



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5267 Name John Fitzgerald Corps RC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <u>John Fitzgerald</u> |
| 2. What is your full Address? | 2. <u>St. Peter Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Farmer</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, John Fitzgerald 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.

John Fitzgerald SIGNATURE OF RECRUIT.

J. P. Bay Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Fitzgerald 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Peter Bay on this 21 day of May 1915.

Signature of Attesting Officer Charles Robert

†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 21 1915

Place St. Peter Bay } Approving Officer.

The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 † Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 421

Regiment of Royal Newfoundlands Signature of O. C. Company C. B. Dickshiel

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5267</u> <u>J. Fitzgerald</u>	Age on	<u>20</u> years <u>1</u> months	<u>Miner</u>		
Joined		Date of Enlistment	<u>21.5.18</u>	Religion		
Joined		Date	} with Colours <u>76</u> years. with Reserve <u>365</u> years.	Place of Birth		
Joined		Date		<u>Tilton CB</u>		

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>Demobilized Sgt. John's 4 8/19</u>					

To be carried over

Army Form B. 121.

C.R. 5267
Army Form B, 179A

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 Horse Artillery 7. Former Trade or Occupation } Miner

2. Regt. No. 5267 3. Rank. Plt 7a. If the soldier claims previous service in Army, he should state—

4. Name W. J. Guald John J. (a) Former Regts. or Corps ; with Regt. Nos.

(Surname) (Christian Names)

5. Age last birthday... 22.....

6. Posted for duty on..... at..... in category (or grade).....

8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.

9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 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
Nil
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? }

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.)

No Complaints of no disability

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

20. Do you recommend—

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

Repatriation

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

W. E. Proctor
Capt. Rank

Station .. *W. E. Proctor*
 Date .. *8.1.19*

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.

C.R.

5267

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

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

#5267 Pte. John Fitzgerald.

C.R. 5267

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date
4-8-19.

5267, Pte. J. Fitzgerald.

C.R. 5267

extract from daily orders sent 11 Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted on demobilisation has
been approved by U.S. discharge depot with effect from
following date

~~19-1-19~~
25-7-19

5267, rte. J. Fitzgerald.

C.R. 5267

Extract from Daily Orders Part XL Galt The Royal Nfld. Regt.
St. John's, July 31st 1919.

5267 Pte. J. Fitzgerald.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5267

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 22, 1918.

#5267 Pte. Mohn J. Fitzgerald.

Attested for General Service with the Royal Nfld. Regt.
from 21.5.18

53267

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5267 Rank Private Name J. Fitzgerald
 Date of Enlistment 21.5.18 Address Victoria District St. John's
 Occupation Mined Classification for Discharge F Medical Category H1
 Recommendation S.M.B. A 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	5
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 18.7.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

John J Fitzgerald

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

[Signature]

Date 19-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2484 to his home at Jillmore and Release Certificate No. 3738 issued.

Date 19-7-19

Alfred Conroy
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 11-8-19

Date 11-7-19

Alfred Conroy
Depot Paymaster.

Discharge approved for 21-7-19

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		

Date 19-7-19

Alfred Conroy
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional document

Eligible for War Service Gratuity

Date JUL 21 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 1/19

B. K. T.

Reg. No. *1267* Rank *Pvt.* Name *Fitzgerald J.*
Attested Address *Wilkes*
Allotment Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge*

1919
21 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

E. Fitzgerald

C.R. 5267

11/10

FORM K

No 4132 A



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John J Fitzgerald, Regl. No. 5267 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins July 1/18

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 14810, Father, Jeremiah Fitzgerald, Belton, Spaniards Bay, 60. Total Allotment, \$ 60.

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) H A James, 21st Co. Officer Commanding Company

(Sig.) John J Fitzgerald (Rank) Private

St Johns June 12 1918

Fitzgerald, J

5267

May 20th.

August 6th 1919.

"5267^g Pte. J. Fitzgerald,
Tilton. C. B.

Dear Sir:

Enclosed please find Discharge Certificate # 3528.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5269 Rank Pvt Name Fitzgerald J
 Intended place of residence Sutton
 2. Occupation Printer
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 19 1919

[Signature]
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, ST. JOHN'S

Date JUL 19 1919

[Signature]
Signature of soldier

[Signature]
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, ST. JOHN'S

Date JUL 19 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service.....	<u>21.5.18</u>	No. of days on Military
Discharged from service..	<u>JUL 20 1919</u>	Service... <u>448</u>
	Plus 14 days	

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

[Signature]
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

Date August 4/1919

[Signature]
Officer i/c Records
The Royal Newfoundland Regiment

W.B. 2079/3528

11
20
31
4

8

The Royal Newfoundland Regiment

Class for Demobilization: 16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 18/19

Regimental No. 5267

Name Fitzgerald J J

Address Lilton St Grace

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

N R Cooper Capt.
O. C. Discharge Depot

Members of Board

W Paterson
Senior Medical Officer

Geo Burden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5267 Rank Private Name J. Fitzgerald
 Date of Enlistment 21.5.18 Address St. John's District St. John's
 Occupation Miner Classification for Discharge E Medical Category 1A1
 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
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 18.7.19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

John J. Fitzgerald

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #6.00

(b) Clothing Supplied [Signature]

Date 19.7.19 O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A2484 to his home at Hilton and Release Certificate No. 3738 issued.

Date 19-7-19

Amblonstone
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 4-8-19

Date 4-7-19

Paymaster
Depot Paymaster.

Discharge approved for 21-7-19

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		

2 Form B

Date 19-7-19

Amblonstone
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 JUL 21 1919

L. R. COOPER, 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.

John J. Fitzgerald

Signature of Man.

Amblonstein

Reg. No. 5262

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **19-7-19** 191

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

MEDICAL HISTORY

Surname Fitz Gerald

OF

Christian Name John J

Table I.—GENERAL TABLE.

Birthplace:—Parish Linton C.B.

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	21	May	1918	191
at	<u>S. Johns</u>		at	
Declared Age	30	years		days
Trade or Occupation	<u>Miner</u>			
Height	5	feet	7	inches
Weight	155 lbs.			lbs.
Chest Measurement	Girth when fully expanded		37	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>		<u>/</u>	
When Vaccinated				
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	
	L. E.—V=	<u>6/24</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>S. Johns</u>	at	
	on	21 day of <u>May</u>	on	day of 191
Joined on Enlistment	Corps	<u>Rehmal</u>	Corps	
	Regtl. No.	<u>1267</u>	Regtl. No.	
Transferred to	<u>Nfld Regt</u>			
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(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. (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 Land Former Trade or Occupation } Miner
2. Regtl. No. 5267 3. Rank pl 7a. If the soldier claims previous service in Army, he should state—
4. Name R. B. Gerald John J.
(Surname) (Christian Name)
(a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday 22
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

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.)

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

20. Do you recommend—

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

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

Repatriation
W.E. Proctor - Capt RMC
 Medical Officer in charge of case.

Station *Wagleytown*

Date *4/4/19*

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



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 *John Joseph Fitzgerald*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5267*

Intended address *Lilton. As Grace.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Jumak*

Christian name of Mother *Budget*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Lilton, Sept 21st 1897*

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) *JJ Fitzgerald*

Rtc
(Rank)

Station **ST. JOHN'S.**

Date *17-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



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

Date

itzjals.

Del. upi kham wadie

Rec. kumpu 2 for. Kon.

WIC

August 12, 1919

Mr. John J. Fitzgerald,
Tilton,
Spaniards Bay.

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 & Paymaster.

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 28th. 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 *John A. Fitzgerald* 2. Surname *Fitzgerald*
3. Rank *Private* 4. Regtl. No. *5265*
5. Address in full to which future payments of gratuity are to be forwarded. *Silton, Pander's Bay*
6. Date of enlistment in the Regiment. *May 21/19*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
8. Relationship of such dependents.
9. Address in full of such dependents.
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From May 21/19 to July 19/19*

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*

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 Post?..... *No* If not give:- (a) Date of discharge..... *July 1911* (b) Reason for discharge..... *Home obligation*

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..... *No*

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..... *No*

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.

John J. Fitzgerald

Signature of Applicant:

Place of Residence:

Declared before me at:

This

19th

day of

July

1919

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.

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

