



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5729 Name Thomas J. Sinclair Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Thomas J. Sinclair</u> |
| 2. What is your full Address? | 2. <u>North River, C.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Thomas J. Sinclair 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.

Thomas J. Sinclair SIGNATURE OF RECRUIT.

Corp. Raymond Signature of Witness.

3-7-18

Thomas J. Sinclair 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 3 day of July 1918.

Signature of Attesting Officer W. Danks Lieut.

†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 compiled with. I accordingly approve, and appoint him to the

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

Date July 31 1918

Place St. John's

Approving Officer Arthur G.

† 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

5729

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

Name Thomas J. Sinclair
 Apparent age 20 years months. Height 5 feet 9 1/4 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Sinclair
North River C. Bay | Relationship Father
 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)
	J		

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 <u>Married</u> engagement reckons from <u>3-7-18</u>									
Joined at <u>Admiral</u> on <u>July 3-1918</u>									
<u>Discharged Aug 4-1919</u>									
<u>Embarked at Adm. S. S. Columbus to Halifax N.S. 22/8</u>									
<u>Remained at Halifax N.S. on isolation for mumps and sailed from Sydney 29-8-18. Arrived Sydney 9-9-18. Foster Winchester 9/9.</u>									
<u>To be repatriated for demobilization 24-6-19. Arrived Adm. 1-7-19</u>									
<u>Demobilization at Adm 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 (date of discharge) 1 years 33 days
 " " Pensions " [" "] " " "

C.R. 5729

Extract from Daily Orders part 11, from Unit The Royal
Hf11, Reg .St. John's, dated July 25, 1918.

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

#5729 Pte. Thomas Sinclair.

CR. 5729

Extract from Daily Orders part 11, Depot St. John's
dated July 4th., 1918.

#5729 Pte. Thos. J. Sinclair.

ATTESTED FOR GENERAL SERVICE WITH THE NEWFOUNDLAND
REGIMENT AS FROM 3-7-18.

BC.

C.R. 5729

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

The discharge of the undernoted on demobilization has
been APPROVED by C.C. Discharge Depot with effect from
following date
21-7-19.

5729, Pte. T. Sinclair.

C.R. 5729

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

The discharge of the undernoted on demobilisation has
been CONFIRMED by officer i/c Records from noted date
2-8-19.

5729, Pte. T. Sinclair.

C.R. 5729

Extract from Daily Orders Postmill Unit The Royal Wfld.
Regt. St. John's, July 3rd, 1919.

5729 Pte. T.J. Sinclair.

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

C.R. 5729

**Extract from Nominal Roll of Casualties From C.C. Embarkation
Casualty Section, No. 6 District Depot, Halifax, Canada.**

5729 Pte. J. St. Clair, Reported from Aldershot 15-8-18 Overseas
27-8-18.

MM.

C.R. 5729

Details of Draft under Capt. Leo Murphy admitted Hosp.
Quarantine at Aldershot. (no date given).

#5729 Pte.T. Sinclair.

Reg. No. 5729 Rank Pvt Name Sinclair Thomas Reg
Attested 5-7-18 Address North River
Allotment 50 Allottee John Sinclair Father
Date of Allotment 1-8 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

4-7-18 Vacc.

~~7-11-18~~ 11-7-18

G.L. 13-7-18 to 18-7-18. R.L. 18-7-18.

20-7-18 1st Quor

T. J. Sinclair

C.R.

5729

1910

Sinclair, T. J.

5729

Ray sept.

August 12, 1919

Mr. Thomas St. Clair,
North River, C.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 & *synaster.

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..... *Thomas* 2. Surname..... *St. Clair*.....
3. Rank..... *Pte* 4. Regtl. No..... *5729*.....
5. Address in full to which future payments of gratuity are to be forwarded..... *North River, Conception Bay*.....
6. Date of enlistment in the Regiment..... *July 11 1918*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *no*
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 Hfld. If so, give dates and particulars of such service..... *Overseas*.....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *(20) ~~two~~ months*.....
..... *11*

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?

16. Have you, during the present war, served in the Imperial Forces...

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the R.F.S.? no If not give: (a) Date of discharge July 21/19 (b) Reason for discharge Demob.

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.
England

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.

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: *Thomas. St. Clair*

Place of Residence: *North River, C.B.*

Declared before me at: *St. Johns,*

This *19th* day of *July* 19*19*....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of affidavits. *John M. Carthy J.P.*

POST DISCHARGED PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Disability.	
.....
.....
.....
Certified correct.				Paymaster

August. 4th 1919.

#5729. Pte.T.Sinclair,
North River. C.B.

Dear Sir:

Enclosed please find Discharge Certificate
3493.

Yours truly,

Capt & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5729 Rank Plt Name Sinclair J.
 Intended place of residence North River

2. Occupation Labourer
 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 JUL 19 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 19 1919

J. Sinclair
 Signature of soldier
[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 19 1919

Thomas J. Sinclair
 Signature of soldier
W. Heaton Esq
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3.7.18 No. of days on Military
 Discharged from service JUL 19 1919 Plus 14 days Service 398

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, 21 days from date.

Place, ST. JOHN'S

Date JUL 21 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date August 4/1919

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

As 15 2079/3493

29
4

The Royal Newfoundland Regiment

Class for Demobilization: 8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 18/19

Regimental No. 5729

Name Sinclair, S. J.

Address North River P.D.E.

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) Standing Medical Board

Members of Board

L.R. Coaker Capt.
O. C. Discharge Depot.

Johnson
Senior Medical Officer

W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5729 Rank Pls Name Fincham V
 Date of Enlistment 3 7 18 Address North Bay District Pt. G
 Occupation Labourer Classification for Discharge E Medical Category H
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	/
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 18 7 19 O. C. Discharge Depot Amherst

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

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 Amherst

Date 19-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2493 to his home at North River and Release Certificate No. 3741 issued [Signature]

Date 19-7-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-5-19

Date 11-7-19

[Signature]
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.	B 268.	B 121.	N.F. Med.	D.F. 1.	2 Form B
F 178.	W 3494.	B 122.	Board 1st.	" 2.	
F 178a.	D 400A.	B 1915.	do 2nd.	" 3.	
B 179.	D 400B.	Form L.	do 3rd.	" 4.	
B 179a.	D 400C.	Form K.	do 4th.	" 5.	
B 179b.	B 103.	ME 2.		" 6.	
B 179c.	B 120.	M 93.			

Date 19-7-19

[Signature]
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 JUL 21 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

J. J. Sinclair

Signature of Man.

A. M. Brown

Reg. No. 3129-

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 19. 7 - 19 191

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

MEDICAL HISTORY

Surname *Sinclair*

Christian Name *Thomas*

Table I.—GENERAL TABLE

Birthplace:—Parish *North River* County *Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>3</i> day of <i>July</i> 191 <i>8</i> at <i>St John's</i>		on <i>11</i> day of <i>11</i> 19 <i>18</i> at	
Declared Age	<i>20</i> years		years	days
Trade or Occupation	<i>Laborer</i>			
Height	<i>5</i> feet	<i>9 1/4</i> inches	feet	inches
Weight		<i>105</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded		inches	
	Range of Expansion		inches	
Physical Development				
Vaccination Marks	Arm	Right	Right	Left
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</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>Samuel Peterson</i>			
(Rank)	<i>Major</i> Medical Officer			Medical Officer
Enlisted	at <i>St John's</i> on <i>3</i> day of <i>July</i> 191 <i>8</i>		at	day of 191 <i>8</i>
Joined on Enlistment	Corps <i>Royal Newfoundland Regt</i>	Regtl. No. <i>5729</i>	Corps	Regtl. No. <i>5729</i>
Transferred to				
Became non-effective by	on	day of 191 <i>8</i>	on	day of 191 <i>8</i>
(Signature)				
(Rank)				

List in case of Warrant Officers treated in quarters

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Discharged to duty.

CST Vivian

CAPT., R.A.M.C.

11-11-11
11-11-11

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 Newfoundport* Former Trade or Occupation } *Sabotier*
2. Regtl. No. *5729* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Stinclair* *Thos.*
(Surname) (Christian Names)
5. Age last birthday *21*.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i) Service during the present war | ✓ | |
| (ii) Previous active service | ✓ | |
| (iii) Climate in pre-war service | ✓ | |
| (iv) Ordinary military service before the war | ✓ | |
| (v) Serious negligence or misconduct on the man's part. | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disability, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaint of no sensibility

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?

Repatriated

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.

W. P. Proctor, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley Bow*

Date *21/4/19*

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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 *Thomas John Sinclair*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5729*

Intended address *North River, Port-de-Grave*

Height on discharge *5* Feet *10*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Budget*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *North River, Sept 22nd 1897*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Thomas J Sinclair*

Pte
(Rank)

Station *ST. JOHN'S*

Date *17-7-19*

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



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

Date

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regt

Signature of O. C. Company

The
P. Dicks of Lieut

Number of Sheet

One

Regimental Number and Name

Enlistment

Trade

Good Conduct Badges, Service pay or proficiency pay

No. 5729 Thomas J. Sinclair
 Joined _____ Date _____
 Joined _____ Date _____
 Joined _____ Date _____
 Joined _____ Date _____

Age on 20 years months
 Place and Date of Enlistment St John's
7-4-18
 Period of 3 1/2 years with Reserve
1 3/4 years with Colours

Trade Laborer
 Religion R.C.
 Place of Birth North River C. Bay.

Place	Date of Offence	Rank	Cases of Discretion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Hazelton Camp	17.10.18	Pte	-	1. attempting to strike another 2. creating disturbance in unit	C.S.M. Taylor L/c. Stuckless Pte Dove	14 days CB.	18.10.18	Lt. Col. Barton	W.P.
"	17.11.18	"	-	Disorderly conduct in the dining hall	C.S.M. Taylor	2 days CB.	18.11.18	Sgt. W. Knight	W.P.
"	15.1.19	"	①	Drunk and disorderly in Twyford.	Sgt. Tuff Cpl. Frewer	10 days CB.	17.1.19	Lt. Col. B. Barton	M.H.
St. John's	5.4.19	"	②	Drunk in Parkmen St about 2200 o'clock Disorderly conduct of taking part in a fight in Parkmen St about 2200. Resisting the Escort	Cpl. W. MacKay W. W. Nash J. Mould J. Howland Robinson Sgt. Williams	168 hours detention 7 days CB. Fined 2/6.	9/4-19	Lt. Col. B. Barton	Penal 2/6 M.H.
				Demobilized	S. Johns				4. 8/19

To be carried over.

Army Form B. 121.

45729

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5729 Rank Plt. Name Thomas J. Sinclair
 Date of Enlistment 3.7.18 Address North Bay District P. H. G.
 Occupation Labourer Classification for Discharge F Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. Pj36.	B 268.	B 121.	N.F. Med.	D.F. 1.
B 178.	W 3494.	B 122.	Board 1st.	" 2.
B 178a.	D 400A.	B 1915.	do 2nd.	" 3.
B 179.	D 400B.	Form L.	do 3rd.	" 4.
B 179a.	D 400C.	Form K.	do 4th.	" 5.
B 179b.	B 103.	ME 2.		" 6.
B 179c.	B 120.	M 93.		

Date 18.7.19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Thomas J. Sinclair

Particulars to be referred to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192493 to his home at North River and Release Certificate No. 3741 issued.

Date 19-7-19 *[Signature]*
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

Date 19-7-19 *[Signature]*
Depot Paymaster.

Discharge approved for..... 21-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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		

[Handwritten: 2 Form B]

Date 19-7-19 *[Signature]*
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

JUL 21 1919

Date *[Signature]*
L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 1 1919 *[Signature]*