

4363

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF
No. 4363 Name allan Tilley Corpo 6 OFE
Questions to be put to the Recruit before Enlistment.
I. What is your name? I. Allan delle
2. Amgo strikge red
2. What is your full Address?
3. Are you a British Subject? 3
4. What is your age?
5. What is your Trade or Calling? 5. Laboutet
6. Are you Married? 6. / no
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.
8. Are you willing to be vaccinated or re-vac-
9. Are you willing to be enlisted for General Ser-
10. Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?} 10.
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?
Allan Illey SIGNATURE OF RECRUIT.
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I Color of the 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. O
Signature of Attesting Officer Libra John May 1
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired forms appear to have been compiled with. I accordingly approve, and appoint him to the
mach/20 d
Date
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.

	Applicable to all rank	ks. To corresp	ond with entries	on the Med	ical Histor		
me All	Pan Lill	ey		9			
parent age	Girth when fu	illy expand	led 3	Heigh		^ i	eetinches
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(a) Christic	an and Surname of Woman (c) Prese	100	The District of the Control of the C		ow. (6) P	lace and	date of marriage.
(a)	(c) Presi	(b)	nitials of Offi	(c)	entry.	-T	(d)
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Chris	stian Names		44	2	Date	and Pla	ce of Birth
	STATI	EMENT	OF THE	1			
Corps in Rgt. or ich served Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not a lowed to reck for fixing th rate of pension	ed to recon wards G.	in Re- t allow- kon to- C. Pay	Signature of Officers certi- fying correctness of entries
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	Nac. 131 Loc. 6. 4. 18 2 2 noc 19 4/18.3 d Inoc	17-5-18.
	NL3-5-18 to 13-5-18.	

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Battn. 3-11-18

4363 Pte. A. Tilley.

patract from Doily Orders Part 11 Unit The Royal Hfla. Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilisation has been compared by officer i/o Records from 29-6-19.

4363 Cpl. Allan Tilley.

Refer Stelebule, Ame 19th, 1919.

The discharge of the undernoted on demobilisation has been APPROVED by 0.6. Discharge Depot with effect from 15-6-19.

4363 Cpl. Allan Tilley.

Extract from Dadly Orders Part 11 Depot, Sp. Johns, Date June 18th 1919.

4363, Cpl. A. Tilley.

Reported at Headquarters 1/6/19. ex "Corsican" which sailed Liverpool May 22/1919.

Extract from Meminal Poll From Ist. Bartalion Royal Newfoundless Regiment dated 30-6-19.

The undermentioned of the 1st. Battalion left Rouen Camps 22/4/19, otherwise at Havre 22/4/19, disembarked at Southampton 23/4/19 and reached Hazeley Down Camp 23/4/19.

4363 A/Cpl. A. Tilley.

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt. France, 21-4-19.

Promotions.

4363 L/Cppl. A.?Tilley

to be A/Cpl. 17-4-19.

Extract from Datly Orders Part 11 Unit he Royal Nfld. Regt. "In the Field" 31-5-19.

4363 Pte. A. Tilley.

App. L/Cpl. 13-3-19.

Extract from Mominal Rell Re-inforcement Braft No. 55 Embarked Folkeston, 26/10/18, from 2nd Battn, Royal Newfoundland Regiment, Hazeley Down Camp, Winchester, to 1st Battn, Royal Newfoundland Regiment, B. E.F.

4363 Pte. Tilley, A.

Extract from Telegram to Synoptical, London dated Sept. 20th 1918.

With reference your telegram Sept. 19th., and mine Sept. 12th., should read 4363 Tilly 3..

Extract from Daily Orders partil, from Unit The Royal
Nfld Regt.St.John's, dated June 14,1918

#4363 Pte. A. Tilley.

Embarked for Oversess with Draft June 11th, 1918.

Extract of Daily Orders part 11, from Unit The Royal Newfoundland Regiment, St. John's. March 21,1918.

#4363. Pte. A. Tilley.

Attested for General Service with effect from 20/3/18.

Drêa Sir Will you give my mother My R Issur of Bilions and 6 blige a Tilley Name 4363 bpl a Tilley

M

Tilley A. C.R. 4363 P.YR.Q

Nº 4053



1st. NEWFOUNDLAND REGIMENT

Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person
920	Father	John Tilley	King's Fred	ge
		4		
			Total Allotment, \$	/

Nº 4053 A





1st. NEWFOUNDLAND REGIMENT

Certificate No.	Whether Wife, Child other Relative or Friend	N ME in full)		Address	AMOUN (each per
120	Father	John Til	ley X	ingis Brid	ge _
				It John!	9
				Total Allotment, \$	14 24 26

Medical Report on an Invalid.

1. Unit Royal Newfoundland 7. Former Trade or Occupation

- 2. Regimental No. 436 3
- 3. Rank

4. Name Zilley allan
5. Age last birthday 20
6. Enlisted on marrofis
at Alpha

- 7A. If with previous service in Army, state-
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability.
- 10. Place of origin of disability.
- Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil nil nil nil

Give your opinion as to the causation of the disability, stating whether in your opinion it is

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on the contract of t page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.



13. What is his present condition?

Weight should be given in all cases when it is, likely to afford evidence of the progress of the disability.

- If the disability is an injury, was it caused—
 - (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- 19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

He complains of not disability

20. Do you recommend-

(a) Discharge as permanently unfit, or (b) Change to England? Repetitation

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, $except\dagger$

Station Hozeley Sown

Date 1/5/19

Officer in charge of Hospital.

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.

To:- The Chief Paymaster..

Reyal Novfoundland Regiment,
58 Victoria Street,

London, S.W.

Sir:
Floaso charge the amount set opposite me name to my account and pay it to the N.W.C.A. "Priseners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Rogtl. Rank Namo Amount Signature

4363 Ste Lilley a \$\infty\$550 Q Jelley

Data July 18

I have the honour to be, Sir, Your obseiont servant.

it itte

N.F.P. /79.

From:

NTINGENT

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

2/Bn. R. Newfoundland Regt.. Winchester.

23rd, September

1918

London, S.W. 1.

Subject: 4363, Pte. A. Tilley C

With reference to the following telegram (8076) from the Hon. Minister of Militia, received

"Pay to 4363 Tilley £3. 0. 0

Draft £3. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Royal Newfoundland Regiment

Received the sum of 3.0.0

ree kneeds on account of cable remittance from Newfoundland.

allan Gilley

haster & O. i/c Records

Officer Commanding,

1918.

Receipt hereunder. Writardo maja for LIEUT. COLONEL.

No.4/3/2 Rank

Tilley, Man 4363
Agy 20ept.

June 29,1919

#4363 Upl./llen Tilley.

Kings Bridge Road,

City

Dear Sir:_

Flease find enclosed Discharge Certificate No. 2522.

Yours truly

caymaster & officer i/o Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1.	No. 4363 Rank Corpl Name Delley Ollow Intended place of residence Kings Brodyk Road
2.	Occupation
3.	The above named man is discharged in consequence of DEMOBILIZATION. Engible 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 14 1919. Comanding Discharge Depot The Royal Newfoundland Regiment
5.	CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE 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: Signature of witness
6.	CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER I hereby certify that I am in a position to resume civilian occupation immediately on discharge. Place and Date ST. JOHN'S Signature of soldier JUN 14,1919 Signature of withess
7.	Enlisted for service 20.3.18. Discharged from service 15.6-19. Plus 14 Days No of days on Military Service 4.67.
8.	The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i c Records, The Royal Newfoundland Regiment, twenty-eight days from date. Place ST. JOHN'S. Officer Commanding Discharge Deport The Royal Newfoundland Regiment. Date
	The discharge of above mentioned soldier is hereby confirmed Mocoley Caft Place Place Auto 29/919 The Royal Newford Indiand Regiment
	1.7.12079/2022

The Koyal Pewfoundland Kegiment

Class for Demobilization:	Report of Demobilization Travelling Board, held on soldier for discharge.
Discharge Depot: Headquarters The Royal New	wfoundland Regiment
	Date 13.6.19
Regimental No 436%.	
Name Tilley Olan	Rank Col.
Address Rugo Co.	Rank Cfol.
Present Medical Category A	
	(a) Immediate discharge (b) Standard Medical Board
	O.C. Discharge Depot.
Members of Board	Senior Medical Officer
	Marden

The Royal Aewfoundland Kegiment

DEMOBILIZATION OF 1710 CIAN
Reg. No. 1363 Rank Corfl. Name July Ully
Date of Enlistment 20:318 Address Kings Bright Strict
Occupation bewer Classification for Discharge 17 Medical Category 171
Recommendation S. M. B. Disability Rating
Passed to Demobilization Officer with following documents:—
N.F. 1 36 B 268 B 21 N.F. Med D.F. 1
B 178 W 3494 B 122 Board 1st " 2
B 178q / D 400A / B 1915 do 2nd " 3 "
B 179 / D 400B Form L 'do 3rd '' 4
B 179n 1) 400C Form K do 4th " 5 " 5
B 179b B 103 / ME 2
B 179c B 120 M 93
Date 0. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
C Tilly
Particulars passed to Vocational Officer for information and action.
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:
(a) (lasting 41) - 11 March 1 1 1
(b) Clothing Sapplied Thus Cafe
Date 14-6-19 Oilc Re-clothing

3. Transportation and Release Certificate.	
The above named has been provided with Travelling Warrants No to l	nis home
at. Hing Budge Release Certificate No. 2/53 issued.	
and the same coff	
Date Demobilization Of	ficer
	100
4. Pay and Allowances.	n nair
The herein named soldier's accounts have been correctly balanced and all matter	s in con-
nection therewith settled. He has received pay and allowances to	11
Date 14-6-19	<i>H.</i>
Depot Paymas	ter.
Discharged approved for /b - 6 - /9	
Forwarded with following documents to O.C. Discharge Depot.	
N.F. P 36 B 268 B 121 N.F. Med D.F. 1	
B 178 W 3494 B 122 Board 1st " 2	mB
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 4tb " 5	
B 179b B 103 ME 2 " 6	
B179c B 120 M 93	
14-6-19 Da men bapt	
Date O. G. Discharge D.	
O. C. Discharge De	pot.
APPROVED.	
Documents as above forwarded to:—	
Officer i c Records. Board of Pension Commissioners.	14.00
with following additional documents.	
with following additional documents.	
Eligible for War Service Gratuity	r
	aft.
Date JUN 15 1919 O. C. Discharge Do	pot.
Received the above noted documents from O. C. Discharge Depot.	
A mentioned to the control of the co	
Date	The start

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:

Jon	erume	gomes	и всещр	ation
			1 - 22	
	••••••••••••••••••••••••••••••••••••••	<i>(</i> a		Signature of Man.
Signapure of the	Suswe e Vocational Officer	or his Representati	Reg. No. 4	363
	JOHN'8			
Date 14-6-19	2	191		

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

MEDICAL HISTORY

Surname Tilley

Christian Nane Cellan

	Table I.—GEN	ERAL TABLE		
Birthplace : - Parish	não Breage	Ra Count	Newfo	undland
		RESERVE.	The second second	AR ARMY.
	on 30 day o	i March 1918	on	day of 191
Examined	at Headquart	ero & Johns	at	
Declared Age	10 1100	No moo days	y	ears days
Trade or Occupation	Labour	et		
Height	. feet	9 inches		feet inches
Weight		144 lbs.		lbs.
Chest (Girth when fully expanded		375 Inches		inches
Measure- ment (Range of Expansion	•	44 inches		inches
Physical Development			N SI	
	Right	Left	Right	Left
Vaccination Marks Arm Number	/			
When Vaccinated				
	R.EV= 6/6		R.E.—V=	
Vision	L.EV= 6/6		L.E.—V=	
(a) Marks indicating congenital peculi- arities or previous disease	(6)		(a)	
(b) Slight defects but not sufficient to cause rejection Approved by (Signature)		2.00		
(Rank)		averson		A CONTRACTOR
	1	Medical Officer.		Medical Officer.
	at Sofohero	- Addition of the control of the con	at	, one control
Enlisted	o to	of March 1918		
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	Royal Wa Regt	4863	201 .	8,1,1,1
Transferred to	{			
Became non-effective by				
	on day	of 191	on ć	lay of 191
[Signature]		X		
[Rank]				

Name of Hospital	Ac	lmitted Hospital	to	Disc	harged Hospita	from	ı	Visease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treatme
	Day	Month	th Year Day Month Year Hosp	Hospital	of treatme					
Hazeley Down	16	7	18	29	7	18	Mumps		13	Di
1747										
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		7.5		L# S		-				

Medical Report on an Invalid.

Station Hazeley bown

Date // 5/19

1. Unit Royal Newforms law 7. Former Trade or Occupation 8

2. Regimental No. 4363

7a. If with previous service in Army, state—
(a) Former Unit;

4. Name Lieby Release (b) Regimental No.;

5. Age last birthday 20 (c) Date of Discharge;
(at St. Lew 8)

(a) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

wil

10. Place of origin of disability.

nil

 Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Til

 Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Za

13.	What is his present condition?	te	complains of no	disability
	Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.			

- 14. If the disability is an injury, was it caused—
 - (a) In action?
 - (b) On field service?
 - (c) On duty?
 - (d) Off duty?
- 15. Was a Court of Inquiry held on the injury?

If so-(a) When?

- (b) Where?
- (c) Opinion?
- 16. Was an operation performed? If so, what?
- 17. If not, was an operation advised and declined?
- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

270

Za

Zia

Za

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Aspatriation

W. C. hoamos

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station Hozeley Lown

Officer in charge of Hospital.

Date

*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 Koval Afld. Regiment DEMOBILIZATION

No. 43 63 Rank

Warned for demobilization on JUN 14 19



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" sion, his subsequent identification depends on his confirming this declaration, 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 Ic 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. Regiment from which discharged Regimental number Intended address Height on discharge Color of hair on discharge Complexion Color of eyes Descriptive Marks Figure on discharge Christian name of Father Christian name of Mother Wife's maiden name in full Date and place of marriage Christian names of children Place and date of soldier's birth 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)

ST. JOHN'S.

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 ic Hospita Command Depot. HEADQUARTERS John's Newfourdland

(Rank)

Station

Casualty Form-Active Sérvice.

1 1015	Sate of promotion to present rank Date of appointment to lance rank Date of appointment to lance rank								
Extended Occupation	Re-engaged Qualification (b). Occupation about to the Texes of Office of Cores Trade and Rate. Occupation about to the Texes of Office of Cores Trade and Rate.								
Date	Report From whom received	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 Fo B.213, Army Form A. or other official documents				
		Embarked Disembarked	26007 19	8					
	gayar.	Lo Go Stoke	3 MOA 1018						
	Ochem.	Zo La Cope		16/4/19	3213				
	<u> </u>	To England . 23.	4.19.						

DEPARTMENT OF HILITIA.

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.

dated January 20th.1919.
A complete reply must be given to every question in this Declaration There must be no blanks and no deahes, If any questions are not applicable, the words "NOT APPLICABLE" must be written out.
On completion this Doclaration is to be returned to THE OFFICER I/C
RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.
Christian nang. Illan 2, Symone Elley
3. Renk. 4. Regtl. 10. 4363,
5. Address in full to which future payments containty . Tooto be
forwarded. Kings Bridge Nd Mothers
6. Date of enlistment in the Regiment. Murch 30/18
7. Name of dependent, if any, to whom Separation Allowence 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 acid dependent at may time in receipt
of Separation Allowance on account of inother saldiers
11. Were you on active service only in Mfld, II so give dates and
particulars of such service.

12. Give total length of time which we served on active service,
whotfor of I'll d. or Overeges. Took Merch dell's
to June 14/19

	13. Have you had more than one enlistment? If so, give particulars
	of discharge and re-colistments, and under what regimental numbers.
	······································
	2.04
	14. Have you already received any payment of Post Discharge pay or
	War Service Cratuity? 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 Borces.
	17. Are you entitled to receive, or have you received any Gratuity
	in the nature of Pest 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
	renk held by you on your arrivel in England?
	(b) If so, was such reversion in consequence of Misconduct or
	inofficiency?
	19. Are you now kerving in the Rost .? Mo If not give?- (a) date
	of discher gy Line 14 Mb; Roason for discherge
	Alu porto
	20. Did you at any time serve at the front in an actual theatre of
A	War? If so give particulars of places, and dates of such service
p	Tauges delgium & Germany - From Mor, 26/1
	18011,1919
	21.(c) Are you receiving treatment from the Wivil Ro-Establishment
, 1	Com. (b) If so are you in receipt of full pay and allowances from
	that Cormittee
1	And I sake this solenn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

-3- Allan Tilley Signature of Applicant: Place of Residence: Declared before me at

Signature of Barrister of the Supreme Court, Stipendiary Nacistrate, Notary Public, Hustice of the Peace, or Commissioner of affidevits.

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FORM K

Nº 4053



1ST. NEWFOUNDLAND REGIMENT

No.	Whether Wife, Child other Relative or Friend	NAME (in full)		Address	AMOUNT (each perso
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St. John's, MAY 1 7 1018

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ST. JOHN'S, UUN 1 4 1919

Royal Newfoundland Regiment.

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ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt. Dept. of Militia,

ST. JOHN'S. Nfld.

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Signatura

11:56

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UL!	4	1921.

The accompanying Victory Medal and/or British War Medal are forwarded herewith to

is/are forwa	arded herewith to	
-	Allan Tilley	
in respect o	f his service as No. 4363	Rank Pte.
Name	A. Tilley	Royal Niid. Regt.
A21	t of the same should be ack $(0 c/- \cdot 12)$	-1-
	a. y.	
Date	6ct · 13 · 19.	11
Address	Kings Ba	ligs · Rd.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of the First

Forms B 121. Regiment of Royal Newfoundland Signature of O. C.

Signature of O. C. Company

No. 4363	alla	Ser Service	No.	Age on 19 years of months	Trade Lahauser Religion	Good Conduct Badges, Service pay or proficiency pay			
Joined Joined	Da Da	te		Place and Date 20-3-18 of Enlistment Johns with Colours 1107 years.	Place of Birth				
JoinedPlace	Date of Offence	Rank	Cases of Drunk- enness.) with Reserve July years. OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
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To be carried over

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The Royal Pewfoundland Regiment

DEMOBILIZATION OF

Reg. No. 136 3 Rank Corfela Name
Date of Enlistment 20318 Address Kings Bud of District
Occupation Classification for Discharge Medical Category
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Recommendation S.M.B. Disability Rating.
Passed to Demobilization Officer with following documents:—
N.F. 1/36
B 178 W 3494 B 122 Board 1st 2 3
B 178a
B 179a D 460C Form K. de 4th " 5
B 179b B 103 ME 2 " 6 " 6
B 179e
Date 16 19 CO. C. Discharge Depot.
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation.
n el 20
a Lieley
Particulars passed to Vocational Officer for information and action.
Particulars passed to vocational Officer for Information and action.
Date
The state of the s
2. Clothing. Certified that Clothing Regulations have been complied with
L. C.
(a) Crothing Answards payable of the three captions of the three captions of the three captions of the three captions of the c
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Date 14-6-19 Oilc. Re-clothing

3. Transportation and Release Certificate.	
The above named has been provided with	
at Kings Bridge R dand Release Cel	rtificate No. issued.
Date	Id Show Coff
14-6-17	Demobilization Officer
4. Pay and Allowances.	The grant of a real control water
nection therewith settled. He has received	been correctly balanced and all matters in con-
Date 111 - 1 - 19	William 1
bate	Depot Paymaster.
	15-1-19
Discharge approved for	13-0-17
Forwarded with following documents to O.C.	Discharge Depot.
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Date	A word of
	O. C. Discharge Depot.
APPROVED.	
Documents as above forwarded to:-	
Officer ile Records. Board of Pension Commissioner	
with following additional documents.	
	for War Service Granity
Dispare.	-
Date JUN 1.5.7919	THE PARTY OF THE P
	O. C. Discharge Depot.
Received the above noted documents from O. C. Dis	saharah Danah
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Date Klink WHIG	The state of the
Oate January January	a service of the service of

Reg. No.	136 9. Rat	ik Col.	Name Rugs	uj a	au /
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