Falls

on this 11th day of May.....1917
Signature of Attesting Officer H. J. H. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....191..... } Approving Officer.
Place..... }

† 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).....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet

Regiment of

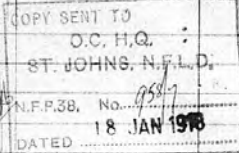
Mfld. Forestry Companies

Signature of O. C. Company

Forth
W. A. Postle

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>8129</i>	Age on	<i>33</i> years <i>8</i> months	<i>Lumberman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. Johns</i>	Religion	
Joined	Date			<i>meth</i>	
Joined	Date	Period of	with Colours <i>303</i> years.	Place of Birth	
Joined	Date			with Reserve <i>36</i> years.	

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
				<i>Medically unfit St. John's 5³ 18</i>					



To be carried over

COPY



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 **CURLEW HENRY**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8129**

Intended address **Northern Arm, BOTWOOD**

Height on discharge **5** Feet **10**

Color of hair on discharge **DARK BROWN**

Complexion **FAIR**

Color of eye **BLUE**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father **JOHN**

Christian name of Mother **DEAD**

Wife's maiden name in full **BESSIE**

Date and place of marriage **NORTHERN ARM OCTOBER 5th., 1906**

Christian names of children **ENOS MAUD MALCOLM ETHEL**

Place and date of soldier's birth. **SEPTEMBER 5th., 1883**

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) **HENRY CURLEW** WITNESS: **H. A. HOUSE**

(Rank) **PTE**

Station **ST. JOHN'S NFLD.** Date **FEBRUARY 16th., 1918**

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.

(SGD) **F. W. BURDEN**

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station **ST. JOHN'S NFLD.**

Date **FEBRUARY 16th., 1918.**



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 *Barley Stoney*
 Regiment from which discharged *4th Newfoundland Forestry Co.*
 Regimental number *8129*
 Intended address *Northern Arm Botwood*
 Height on discharge *5* Feet *10 in*
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eye *Blue*
 Descriptive Marks *None*
 Figure on discharge *Medium*
 Christian name of Father *John*
 Christian name of Mother *Bead*
 Wife's maiden name in full *Bessie*
 Date and place of marriage *Northern Arm Botwood Oct 5 1906*
 Christian names of children *Eva, Maud, Malcolm, Ethel*
 Place and date of soldier's birth *Little Bray D. Shore Sept 5 1883*
 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) *Barley Stoney*
 Station *St John's* Date *Feb 16/18*
 Rank *Pte*

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.

W. Burden
 Medical Officer i/c Hospital,
 Unit, or Command Depot.

Station *St John's* Date *Feb 16/18*

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>8129</u>	Army Rank <u>Private.</u>	
Name <u>Burlew, Henry W.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps <u>Newfoundland Forestry Companies</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge <u>March 5th 1918</u>		
Place of discharge <u>St. John's, Nfld.</u>		
1. Description at the time of discharge.		
Age <u>24</u> years <u>6</u> months		Descriptive marks.
Height <u>5</u> feet <u>10</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>fair</u>		
Eyes <u>blue</u>		
Hair <u>dark brown</u>		
Trade <u>Cumberman</u>		
Intended place of residence <small>(To be given as fully as practicable)</small>	<u>Northern Arm</u> <u>Botwood, N.S.B.</u>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>		
2. The above-named man is discharged in consequence of <u>being no longer physically fit for active service</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>		
3. Military character :—		
4. Character awarded in accordance with King's Regulations :—		
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div>		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.		
		Initials of Commanding Officer.
Army Form B. 2688 has been issued to*		