



Newfoundland Forestry Companies

ATTESTATION OF

No. 17 Name William Ellis Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>William Ellis</u> |
| 2. What is your full Address? | 2. <u>60 Springdale St</u> |
| | <u>St Johns</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Parser</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 |

William Ellis 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.

William E. Ellis SIGNATURE OF RECRUIT.
W. James Signature of Witness.

18/4/19

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

William E. Ellis 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 20th day of April 1917

Signature of Attesting Officer W. James

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 1917 } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name W. F. Ellis
 Apparent age 21 years 10 months. Height _____ feet _____ inches
 Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches
 Distinctive marks Brown eyes light Brown hair
Defective Chest

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Jesse Ellis
60 Springdale St | Relationship Mother
St Johns Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards O. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									<div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;">Discharged Jan 27/19</div>
Joined at _____ on _____									

Total Service forfeited as above.....

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 " " Pensions " [" "] " " "

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8017 Rank Private Name Ellis, N. F.
 Intended place of residence 60 Spangdal St. St. John's
2. Occupation Drapery
 Classification of soldier B Medical Category E
3. The above named man is discharged in consequence of.....
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place
 Date JAN 13 1919 *W. H. L. Capt.*
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

DEMobilIZATION

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 13. 1. 19 ✓ N. F. Ellis
 Signature of soldier
C. B. Dicko 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 Jan. 13. 1919 ✓ N. F. Ellis
 Signature of soldier
J. D. [unclear]
 Signature of witness

STATEMENT OF SERVICE

- Enlisted for service 11. 4. 17. No of days on Military
 Discharged from service 13-1-19 plus 28 days Service 664 days

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. R. H. L. Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
- Date JAN 13 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's, Nfld. W. H. L. Capt.
 Officer in Charge of Records
 The Royal Newfoundland Regiment
- Date January 27/1919

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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 **ELLIS NUTTING F.**

Regiment from which discharged *1st. Newfoundland*

Regimental number **8017**

Intended address **60 SPRINGDALE STREET**

Height on discharge **5 Feet 8½**

Color of hair on discharge **LIGHT BROWN**

Complexion **FAIR**

Color of eyes **BROWN**

Descriptive Marks **DEFECTIVE BREAST BONE**

Figure on discharge **MEDIUM**

Christian name of Father

Christian name of Mother **JESSIE**

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. **ST. JOHN'S JULY 27th., 1895**

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) **(Sgd) NUTTING ELLIS**

(Rank) **PTE**

Station **ST. JOHN'S** Date **Jan. 6th., 1919**

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) A. C. TAIT.

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

Station

Date

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 8217 Rank Pte. Name Ellis N.F.
 Date of Enlistment 18.4.17 Address St. Johns District St. Johns
 Occupation Draped Classification for Discharge B Medical Category 2
 Recommendation S.M.B. permanently unfit Disability Rating 20% for 15 mths.
 Passed to Demobilization Officer with following documents:—

N.F. P 94	1.	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 11.1.19

W. J. Ellis
 O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

i. Civil Re-Establishment. W.

I am.....in a position to resume civilian occupation.

N. F. Ellis

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 Joseph A. Lawrence

Date 13-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to the
 at and Release Certificate No. issued.

Date 13-1-19

O. B. Dicks 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 10-2-19

Date 13-1-19

W. Stanley Capt.
 Depot Paymaster.

Discharge approved for 13. 1. 19.

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	1	B 268	B 121	"	N.F. Med.	D.F. 1	
F 178	1	W 3494	B 122		Board 1st	" 2	1" Form B
B 178a	1	D 400A	B 1915		do 2nd	" 3	2"
B 179	1	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 13. 1. 19

O. B. Dicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Date JAN 13 1919

R. H. ... Capt.
 O. C. Discharge Depot.

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

Date Jan 17 1919

W. Stanley
Depot Paymaster