



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3026

Name John Lambert Corps A.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John Lambert
2. What is your full Address? 2. Buckles Cove Rd
St John's
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years 3 Months
5. What is your Trade or Calling? 5. labourer
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 } 11. yes
to be signed by you if you are accepted?

John Lambert 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 Lambert SIGNATURE OF RECRUIT.

McNamee Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

John Lambert 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 explained as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....

on this 14 day of August 1916
Signature of Attesting Officer Charles Ayle Capt

†CERTIFICATE OF APPROVING OFFICER.

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

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

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

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

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



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *John Lambert*
aged *18 years 3 months* conducted at *C. L. B.*
Date: *August 14/16.* Recruiting Officer:

NO OF TEST

FINDING

1 *no*
2 *no*
3 *no*
4 *no*
5 *no*
6 *no*
7 *yes*
8 *yes*
9 *no - no*
10 *n*
11 *n*
12 *n*
13 *n*
14 *n*
15 *n*
16 *n*
17 *n*
18 *n*
19 *Both*
20 *n*
21 *n*
22 *n*
23 *n*
24 *n*
25 *n*
26 *n*
27 *n*
28 *n*
29 *n*
30 *n*
31 *n*
32 *n*

30 2 6

33 *no*
34 *5'-4 1/2"*
35 *122 lbs*
36 *31"-34 1/2"*
37 *\$9.60 per week*
38 *father Mr Richard Lambert Battles Cove Rd.*
39 *none*

Overload:

Signature of Medical Examiner: *J. W. Burden*

JW



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of (2338) John Lambert
aged 18 conducted at H. M. S. Salyers
Date: 30 Sept Recruiting Officer:

NO OF TEST	FINDING
1	No
2	No
3	No
4	No
5	No
6	No
7	No
8	No
9	No
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
x 34	No 5-234
x 35	112
x 36	29 1/2 - 34
37	\$ 11.50 week
38	Letter, Richard Lambert Popworth Range
39	Mooney

Confid.

Signature of Medical Examiner: J. G. Huber

M

L- 4
September 29, 1917.

Sir,

I regret to inform you that I am in receipt of a report from the Record Office, London, to the effect that No. 3026, Private John Lambert, son of Mr. Michael Lambert, Cockhold's Cove Road, who was previously reported wounded August 16th, is now reported to have died of wounds on August 16th.

I propose to publish this information in to-days papers and shall be very glad if you will convey the sad tidings before, say, two thirty.

I have the honour to be,
Sir,
Your obedient servant,

Colonial Secretary.

Rev. Dr. Kitchin,
City.

G.

29th September, 1917.

Dear Sir,

I regret to inform you that a report has this day been received from the Newfoundland Pay and Record Office, London, intimating that No. 3026, Private John Lambert, who was previously reported as having been wounded on August 16th, Died of Wounds on that date.

Yours sympathetically,

Colonial Secretary.

Mr. Richard Lambert,
Cuckhold's Cove Road.

C.R. 3713

3026, Pte. John Lambert,

Ext. of Casualty list received Sept 29th., 1917.
Previously reported Wounded August 16, and now
reported died of Wounds, August 16.

August 27, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 3026, Private John Lambert, was wounded August 16th.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Colonial Secretary.

Mr. Richard Lambert,
Cuckhold's Cove Road.

C.R. 3026

Extract from Daily Orders Part II unit The Royal Nfld.
Regt., St. John's, May 21st, 1917.

Nominal Roll of Draft. No. 23, which left Ayr for the B.E.F.
24-4-17 and which left Southampton on the 25-4-17.

3026 Pte. J. Lambert.

C.R. 3026

Extract from Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Southampton.

3026 Pte. J. Lambert

25-4-17.

C.R. 3026

Extract from Nominal Roll Embarked St. John(s) for Overseas.

28/8/15.

3026 Pte. J. Lambert.

John Lambert

3026

P.P.O.

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

MEDICAL HISTORY

OF

Surname *Lambert*

Christian Name *John*

Table 1.—GENERAL TABLE.



Birthplace:—Parish _____ County _____

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	.....	on <i>14</i> day of <i>Aug</i> 191 <i>6</i>	on _____ day of _____ 191	at <i>St John</i>	at _____
Declared Age	.....	<i>18</i> years	_____ years	<i>3</i> months	_____ days
Trade or Occupation	.....	<i>labourer</i>	_____		
Height	.....	<i>5</i> feet <i>4 2</i> inches	_____ feet _____ inches		
Weight	.....	<i>122</i> lbs.	_____ lbs.		
Chest Measurement	Girth when fully expanded...	<i>34 1/2</i> inches	_____ inches		
	Range of expansion...	<i>3 1/2</i> inches	_____ inches		
Physical Development	.....			
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated	.....			
Vision		R. E.—V= <i>6/9</i>	R. E.—V=_____		
		L. E.—V= <i>6/9</i>	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)		<i>Lambert Patterson</i>			
(Rank)		<i>Major</i>			
		Medical Officer.			Medical Officer.
Enlisted	.....	at <i>St John</i>	at _____	on <i>14</i> day of <i>Aug</i> 191 <i>6</i>	on _____ day of _____ 191
Joined on Enlistment	.....	Corps. <i>Newfer Regt</i>	Corps. _____	Regtl. No. <i>5026</i>	Regtl. No. _____
Transferred to	.....			
Became non-effective by	.....			
(Signature)		on _____ day of _____ 191	on _____ day of _____ 191		
(Rank)					

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature	
15-8-16	1 st Inoculation	TVP
21-8-16	2 nd "	LP
31-8-16	3 rd "	LP
25-9-16	Vaccinated	LP

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

From M. O

2/1 N. 3. 2 D Rgt

To O. C

4th Scottish Gen Hosp.
Stobhill

Herewith A.F. B 178a

for 2/1st. Pittman ✓

Pte Bixby ✓

admitted to Hosp 27. 12. 14

Please.

M. O

per W. Siffy

Sgt R. A. M. C.

28. 12. 14

ayd

Received A.F.B. 178 3/1/14

after. Lieut. Col. R.A.M.C. (T.)

W.C. 4th Scottish General Hospital.



POST OFFICE TELEGRAPHS.

If the accuracy of this Telegram be doubted, a part, or the whole, can be repeated under special conditions, particulars of which can be obtained on application at the Office from which it was delivered.

This form must accompany any inquiry made respecting this Telegram.



Office of Origin and Service Instructions.

Charges }
to pay }

Received here at
..... M.

Rouen M.D. - W. 45 pm 17

Synoptical

PAY & RECORD OFFICE	
Ref. No.	5427
Rec'd.	SEP 22 1917
Acc'd.	<i>[Signature]</i>
Ans'd.	<i>[Signature]</i>
File No.	7

XD bb 21/9 aaa

Your telegram dated 7 September
lamented enquiries proceeding aaa

3026
Casualties Base

N.B.—This Form must accompany any inquiry respecting this Telegram.



POST OFFICE TELEGRAPHS

Received 10.A.M

STRAIGHT WOODS, Ltd., Lond.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 1d. being reckoned as 1/2d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.



Rouen no 30th

Charges } s. d.
to pay }

Handed in at } *11.5^h M* Received here at } *9 58^h A*

TO { *Synoptical Ldn*

XD 143 29
dated 29th
aaa
Sept

Your telegram
Lambert died
August vide

SOUTH-WESTERN DISTRICT OFFICE	
RECORD OFFICE	
5568	
1333 30 SEP 1917	
Ac.	
Ans'd	
File No.	

Dag Casualties Base
3026 Lambert

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

Newfoundland

No. *3026*

Rank

Private

Name

Lambert J.

Died (a)

Intestate

at

Belgium

on the

16th of August

191*7*

Deserted at

on the

of

191 .

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month				Balance Cr. last month	<i>7</i>	<i>1</i>	<i>9</i>	
	Cash issues (Date of each issue to be stated)				Pay days at from to				
	£ s. d.				Proficiency, Service or good conduct pay days at from to				
	191				Messing allowance days at from to				
	"				Kit allowance				
	"				Amount produced by the sale of Effects from Form 2				
	"				Amount of Savings Bank balance, including interest (if no balance, to be so stated)				
	Consolidated stoppage				Deferred Pay or Gratuity				
	Balance due by the Paymaster	<i>7</i>	<i>1</i>	<i>9</i>	Balance due to the Paymaster				
		£				£	<i>7</i>	<i>1</i>	<i>9</i>

CHECKED.

[Signature]
11/17/17

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at

this

day of

191 .

Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2030 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

A S M

POST OFFICE TELEGRAPHS.
FOREIGN AND COLONIAL TELEGRAMS ONLY.
 (Telegrams for North America, Central America or West Indies excepted.)

Counter Number

Prefix.	Words.	Code.	Charge.			Sent	<p align="center">For Postage Stamps.</p> <p><i>To be affixed by the Sender. Any Stamp for which there is not room here should be affixed at the back of this form.</i></p> <p><i>(A Receipt for the Charges on this Telegram can be obtained, price One Penny.)</i></p>	Date Stamp.
			s.	s.	d.			
Office of Origin and Service Instructions.						At.....M.		
						To.....		
						By.....		

Notice.—The following Telegram is accepted by the Postmaster-General for transmission subject to the Regulations as to Foreign Telegrams made pursuant to the Telegraph Acts, 1863 to 1911, provided that the *Request* at the foot of the Telegram is previously signed by the Sender.

The **Sender's Name** and **Address**, or either of them, *if to be telegraphed*, must be written at the end of the text of the Telegram.

TO

{

D. A. G. BASE FRANCE

220
7/9/17

CONFIRM DEATH 3026 LAMBERT NEWFOUNDLAND REGIMENT

SYNOPTICAL

I request that the above Telegram may be forwarded [via*.....] subject to the Conditions which are printed on the back hereof, and by which I agree to be bound.

Signature and Address of Sender (*not to be telegraphed*) **58 Victoria St. S.W. I**

* This space is to be filled up only if there are alternative routes. For routes, see the Table of Charges for Foreign Telegrams in the Post Office Guide.

ORIGINAL

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay under receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documents, by routes.

NEWFOUNDLAND CONTINGENT
LONDON, S.W.
28 SEP 1917
PAY & RECORD OFFICE
27 SEP 1917
EFFECTS REGISTER

REGIMENT OR CORPS } NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company } D Company

Regimental No. 3026 Rank Private

Surname LAMBERT Christian Names J.

Died { Date Aug. 16th., 1917. Place Belgium.

Cause of Death* Died of Wounds received in Action.

Nature and Date of Report Memo, 20/9/17.

By whom made O.C., Unit.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.38, No. 10240/21
DATED 9/10/17

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____

By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not to hand (b) in Small Book (if at Base) Not to hand (c) as a separate document do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } 24/9/17. Signature of Officer in charge of Section } [Signature]
Adjutant-General's Office at the Base }

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

TRIPPLICATE

REGIMENT } _____ Squadron, Troop, OR CORPS } _____ Battery or Company }

Regimental No. NEWFOUNDLAND REGIMENT. Rank _____

Surname 3086 Christian Names Private

Died { Date LANBERT Place J.

Cause of Death Aug. 18th., 1917. Belgium.

Nature and Date of Report Died of wounds received in Action.

By whom made Weno, 20/9/17.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____

By whom reported _____

State whether he leaves { (a) in Pay Book (Army Book 64) _____ (b) in Small Book (if at Base) _____

a Will or not { (c) as a separate document Not to hand

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

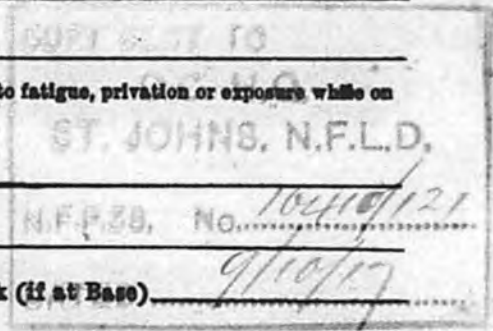
Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date | 24/9/17. Signature of Officer in charge of Section Adjutant-General's Office at the Base

Salmon

(1452) W8587/M 30 500,000 10/16 JFW (E228) Form B/2090A/2



MAJOR
2 1/2 No 1 Reg Infantry Section
G.H.Q. 3rd Echelon

C.R.

3026

Extract from Nominal Roll of Nfld. Regt. Draft No. 33.
from 2nd Hd. Depot, to 1st Lt. B.L.F. Embarked Southamp-
ton, 25-4-17.

3026 Pte. J. Lambert.

U
Sawyer, J.

3026

Pay Dept

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Newfoundland**

No. **3026** Rank **Private**

Name **J. Lambert**

Died (a) **Intestate** at **Belgium**

on the **16** of **August** 191 **7**.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 16/8/17	7	1	9
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	7	1	9	Balance due to the Paymaster			
		£				£	7	1
			1	9				9

checked
This account is in accordance with information received at the Pay & Reward Office to 11/8/17 and is therefore subject to amendment if, and as may be found necessary.

CHECKS
Alb Hld
11/8/17

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is ~~correctly~~ *correctly* chargeable against the **NEWFOUNDLAND CONTINGENT**.

Dated at _____ this _____ day of _____ 191 _____



F. J. Marshall
CHIEF PAYMASTER & OFFICER IN CHARGE
Paymaster

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Director General, Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Newfoundland**

No. **3026** Rank **Private**

Name **J. Lambert**

Died^(a) **Intestate** at **Belgium**

on the **16** of **August** 191 **7**

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 16/8/17	7	1	9
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	7	1	9	Balance due to the Paymaster			
		£				£	7	1
			7	1				9

This account is checked
in accordance with information
received at the Pay & Record
Office to 11/12/17 and is
therefore subject to amend-
ment if, and as may be found
necessary.

CHECKED
Ho Hill
11/12/17

I hereby Certify that the above account is correct in every particular, and that the
debtor balance of £ **7 1 9** is a liability chargeable on **NEWFOUNDLAND CONTINGENT**

Dated at

this

day of

11 DEC 1917

191 **7**



F. J. Marshall
CHIEF PAYMASTER & OFFICER IN CHARGE

(a) Here state whether the soldier died in the service of the Crown, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the War Office by Form R. 2070 or Army Form O. 1615.

(b) Words in Italian to be struck out when there is no debtor balance.

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

DUPLICATE

REGIMENT OR CORPS } NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company } D Company

Regimental No. _____ Rank _____

Surname SOBS Christian Names private

Date LAMBERT Place J.

Died { Cause of Death Aug. 18th., 1917. Belgium.

Nature and Date of Report Died of wounds received in action.

By whom made Memo, 20/9/17.

* Specially state if killed in action, or from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____
By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) _____ (b) in Small Book (if at Base) _____
(c) as a separate document Not to hand Not to hand

All private documents and effects received from the front of hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date | 24/9/17. Signature of Officer in charge of Section Adjutant-General's Office at the Base

(1452) W5587/M 30 500,000 10/16 JFW (E228) Form B/2090A/2



MAJOR

2173 No 1 Reg Infantry Section

Casualty Form—Active Service.

Regiment or Corps

2^d Newfoundland Regt

Regimental No.

3026

Rank

Pte

Name

Lambert John

Enlisted (a)

14/8/17

Terms of Service (a)

Duration

Service reckons from (a)

14/8/17

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N.C.Os.

Extended

Re-engaged

Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		Embarked	<i>Southampton</i>	<i>22.4.17</i>	
		Disembarked	<i>Rouen</i>	<i>26.4.17</i>	
		Joined Battalion		<i>7.6.17</i>	<i>B 213</i>
<i>18/8/17</i>	<i>O.C. Unit</i>	Wounded in Action		<i>16.8.17</i>	<i>B 213</i>
<i>20/9/17</i>	<i>do</i>	Died of Wounds		<i>16.8.17</i>	<i>Memo.</i>

*(Sgd) E. Aldridge Major
O/C No I Reg. Inf. Section
G.P.C. 3rd Echelon*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

THE BOARD OF PENSION COMMISSIONERS FOR INDIA.

11th June 1919

The Paymaster & Officer i/c Records
St. John's Bldg.

Sir:-

No. 3026
Rank Plt
Name J. Lambert

I have the honour by direction, to advise you that the claim for pension on account of the Marginally noted has been considered by the Board, and it has been ordered that if there is an allotment, Separation a/c., or Patriotic Fund a/c., being paid on his account, that it should be cancelled from 31-5-19.

Kindly govern yourself accordingly, and advise me of the amount paid by your Dept., on this account.

I have the honour to be.,

Sir,

Your obedient servant,

[Signature]
Asst. Secretary.

B.P.C. Form 11.

allotment a/c.
no money paid after Dec 1918
Payable to sister

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$41⁹⁸/₁₀₀

Apr 10th 1918

Received from the First Newfoundland Regiment
the sum of Forty One ⁹⁸/₁₀₀ Dollars.

on account
balance of Pay Estate

Richard Leonard

Ch. No. 5490	Initials E.W.
Pay Ledger 262	Initials E.W.
Gen. Ledger	Initials J.W.

Regtl. No. Rank

[Handwritten initials]

No. 3028 Rank Pte

Name J. Lambert

Richard. Lambert

C.R.

3026

John Lambert was attested for General service
with the NEWFOUNDLAND REGIMENT on August.14th.1916
Regimental No 3026 was allotted to Pte. John Lambert

AUTHORITY:

Record Ledger,

Depts of Militia,

March 25th. 1919.

ON HIS MAJESTY'S SERVICE.

OFFICER i/c RECORDS,

DEPARTMENT OF MILITIA,

ST., JOHN'S, Nfld.



3026

540072

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

Mrs Lambert

(2249) Wt. 21551/AP6597 10/19 900M (20) D St.



Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 3026

Regiment or Corps 2/1 Newfoundland Regt.
 Rank Pte Surname Lambert Christian Name John

Religion Rb Age on Enlistment 27 years 3 months.

Enlisted (a) 17/4/17 Terms of Service (a) Duration Service reckons from (a) 17/4/17

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.



[Handwritten signature]

Report		Record of promotions, reductions, transfers, casualties, &c., 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 <u>Shampton</u>	<u>25.4.17</u>	
			Disembarked ... <u>Rouen</u>	<u>26.4.17</u>	
			Joined Battalion	<u>7 JUN 1917</u>	<u>B 213</u>
<u>18.8.17</u>	<u>OC Unit</u>	<u>Wounded in Action</u>		<u>16 AUG 1917</u>	<u>B 213</u>
<u>20.9.17</u>	<u>do</u>	<u>Died of wounds</u>		<u>16.8.17</u>	<u>Memo</u>
			<i>[Large handwritten signature]</i>		

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P.38 No. 1000/17
 DATED 10/10/17

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Sholing-Smith, &c.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
1906 W-617/2124 1000m 2/10/13 56

Forms
B. 121.
29.

Regiment of

Newfoundland.

Number of Sheet

Faint.

Signature of O. C. Company

Flemington
Cap

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	30th Lambert J.	Age on	18 years 3 months	Labourer			
Joined	Date	Place and Date of Enlistment		Religion			
Joined	Date			R.C.			
Joined	Date	Period of	with Colours 1 3/4 years. with Reserve 3/4 years.	Place of Birth			
Joined	Date			St. John's			

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
Newton Sch. School	4.11.16	Pte		1. Absent from Dignity after being warned	Cpl. Parsons	3 days C.R.	5.11.16	Capt. J. G. Fleming	Ed
				2. Absent from tattoo until 11.30 p.m.				J. E. J. Fox (i.d.)	forfeit 1 days pay
Newton Park School	16/16	.		Absent from drill parade		3 days C.R.	11/16	Lt. Robertson	SR
do	19/17	.		Absent from tattoo until 10.00 p.m.	Sgt. French	2 days C.R.	11/17	Lt. Robertson	SR
do	6/2/17	.		Absent from 8 th am parade	Serjt.				
	11/2/17	.		In bed after lice	Brackwaite	2 days C.R.	11/17	Lt. Parsons	2 Lt. SR
Racecourse	8.4.17	.		Missing equipment	Wm.				
do	9/4	.		Disrespecting gauge	Williamson	1 day C.R.	9.4.17		
		.		10 mins late on 5.30 pm parade	Sgt. Gullison	3 days C.R.	10/4/17	Capt. Robertson	SR
Died of Wounds, Belgium, 16.8.17.									

To be carried over

Army Form B. 121.