



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4843 Name Alfred Gosling ~~Corp~~ Capt

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Alfred Gosling
2. What is your full Address? 2. Bonavista B.B.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 19 Years — Months
5. What is your Trade or Calling? 5. Fireman
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, Alfred Gosling 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.

Alfred Gosling SIGNATURE OF RECRUIT.
John Pittman Signature of Witness.

a-1-5-18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alfred Gosling 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 1 day of May 1918

Signature of Attesting Officer James Pittman

†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 1st Regiment If enlisted by special authority, such will be attached to the original attestation.

Date.....1918
Place..... } 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 Alfred Gosling
 Apparent age 19 years 0 months. Height 5 feet 4 3/4 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 54 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Chas Gosling
Bonavista | 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 L'epot	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>1-5-1918</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
<u>Discharged July 5-1919</u>									
<u>Embarked St. John's N.S. to St. John's N.S. 22-7-1918.</u>									
<u>Embarked for S.C. 23-11-1918.</u>									
<u>Disembarked France 28-11-1918.</u>									
<u>Joined Battalion 5-1-1919</u>									
<u>Transferred from Rouen 22nd to Arrived Amherst 25th</u>									
<u>To Newfoundland for demobilization 22-5-1919</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization St. John's 5-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-7-19 [date of discharge] 1 years 66 days
 " " Pensions " " " " " " " " " " " "

Bonavisto No 11/14

C.R. 4843

O. C. in room 3
militia Dept

Please send me
the British war
service ribbons
and oblige.

No 4843
to Pte A Gasler

Sent

C.R. 4843

Extract from Daily Orders part II, Unit the Royal Wfld.
Regiment dated July 9th. 1919.

The discharge of the undernoted: a demobilization has been
CONFIRMED by Officer i/c Records on 8-7-19.

#4843 Pte. Alfred Gosling.

C.R. 4843

Extract from Daily Orders Part 23 Unit The Royal Nfld.
Regt. St. John's, June 11th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot, with effect from 21-6-19.

4843 Pte. A. Gosling.

C.R. 4843

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 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4843 Pte. A. Gosling.

C.R. 4843

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

Date 10-6-19

4843 Pte. A. Gosling

Reported at Headquarters 1-6-19.
which sailed Liverpool May 28/1919.

ex "Corsican"

C.R. 4843

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

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

#4845 Pte. Ernest Gosling.

C.R. 4843

Extract from Daily Orders part 11, from Unit The Royal ^Afld.
Regt. St. John's, dated May 2nd 1918.

#4843 Pte A. Gosling

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

4843.

C. Gosling

C.R.

P. & A. O.

D/ No. 18959/2108

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: 4843, Pte. A. Gosling,

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

Pay to 4843 Gosling £4:0:0

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

A. S. [Signature]
Chief Paymaster & O. i/c Records.

Nov. 22nd 1918

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
COMMANDING 2nd Bn ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Four

pounds on account of
cable remittance from Newfoundland.

A Gosling
No. 4843 Rank Pte.

Witness

A. L. Carter, Pte.

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. *4843* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name ... *Garling, A.* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *20*.....
6. Posted for duty on *30. 4. 18.* at *St. John*..... 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. *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? }

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.)

*See employ. pro-
 cess*

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 invadated at Foreign Stations.

Repatriation
W. W. [Signature]
W. [Signature]
 Medical Officer in charge of case.

Station *Hazelby 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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Alfred Gosling, Regl. No. 4848,
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 60 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)
4432	Father	Mr Charles Gosling	Bonavestia	60
Total Allotment, \$				60

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

(Sig.) [Signature]
 Officer Commanding
B3 Company
Nfld Regt
June 26th 1915

(Sig.) Alfred Gosling
 (Rank) Pte

No 6159/317

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1st Batt. Ryl. Nfld. Regiment.
B.E.F.

22nd April 1919

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4843 Pte. A. Gosling

With reference to the following telegram from the Minister of Militia, / / (146)

"Pay to- 4843 A. Gosling
£6. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. O. Munnell
Chief Paymaster & O. i/c Records.

sent here

Deposited

To: Charles Gosling
Benavista
Newfld.

Cable Six pounds
through Malta.

4843. Pte. A. Gosling

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No. 4843 Name Gosling, A. Sqn. Batty. or Company D. Coy. R. Newfoundland Date of enlistment 1/5/18
 Date of last entry in Company Conduct Sheet No. and date of last drink Period not exceeding freedom from extra fine Sheet No. Signature G.C. Company, etc. G.C. Bridges Service or Proficiency Pay (220) Character Good

Army Form B 122.

Place	Date of offence	Rank	Case of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Head	4/2/19	Pvt		Deficient of Exp	C & A S. Widdow	and	15/7/19	W. H. Mathew	Pay for Rank 1/5
Cover	15-4-19	Pvt		Deficient of Kit value - 1/12	C & M S. Widdow	Pay for same	15-4-19	Major B. B. B.	

Y
Losley a

4843

Pay Dept

July 5, 1919

#4943 Pte. Alfred Gosling,

Bonavista. B.B.

Dear Sir:-

Please find enclosed discharge

Certificate No. 2624.

Yours truly

W. J. M. O. I. C. Records.

Capt.

The Royal Mtd. Regiment

DEMOBILIZATION

No. 4843 Rank

Name Gosling A

Warned for demobilization on

JUN 7 - 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4P43 Rank Pvt Name Gosling Alfred
 Intended place of residence Bonaville

2. Occupation Soldier
 Classification of soldier E Medical Category A 1

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 JUN 7 1919
 Comanding 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'S
7-6-19
 Signature of soldier A. Gosling
 Signature of witness J. A. Shaw Capt

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
7-6-19
 Signature of soldier A. Gosling
 Signature of witness James O. Newman

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 21-6-19 per 14 days Service 431

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST JOHN'S
 Date JUN 21 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 5/1919
 Officer in Charge
 The Royal Newfoundland Regiment

A/B 2079/2631A

The Royal Newfoundland Regiment

Class for Demobilization

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

6.6.19

Regimental No. *4543*

Name

Gosling Alfred Pte

Address

Bonaville

Present Medical Category

A1

Recommended for:-

- (a) Immediate discharge
(b) Standing Medical Board

Members of Board

R.H. Lait Capt.

O.C. Discharge Depot.

A. A. Burton

Senior Medical Officer

J. W. Burden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4845 Rank Private Name Gasling Alfred
 Date of Enlistment 1-5-18 Address Bonaville District Bonaville
 Occupation Fisherman Classification for Discharge 14 Medical Category A, 1
 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 6-6-19 for O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

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

A Gasling

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:-

- (a) Clothing Allowance payable... \$60.00
- (b) Clothing Supplied..... [Signature]

Date 7-6-19

O/jc. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1572 to his home at Bonarrata and Release Certificate No. 2455 issued.

Date 7-6-19 *J.A. Lawless*
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 5-7-19

Date 7-6-19 *H. Newth*
Depot Paymaster.

Discharge approved for 21-6-19

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.		

2 Form B

Date 7-6-19 *J.A. Lawless*
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 11th 27 1919 *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:

To resume former occupation

A. Gosling

Signature of Man.

Reg. No. 4843

J. P. Snowball

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 7 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 Goalming

Christian Name Alfred

Table I.—GENERAL TABLE

Birthplace:—Parish Bonaville County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1 day of <u>May</u> 191 <u>8</u>	<u>St Johns</u>	day of	191
Declared Age	<u>19</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>4 3/4</u> inches		feet	inches
Weight	<u>137</u> lbs.			lbs
Chest Measure-ment	Girth when fully expanded	<u>37</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/5</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>Lammie Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St Johns</u>	at	
	on	1 day of <u>May</u> 191 <u>8</u>	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	<u>The Royal</u>	<u>4843</u>		
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *Alfred Gosling*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4843*

Intended address *Bonaivista*

Height on discharge *5 Feet 6"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Charlie*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bonaivista 1899 Nov 12th*

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)

Alfred Gosling

(Rank)

Private

Station *ST. JOHN'S.*

Date

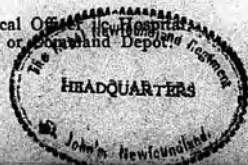
5.6.19

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 of the Hospital
Unit, or Command Depot

Station

Date



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. *4843* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Josling* (Surname) *D.* (Christian Name) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *20*
6. Posted for duty on *20/4/18* at *St John's* 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 ?

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.)

Recompensed by 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 ?

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

Repatriation.

W.S. Pomeroy Capt R.A.M.C.

Medical Officer in charge of case.

Station Hazely 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

Casualty Form - Active Service.

Regiment or Corps Newfoundland
 Rank Pte Surname Gosling Christian Name A.
 Religion C of E Age on Enlistment 19 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..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 Occupation Fisherman or Corps Trade and Rate.....
 Signature of Officer: W. Roy Capt

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.56, 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.16, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	<u>28 NOV 1918</u>		
		Joined Batt.	<u>5 JAN 1919</u>		
		<u>Arrived in UK</u>		<u>13/4/19</u>	

Jan 1

(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.
 (17501.) W. W. 1887-P. 1194. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Next of kin: Mother Mr Charles Gosling Bornate N. C. L. D.

July 16, 1919

#4843 Pte. Alfred Gosling,

Bonavista, B.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, PLX & RECORD OFFICE, ST. JOHN'S.

Christian name *Alfred*.....

Private 3. Rank..... *4843* 4. Regt. No.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Bonaville, B.N.*

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 field, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas.....

From May 1/18 to June 7/19..... 1.2

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.

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?

19. Are you now serving in the Regt? *No* If not give? - (a) Date of discharge.

June 7/19
Temporary

(b) Reason for discharge.

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 Aug. 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: *A. Gosling*

Place of Residence: *Boulevard B.B.*

Declared before me at: *St. Johns, Nfld.*

This *7th* day of *June* 19*19*.....

John W. McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits. *J.W.M.*

POST DISCHARGE PAY.			
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.
.....
.....
.....
.....
.....
Certified correct.			Paymaster

Net amount due

Paymaster

N^o. 6104

THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Alfred Gosling*, Regl. No. *4543*, hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *60* 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)
<i>4432</i>	<i>Father</i>	<i>Mr Charles Gosling</i>	<i>Bonavastia</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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

(Sig.)

L. Gosling

Officer Commanding

B Company

(Sig.)

Alfred Gosling

(Rank)

Pte

Regt

June 26 1915

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Alfred Gosling

in respect of his service as No. 4843 Rank Pte

Name A. Gosling Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received on 6 October

Signature Alfred Gosling

Date 25

Address Bonaville B.B.

Receipt for Army Book 64

No. 4843 Name. Gosling

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

Name. A. Gosling

Date. July 27

Place. Barravista

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet 511Forms
B. 121.
39.Regiment of Royal EngineersSignature of O. C. Company G. Jamieson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4845 Gosling a</u>	Age on	<u>19</u> years <u>2</u> months	<u>fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion <u>C of E</u>	
Joined	Date	Period of	with Colours <u>66</u> years. with Reserve <u>345</u> years.	Place of Birth	
Joined	Date			<u>Bonaville</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
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Demobilized St John's 5⁷/19

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 4803 Rank Pl. Name Gosling Alfred
 Date of Enlistment 1-5-18 Address Bonaville District Bonaville
 Occupation Farmer Classification for Discharge Ty Medical Category A. 1. 1.
 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	cu
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 6.6.19 for Mrs. H. O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

A Gosling

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 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

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

Date

7-6-19

J.A. Lowcraft
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 5-7-19

Date

7-6-19

J.A. Lowcraft
Depot Paymaster.

Discharge approved for

21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Mod.	D.F. 1.	1
B 178	W 3494	B 122	1	Board 1st.	" 2.	2
B 178a	D 400A	B 1915	1	do 2nd.	" 3.	2 Form B
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

J.A. Lowcraft
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

JUN 21 1919

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

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

Date

June 24/19

J.A. Lowcraft
for O.C. Records

Reg. No. *4643*, Rank *1st*, Name *Yoshing. A.*

Attested Address *Bonaville*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.19.*

Returned on S.S. *Corailan* Cause *Discharge*

8-6-19
21-6-19

ASSESSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILISATION