



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4668 Name Wm Whelan Corps RC

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Wm Whelan
2. What is your full Address? ..... 2. Long Str. St. John's B
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 20 Years ..... Months
5. What is your Trade or Calling? ..... 5. fisherman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? ..... 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name ..... Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. yes

I, Wm Whelan 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.

William Whelan MARK ..... SIGNATURE OF RECRUIT.  
J. Raymond ..... Signature of Witness.

**OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.**

I, Wm Whelan 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 24 day of April 1918

Signature of Attesting Officer J. James

**↑ 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 April 24 1918  
Place St John's } 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. 4668

Extract from Daily Orders Part II Unit The Royal Welch Regt  
St. John's, July 7th, 1919.

The discharge of the undernoted ~~NUMBER~~ <sup>of</sup> conscription  
has been CONFIRMED by officer i/c Records with effect from  
3-7-19.

4668 Pte. Wm. ~~Wheeler~~ *Whelan*



4668

Extract from Daily Orders Part 11 Unit The Royal  
Mfld. Regt. Depot St. John's, June 9th, 1919

discharge of the  
The/underncted. on demobilization has been APPROVED  
by O.G. Discharge Depot with effect wt from 19-6-19

4668 Pte. Wm. Whelan.

C.R. 4668

Extract from Daily Orders Part 11 Depot, St. John's,  
Date June 7th, 1919

4668 Pte. W. Whelan.

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

C.R. 4668

Extract from Daily Orders Part 11, from Unit The Royal  
Mild. Reg. St. John's, dated June 14, 1918

#4668 Pte. W. Phelan.

Embarked for Over seas with draft June 11th, 1918.

C.R. 4668

Extract of Daily Orders part 11, from Unit The Royal Wfld.  
Regiment, St. John's, dated April 25, 1916.

#4668 Pte. Whalen William.

Attested for General Service with the Royal Wfld. Regt.  
from 24/4/16.

D. Whelan

C.R. 4668

1885



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 F, 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* } Former Trade } *Fisherman*  
 2. Regtl. No. *4668* 3. Rank... *Plt* } or Occupation }  
 4. Name *Whalen* *William* }  
 (Surname) (Christian Names) }  
 5. Age last birthday... *25* }  
 6. Posted for duty on..... at..... }  
 in category (or grade)..... }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 (b) Date of Discharge;  
 (c) Cause of Discharge.  
 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 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.  
 12. Place of origin of disability.  
 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*  
*nil*  
*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? }

*He complains 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. J. Proctor* *Capt. R. A. C.*  
 Medical Officer in charge of cases

Station *Bazely Down* .. .. .

Date *8/4/19* .. .. .

\* 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





To:- The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt.  
No.

Rank

Name

Amount

Signature

4668

Pte

Whelan W.

£250

W. Whelan

July 1/18

I have the honour to be, Sir,  
Your obedient Servant.

W. Whelan

Whelan, D<sup>cu</sup>

4668

Hay Sept.

July 3, 1919

#4668 Pts. William Whelan,

Long Hager,

Placentia Bay.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 2252."

Yours truly

Captain,  
Paymaster & Officer i/c Records.

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. 4666.....

Name W. Malin 1414 St......

Address Long St.....

Present Medical Category A-1.....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~.....

Members of Board {

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

H. Brown  
Senior Medical Officer

See Burden  
— M. O. Depot



The Royal Mtd. Regiment

DEMOBILIZATION

No. 4668 Rank \_\_\_\_\_

Name Whelan W \_\_\_\_\_

Warned for demobilization on

JUN 5 1919

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4668 Rank Pte Name W. Helen Wynn  
 Date of Enlistment 24-4-18 Address Long St District Placentia  
 Occupation Fisherman Classification for Discharge E Medical Category A.I.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3 <u>3</u>
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 4-6-19

O. C. Discharge Depot.

### 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 paid £60.00

(b) Clothing Supplied new cap

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1467* ..... to his home at *Long St Placentia* and Release Certificate No. *2277* issued *for*

Date *5-6-19*

*[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 *5-1-19*

Date *5-6-19*

*[Signature]*  
Depot Paymaster.

Discharge approved for *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>2 Form B</i>
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 *5-6-19*

*[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**

Date *JUN 19 1919*

*[Signature]*  
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.

Signature of Man.

*M. L. ...*

Reg. No. *Whalen W. ...*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns.*

Date

*5-6-19*

1919



## Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Wm. Whelan*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4668*

Intended address *Placentia Bay*

Height on discharge *5* Feet *6*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Placentia, — 1896*

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) *William Whelan*

*Victor E. Kelly*

*St.*  
(Rank)

Station *ST. JOHN'S.*

Date *4-6-19*

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

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

# MEDICAL HISTORY

OF

Surname Whelan

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Long St. Placentia Bay County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	24 <sup>th</sup> day of <u>April</u> 1918	<u>St John's, Nfld.</u>	day of	191
Declared Age	25 years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	5 feet	5 1/4 inches	feet	inches
Weight	130 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 36 1/2 inches			inches
	Range of Expansion... 4 1/2 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R. E.—V. =	<u>6/10</u>	R. E.—V. =	
	L. E.—V. =	<u>6/10</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>Samuel Parsons</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Nfld.</u>		at	
	on <u>24th</u> day of <u>April</u> 1918		on	day of 191
Joined on Engagement	Corps.	<u>The Royal Nfld Regt.</u>	Corps.	
	Regtl. No.	<u>4668</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 F., 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 W. of A. Coy. 1st Bn. 1st Div. 1st Army* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4668* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Whelan William* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *25*
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 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.
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? }

*The 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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*W.E. Proenier. Cap RMC*

Medical Officer in charge of case.

Station *Hazley Down*

Date *8/1/19*

\* 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

July 3, 1919

#4669 Pte. William Whelan,

Long Harbor, P.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

Paymaster & O.i/c Records. Captain,

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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... *Williams* ..... S. Surname... *Whelan* .....

3. Rank... *Private* ..... 4. Regtl. No... *4669* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Long Harbour* .....  
*Placentia Bay* .....

6. Date of enlistment in the Regiment... *4<sup>th</sup> April 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*not applicable* .....

8. Relationship of such dependents..... *not applicable* .....

9. Address in full of such dependents.....  
*not applicable* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....  
*not applicable* .....

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

*From April 4<sup>th</sup> 1918 to June 5<sup>th</sup> 1918* .....

*R.H.*

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? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*None*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not applicable*

19. Are you now serving in the Regt.? *No* If not give? - (a) Date of discharge. *June 5<sup>th</sup> 1919* (b) Reason for discharge.

*General demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*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? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant:

*Wilmot Whelan*

Place of Residence:

*Long Harbour, Pocombe Bay*

Declared before me at:

*Saint John's*

This

*fifth*

day of

*June*

19*17*.....

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

*John Jewell  
Barrister  
&  
Notary Public*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Paymaster



ST. JOHN'S, June 10<sup>th</sup> 1919

# Royal Newfoundland Regiment.

Billeting Account,

To M<sup>rs</sup> E. Hickey  
Flower Hill

Billeting Soldiers as undermentioned

from June 6<sup>th</sup> 1919 to June 9<sup>th</sup> 1919

4668 - Mr. W. Whelan      3      30

ACCOUNT	<u>B.M.</u>
CH. NO.	<u>23236</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	<u>30</u> INITIALS

Certified correct for \$

J. A. Snow Capt.  
E. Hickey  
Billeting Officer





# Squadron, Troop, Battery and Company Conduct Sheet.

*Sept 4-68*  
Army Form B. 121.

Forms  
B. 121.  
39

Regiment of *Royal Newfoundland*

Number of Sheet *611*

Signature of O. C. Company *Wm. Churchill*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4668 Whelan Wm</i>	Age on	<i>25</i> years <i>1</i> months	<i>Sussexman</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's</i>	Religion	
Joined	Date	Period of } with Colours years. with Reserve years.	<i>24.11.17</i>	<i>R.C.</i>	
Joined	Date		Place of Birth	<i>Long Haul P.B.</i>	

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
<i>Hazley Down Camp</i>	<i>19.3.19</i>	<i>Pte</i>		<i>Absent from 3 Pm Parade</i>	<i>G.S.M Galagay</i>	<i>2 days C.P.</i>	<i>20.3.19</i>	<i>Sgt. Larnocaine</i>	<i>J.M.</i>
<i>Hazley Down Camp</i>	<i>21.4.19</i>	<i>"</i>		<i>Overstaying pass from midnight 21<sup>st</sup> to 8 AM 22-4-19. (8 hours)</i>	<i>Sgt Webber</i>		<i>23.4.19</i>	<i>Capt. S. Emerson</i>	<i>Forfeit 10 days pay by R.M.</i>

To be carried over

*Annual*  
*Am.*  
*Webber*

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4668 Rank. Pte Name W. Lalen Wm  
 Date of Enlistment 24-4-18 Address Long Hr District Placentia  
 Occupation Fisherman Classification for Discharge E Medical Category A.I  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/39	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 11-6-19

*[Signature]*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*W. Lalen*  
*med*  
*Wm*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied Wm Capt.

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1467 to his home  
at Long Hill, placencia and Release Certificate No. 2287 issued at

Date 5-6-19

Alfred L. Smith  
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 3-7-19

Date 5-6-19

J. H. Smith #  
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
F 178	W 3494	B 122		Board 1st	" 2	/
F 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	
B 179c	B 120	M 93				

Date 5-6-19

J. A. Brown  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919

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

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

Date June 10 19

June 10 1919  
J. A. Brown



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 466 P Rank Pvt Name W. Lallen  
 Intended place of residence Long #2 Placentia

2. Occupation Fisherman  
 Classification of soldier E Medical Category A L

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 Commanding Discharge Depot

Date JUN 5 1919 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 Signature of soldier Wm. Lallen

JUN 5 1919 Signature of witness J. A. Brown Capt

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S Signature of soldier Wm. Lallen

3-6-19 Signature of witness John A. Brown

## STATEMENT OF SERVICE

7. Enlisted for service 24-4-18 No of days on Military

Discharged from service 19-6-19 14 days Service 436

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S Officer Commanding Discharge Depot R. H. Sait Capt

Date JUN 19 1919 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld Officer in Charge W. Howley Capt

Date July 3/1919 The Royal Newfoundland Regiment