



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4835 Name Bert Ford Corps A/B

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Bertram Ford
2. What is your full Address? 2. Upper Lambert Cove
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
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. Yes

I, Bert Ford 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.

Bert Ford SIGNATURE OF RECRUIT.
J. Daymond MARK SIGNATURE OF WITNESS.

Bert Ford OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bert Ford 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 15 day of May 1918

J. James Signature of Attesting Officer

†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 15 1918
 Place St John's } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Bert Ford

Apparent age 21 years months. Height feet inches

Chest Measurement { Girth when fully expanded 38 inches
Range of expansion 5 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Alfred Ford
Upper Ansonst Cre | Relationship Mother

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 G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-5-18</u>									
Joined at <u>St Johns</u> on <u>May 1-1918</u>									
Discharged <u>July 7/19</u>									
Embarked <u>St John's S.S. Columella to Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>B.C.A.</u> <u>23-11-1918</u> Disembarked <u>Avonmouth</u> <u>28-11-1918</u>									
Joined <u>Batter</u> <u>5-1-1919</u> . Transferred from <u>Lower</u> <u>22-4-19</u>									
Arrived <u>Winchester</u> <u>23-4-19</u> . <u>Re-embarked for demobilization</u> <u>22/5/19</u>									
Arrived <u>the camp</u> <u>land</u> <u>1-6-1919</u>									
<u>Demobilization St Johns</u> <u>9-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-1919 (date of discharge) 1 years 68 days

" " Pensions " " " " " " " " " " " "

C.R. 4835'

Extract from Daily Orders part II, Unit the Royal Nfld. Regt.
date July 9th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on noted date.

#4835 Pte. Bertram Ford.

7-7-19.

C.R. 4835

Extract from Daily Orders Part II Unit Royal Rfld. Regt., Depot
St. John's dated June 18th 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot with effect from 25/6/19.

4835, Pte. Ford, Best.

C.R. 4835

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

Date

12-6-19.

4835 Pte. Ford, Best

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4835

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 23/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4835 Pte. B. Ford.

C.R. 4835

Extract from Nominal Roll of draft No . 56, from the
2nd., Battalion, Winchester to the 1 st., Battalion
of the Regiment B^y E^t F^t Embarked Southampton 23/11/18.

⁴⁸³⁵
~~4185~~ Pte. B. Ford.

C.R.

4835

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

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

#4835 Pte. Bertram Ford.

C.R.

4835-

Extract from Daily Order part 11, from Unit the Royal Wfld.
Regt. St. John's, dated May 2nd, 1918.

#4835 Pte. Bertram Ford.

Attested for General Service with the Royal Wfld. Regt.
from 1/5/18/

B. Ford

C.R. 4835

P. + P. Q

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 Newfound Land*
2. Regtl. No. *4825* 3. Rank. *plie*
4. Name *Brent Ford* *Bestman*
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *May 11/15* at *H. J. Lane* 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 Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)

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 | } na | |
| (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? } na.

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 complaint 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.

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

[Signature]
 Procureur. Capt Name
 Medical Officer in charge of case.

Station *Stazley Down*
 Date *29/4/19*

* 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

D
No. 18958/2107

065499
~~72~~
NEWFOUNDLAND CONTINGENT



From:

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

21st November 1918

Subject: 4835, Pte. B. Ford,

With reference to the following telegram (9984) from the Hon. Minister of Militia, received

Pay to 4835 Ford £4:0:0

Draft £4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H. A. Minnell Maj.
Chief Paymaster & O. i/c Records.

Nov. 22nd 1918

Receipt hereunder.

Cham Cupy
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four
Pounds on account of
cable remittance from Newfoundland.

B. Ford
No. 4836 Rank Pte.

Witness

A. L. Carter, Pte.

No. 8397/948

b/

099276

R.F.F. / 100.

From. NEW FOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryls Nfld. Regiment
20
Winchester

29th April 191 9

191

4835 Pte B. Ford

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (154)

William Hunt & Adjutant
Officer Commdg. Batt'n.

"Pay to- 4835 Pte B. Ford

Received the sum of Seven

£7-0-0
Cheque £ 7-0-0 is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

pounds (£7-0-0) in respect of
telegraphic remittance from the
Minister of Militia.

A. S. Munnell Maj.

Bert & Ford. *g J Baker*

Chief Paymaster & O. i/c Records.

No. 1835 Rank Pte
Witness W. Hayes

To. Alfred Fend 265

Ankerst. leave

Benavista Bay

Newfed

Cable swim pounds

through Malta.

H. 835. Pli. B. Fend.

1
Kord, B

4835

Ray Sept.

July 7, 1919

#4835 Pte. Bertram Ford,

Upper Amherst Cove,

Bonaville.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2375.

Yours truly

Captain,
Paymaster & U.I.C. Records.

COPY The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4805 Rank PL Name Jordan Bert
 Intended place of residence Combermere Cove

2. Occupation Fisherman
 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
 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 9-6-19
 Signature of soldier Bert X Jordan
 Signature of witness J A Newell

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 9-6-19
 Signature of soldier Bert X Jordan
 Signature of witness James O'Rourke

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No. of days on Military
 Discharged from service 23-6-19 Plus 14 days Se 433

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
 Date JUN 23 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
 Date July 7/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

a PB 2079/2375

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4835 Rank Pfc Name Good Bert
 Date of Enlistment 1-5-18 Address Antigonish District Antigonish
 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. 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 7-6-19

John O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Bert ^{Hus} Jobs
music with Co. Antigonish

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 _____

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1698-3658* to his home at *Ambler Cove* and Release Certificate No. *2515* issued.

Date *9-6-19*

J.A. Brown 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 *9-7-19*

Date *9-6-19*

J.A. Brown Capt.
Depot Paymaster.

Discharge approved for *23-6-19*

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

N.F. P36	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 *9-6-19*

J.A. Brown Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

Date

R.H. Sait 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:

Go resume former occupation

Howard B.

Signature of Man.

Reg. No. *4835*

J. A. Snow

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 9 1919

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

MEDICAL HISTORY

Surname Ford OF Christian Name Bert

Table I.—GENERAL TABLE.

Birthplace:—Parish Upper Amber at Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	May		191
at	<u>St Johns</u>		at	
Declared Age	21	years		years
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet 6		inches
Weight		150		lbs
Chest Measure- ment { Girth when fully expanded... Range of Expansion..		38		inches
		5		inches
Physical Development				
Vaccination Marks { Arm Number	Right	Left	Right	Left
	/			
When Vaccinated				
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</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>L. J. Pearson</u>			
(Rank)				
Enlisted	at	<u>St Johns</u>	at	
	on	1 day of <u>May</u>	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	<u>The Royal</u>	<u>4825</u>		
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4835* 3. Rank: *Private* 7a. If the soldier claims previous service in Army, he should state—
Ford *Bertram* (a) Former Regts. or Corps; with Regtl. Nos.
4. Name (Surname) (Christian Names)
5. Age last birthday.
6. Posted for duty on *May 1/18* at *St. Johns* 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. 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?

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.)

He complains of no disability

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.

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
Sgt W. Elwood*

Capt R.A.M.B.
Medical Officer in charge of case.

Station

Hazely D. Camp

Date

29-4-19

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

July 16, 1919

#4835 Pte. Bertram Ford,
Amherst Cove, E.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 & 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 *Bertram* 2. Surname *Ford*

3. Rank *A/C* 4. Regtl. No. *4835*

5. Address in full to which future payments of gratuity are to be forwarded *Amherst Cove, P. B.*

6. Date of enlistment in the Regiment *May 1/18*

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 1/18*

To June 9/19 12

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?.....

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?.....

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge *June 9/19* (b) Reason for discharge.....

..... *New York* *Demobilization*

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 & Germany - From
No. 1918 to April 1919

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.

Signature of Applicant:

his
Hertroux Ford
Wark

Place of Residence:

Amyhurst Cove, P.B.

Declared before me at:

S. John's, Nfld

This

9th

day of

June 1919

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

John M. Capthy
J.P.

POST DISCHARGE PAY.

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

Certified correct.

Paymaster

FORM K

No. 6110



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bert Ford, Regl. No. 4885

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Dollars and 0 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins 1-7-15

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4438.	Feather	Mr Alfred Ford.	armhut Cove B. 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.) [Signature]
Officer Commanding
P3 Company
Inf'd Regt
June 26th 1915

(Sig.) Bert Ford mark.
#16
(Rank) Pte Witness G. Spurrill

C.R. 4835

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 *A. Bert Ford*

Date *17*.....*1919*

Place *Amhurst Cove*

Receipt for Army Book 64

No. 4835 Name B Ford

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

Name Bertram Ford

Date June 23 1920

Place Upper Amherst Cove

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

W-15-20

Casualty Form Active Service.

Regiment or Corps P. Newfoundland
 Rank Pte Surname Ford Christian Name B
 Religion 6 of 6 Age on Enlistment 21 years — months
 Enlisted (a) 1/5/18 Terms of Service (a) Duration Service reckons from (a) 1/5/18
 Date of promotion to present rank 18/7/1918 Date of appointment to lance rank —
 Extended — Re-engaged — Qualification (b) —
 or Corps Trade and Rate —
 Occupation Fisherman Signature of Officer W. H. Ross

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.213, 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	
		<u>Armed in UK</u>		<u>13/4/19</u>	

(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, &c

(17581.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B.103. (H. 1264.)

I.P.T.O.

Next of Kin: Mother: Mrs Alfred Ford: Upper Ambrose Cove: N.S.S.D.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.Number of Sheet 101

Regiment of

Royal Newfoundland

Signature of O. C. Company

J. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4835 Ford Beck</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>	Religion		
Joined	Date		<u>1.5.14</u>	<u>C.E.</u>		
Joined	Date	Period of	with Colours	Place of Birth		
Joined	Date		<u>1 1/2</u> years.	<u>Upper Ambert Cove</u>		
			with Reserve			
			<u>3/4</u> 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
				<u>Demobilized St John's</u>					<u>7/19</u>

To be carried over

Army Form B. 121.

1483A

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 14835 Rank Pfc Name Good, Bob
 Date of Enlistment 1-5-18 Address Amber of Cove District Benamadia
 Occupation Fisherman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	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	R 120	M 93		

Date 7-6-19 for O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

*Best Hrs + Jobs
 Mark
 word to John*

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 _____

Date 9-6-19 O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1698.2658 to his home at Amblerstrove and Release Certificate No. 2515 issued.

Date 9-6-19 J.A. Snow 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 9-7-19

Date 9-6-19 J.A. Snow Capt
Depot Paymaster.

Discharge approved for 13-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 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 9-6-19 J.A. Snow 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 JUN 23 1919 R.H. Salt Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date June 17/19 Jamelkathika
for O.C. Records

Reg. No. *4835* Rank *Sgt* Name *ROD. B.*
Attested Address *Upper Amherst Lane*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Consular* Cause *Discharge*

7.6.19
23.1.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMONILISATION.



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 *Bertram Ford*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *#835*
 Intended address *Amherst Cove B. B.*

Height on discharge *5 Feet 6"*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *Alfred*

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 *Amherst Cove 1897 Aug 15th*
 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) *Bertram Ford* witness *J. C. Michael*
mark (Rank) *Private*

Station **ST. JOHN'S.**

Date *5.6.19*

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, _____
 Unit, or Command Depot.

Station

Date



Amhurst Conn
Oct 26th 1921

Royal Nfld Regt

Warrant of Militia
St Johns Nfld

Dear Sir

I only received
the Silver Medal I didnt get
the Gold one as the other boys
got it would you kindly
send it to me as I moved
later to get it

Yours Truly
Bertram Ford

No 4835-
Royal Nfld
Regt

C.R. 4835

Nov. 3rd, 1921

No. 4835 Ex-Pts. B. Ford,
Upper Island Cove

Dear Sir:-

Returned herewith, please, is receipt in
respect of the British War Medal which you have received.
Will you kindly sign it and return at your earliest
convenience

Yours faithfully,

Lieut.

O/C Records

C.R. 4835

Nov. 10th., 1921.

4835 ExPte. Bertram Ford,
Amherst Cove, B.E.

Dear Sir,

Your letter of October 20th. to hand and contents noted.

The War Office regulations governing the issue of the British War and Victory Medals are only applicable between the 5th. of August, 1914, and the 11th. of November, 1918. On referring to your Record of Service I find that you did not proceed to France until Nov. 23rd., 1918, thus entering a theatre of war too late to be entitled to same.

Trusting that the above explanation is satisfactory, I remain,

Yours faithfully,

Lieut.
Officer i/c Records.