



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5521 Name Fredrick Izard Corps I.A.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------|
| 1. What is your name? | 1. <u>Fredrick Izard</u> |
| 2. What is your full Address? | 2. <u>Pelleys Isld N.D.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>Fisherman</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, Fredrick Izard 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.

Fredrick Izard SIGNATURE OF RECRUIT.
W. R. Power SIGNATURE OF WITNESS.

Fredrick Izard DATE TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 30 day of May 1918

Signature of Attesting Officer W. R. Power

† 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.....
 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)

C.R. 5521

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
14-7-19.

5521, Pte. Fred Tizzard.

C.R. 55 21

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, 29-9-19.

The discharge of the undernoted on demobilization has been
APPROVED by Officer i/c Records from 4-10-19.

5521 Pte. E. Brodrick.

C.R. 5521

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

Date

June 18th 1919.

5521, Pte. F. Tizzard.

Reported at Headquarters

1/6/19.

NR "Corsican"

which sailed Liverpool. May 22/1919.

C.R. 5521

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 19-1919.

The discharge of the undernoted on demobilization has been
APPROVED BY O.C. Discharge Depot with effect from 30-6-19.

5521 Pte. F. Tizzard.

C.R. 5521

Extract from Daily Orders part 11, from Unit: The Royal
Nfld. Reg. St. John's, dated July 28 26th, 1918.

The following men embarked for overseas on H.M.S.
"Columella" July 28, 1918:

#5521 Pte. Fred. Tizzard.

C.R. 5521

Extract from Daily Orders part 11, from Unit The Royal
Hild. Regt. St. John's, dated May 21, 1918

#5521, Pte. D. Tizzard.

Attested for General Service with the Royal Hild. Regt.
from May 30, 1918

A. J. Tizzard

C.R.

5521

~~A. J. Tizzard~~

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*
2. Regtl. No. *1021* 3. Rank.....
4. Name *Lizzard* *Fredk*
(Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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 ? } ✓

No Complaints of no disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &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.)

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 ?

Repatriation

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. B. Rocumier. Capt Name

Station *Hayley Down*
 Date *3/21/19*

Medical Officer in charge of case.

* 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

No. 1797/263/P.&.A

067091



N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn.R.Nfd.Regt.
Winchester.

3rd February 1919.

5521 Pte. F.Tizzard.

With reference to the following telegram from the Minister of Militia 29/1/19 (937)

"Pay to-5521 Pte. F.Tizzard
£3:6:0

Cheque £ 3:6:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

B

February 4th 1919

Receipt hereunder. *E. [Signature]* LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2nd Batt'n.

Received the sum of Three pounds Six Shillings in respect of telegraphic remittance from the Minister of Militia.

F. Tizzard
No. 5521 Rank Private
Witness M. B. Bockett.

No: 19496/2185

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.



28th November 1918

Subject: 5521, Pte. F. Tizzard

With reference to the following telegram (10190) from the Hon. Minister of Militia, received

Pay to 5521 Tizzard £3:6:0

Draft £ 3:6:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Nov. 30th 1918

Receipt hereunder.

D. J. Barton **LIEUT. COLONEL,**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,
Officer Commdg. 2nd Batt'n
Royal Newfoundland Regiment.

Received the sum of Three pounds
six shillings on account of
cable remittance from Newfoundland.

F. X. Tizzard
No. 5521 Rank Pte.

Witness: *A. L. Carter Pte.*

Wingard, A

5521

Ray Sept.

July 14, 1919

#5521 Pte. Frederick Tizzard,

Pilly's Island.

Dear Sir:-

Please find enclosed discharge certificate #29901

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5521 Rank _____

Name Thyrow A _____

Warned for demobilization on

JUN 16 19

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5321 Rank Pvt Name Tizzard F
Intended place of residence Pellys Island

2. Occupation Fisherman
Classification of soldier F 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 JUN 16 1919
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 and date ST. JOHN'S JUN 16 1919
Signature of soldier F. Tizzard
Signature of witness Ambleton

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 JUN 16 1919
Signature of soldier Tizzard F
Signature of witness W. Stealey

STATEMENT OF SERVICE

7. Enlisted for service 30-5-18 No of days on Military
Discharged from service 30-6-19 PLUS 14 DAYS Service 411

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, twenty-eight days from date.
Place ST. JOHN'S
Date JUN 30 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 Nfld
Date July 14/1919
Officer i/c Records
The Royal Newfoundland Regiment

25732079/2990

The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 16. 6. 19

Regimental No 5521

Name Lizard Gault Rank Plt

Address Pillays Island

Present Medical Category A-1

Recommended for: — (a) Immediate discharge
(b) Standard Medical Board

Members of Board

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

L. Peterson
Senior Medical Officer

D.W. Berden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3531 Rank Plt Name Triggall
 Date of Enlistment 30-5-18 Address Phillips District St. John's
 Occupation Fisherman Classification for Discharge F 4 Medical Category 101
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	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 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am Triggall in a position to resume civilian occupation as fisherman

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable [Signature]
- (b) Clothing supplied [Signature]

Date 16-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R.1821* to his home at *Phillips Field* and Release Certificate No. *2847* issued.

Date *16-6-19*

J.A. Knowlton
Demobilization Officer

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 *11-6-19*

11-7-19
J.A. Knowlton
Depot Paymaster.

Discharged approved for *30-6-19*

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

N.F. P/36	B 268	B 121	<input checked="" type="checkbox"/>	N.F. Med	D.F. 1	<input checked="" type="checkbox"/>
B 178	W 3494	B 122	<input checked="" type="checkbox"/>	Board 1st	" 2	<input checked="" type="checkbox"/>
B 178a	D 400A	B 1915	<input checked="" type="checkbox"/>	do 2nd	" 3	<input checked="" type="checkbox"/>
B 179	D 400B	Form L	<input checked="" type="checkbox"/>	do 3rd	" 4	<input checked="" type="checkbox"/>
B 179a	D 400C	Form K	<input checked="" type="checkbox"/>	do 4th	" 5	<input checked="" type="checkbox"/>
B 179b	B 103	ME 2	<input checked="" type="checkbox"/>		" 6	<input checked="" type="checkbox"/>
B179c	B 120	M 93	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Form B

Date *16-6-19*

J.A. Knowlton
O. C. Discharge Depot.

O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

R.H. Sait Capt.

Date **JUN 30 1919**

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.

Gizzard Jr

Signature of Man.

Reg. No. 5321

J. A. Shawley

Signature of the Vocational Officer or his Representative.

Place *At John*

Date *6-6-79*

191

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

MEDICAL HISTORY

Surname Lizzard OF Christian Name Fredrick

Table I.—GENERAL TABLE.

Birthplace:—Parish Pelley's Islands County New

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>May</u> 191 <u>8</u>	at	191
Declared Age		<u>20</u> years		days
Trade or Occupation		<u>Fisherman</u>		days
Height		<u>5</u> feet <u>7</u> inches		inches
Weight		<u>143</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>38</u> inches		inches
		Range of Expansion	<u>4</u> inches	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>6/9</u>	R.E.—V=	
	L.E.—V=	<u>6/24</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Peterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at	<u>May</u> 191 <u>8</u>	at	191
Joined on Enlistment	Corps.	<u>Royal New</u>	Corps.	
	Regtl. No.	<u>8721</u>	Regtl. No.	
Transferred to		<u>Regiment.</u>		
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(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. & 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 *Frederick Lizzard*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *5521*
 Intended address *Pelleys Island*

Height on discharge *5* Feet *6*
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eyes *Brown*

Descriptive Marks _____
 Figure on discharge *medium*
 Christian name of Father *George*
 Christian name of Mother *Sarah*

Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth *Pelleys Islands, May 8th, 1899*
 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) *Frederick Lizzard* *PL*
ST. JOHN'S. (Rank)
 Station *Witness* *16-6-19*
 Date *16-6-19*

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.

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 } *Interpreter*
2. Regtl. No. *1321* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state
4. Name *Lizzard* *Josinich* (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
5. Age last birthday..... *20*.....
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 (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 general 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*

July 16, 1919

#5521 Pte. Frederick J. Tizzard,
Pitiley's Island.

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 20th. 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 & RECORDS OFFICE, ST. JOHN'S.

Christian name *Frederick* 2. Surname *Lizzard*

3. Rank *Pte* 4. Regtl. No. *5354*

5. Address in full to which future payments of gratuity are to be forwarded *Outlets R. N. S. B.*

6. Date of enlistment in the Regiment *May 15/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

8. Relationship of such dependents

9. Address in full of such dependents

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier

11. Were you on active service only in Nfld. If so, give dates and particulars of such service *Overseas*

12. Give total length of time which you served on active service whether in Nfld. or Overseas *May 15/18 to June 16/19*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

..... *No*

15. Have you been issued with a War Service Badge?

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

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 Rest? If not give - (a) date of discharge, (b) Reason for discharge.

..... *No* *June 16/19* *Temporary* *Deobligation*

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.

..... *No*

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.

this
Fred J. Pizzard

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Phillip C. N.D.B.
St. Johns, Nfld.
17th day of June 1919.

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

John M. Carthy

POST DISCHARGE PAY.				Net amount due
Date paid	Wid Soldier.	Paid Dependent.	War Service Clarity.	due
.....
.....
.....
Certified correct.				Paymaster

ST. JOHN'S,

Royal Newfoundland Regiment.

Billeting Account,

To *Mrs. James*
Currier Rd.

Billeting Soldiers as undermentioned

from *June 4* to *June 22*

5221 Pk. Treggwell

19. 90

ACCOUNT	<i>Btm</i>
CH. NO	<i>25695</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$

J. A. Sweetcraft
Billeting Officer.
Mrs R. James

19. 90


July 3, 1919

Mrs. R. Janes,
Circular Road.

Dear Madam:

I enclose herewith
cheque for \$16.60, being amount due you for
boarding Pte. F. Tizzard from June 8th. to
June 23rd.

Yours truly,


Capt.
Paymaster.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of The Royal Newfoundland

Signature of O. C. Company C. B. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5521</u>	Age on	<u>20</u> years <u>0</u> months	<u>Fisher</u>	
Joined	Date	Place and Date of Enlistment	<u>Seaside</u>	Religion	
Joined	Date	Period of) with Colours <u>1 1/2</u> years.) with Reserve <u>3 1/2</u> years.	<u>S. A.</u>	Place of Birth	
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hayday</u>	<u>2/4/19</u>	<u>Pte</u>		<u>Overstays pass from 23.59 2/4-19 To 6.00 23.14/19 (34 hrs)</u>	<u>the Lawrence</u>	<u>Admonished</u>	<u>25/4-19</u>	<u>Major J. W. March M.C.</u>	<u>Forfeit 2 days pay, see M.C.</u>
				<u>Demobilized</u>	<u>M. John</u>	<u>14</u>	<u>7</u>		<u>19</u>

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5521 Rank Private Name Lizzard G
 Date of Enlistment 30-5-18 Address St. John's District St. John's
 Occupation Fireman Classification for Discharge 17 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1 st 96	B 268	B (21)	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 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. 7 X Triggard
with Fireman mark

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$165.00
- (b) Clothing Supplied [Signature]

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B.1821 to his home at 11-1-19 and Release Certificate No. 1847 issued.

Date 16-6-19 J.A. Knowlton
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 11-1-19

Date 11-1-19 J.A. Knowlton
Depot Paymaster.

Discharge approved for 30-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board Ist.	" 2	1
B 178a	D 400A	B 1915	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	
B179c	B 120	M 93			

Date 16-6-19 J.A. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 30 1919 R.H. Sait
O. C. Discharge Depot.

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

Date June 28/19 J.A. Knowlton
for O.C. Records

