REGIMENTAL DOCUMENTS

NAME Chevrier ALFRED RAOUL REGT. NO. 3321080 UNIT 2nd D.B. E.O.P. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2.	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				18115	DEATH
1.	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1.	TRAINING HISTORY SHEET (M.F.W. 113)					
1.	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1.	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1.	MEDICAL EXAMINATION (M.F.W. 129)					Demobilization
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1.	LAST PAY CERTIFICATE (M.F.W. 44)					
1.	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1.	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.S.a.15:					
1.	Misc					

W. 2589
100M-11-18
1772-35-1377

2nd. DEPOT BATTALION, Eastern Ontario Regiment.

ORIGINAL

3 M. D. Depot Battalion Regiment

Regtl. No. 3321080

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Chevrier.
2. Christian name: Alfred Raoul
3. Present address: 453 Sussex St. Ottawa Ont.
4. Military Service Act letter and number: P.R. 583983
5. Date of birth: 16th May 1889
6. Place of birth (town, township or county and country): Ottawa Ont.
7. Married, widower or single: Single.
8. Religion: R.C.
9. Trade or calling: Civil Servant.
10. Name of next-of-kin: Mrs. E. Chevrier.
11. Relationship of next-of-kin: Mother.
12. Address of next-of-kin: 453 Sussex St. Ottawa Ont.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: Nil.
15. Medical Examination under Military Service Act:—

(a) Place: Ottawa Ont. (b) Date: 2.11.17. (c) Category: B11.

DECLARATION OF RECRUIT

I, Alfred Raoul Chevrier., do solemnly declare that the above particulars refer to me, and are true.

A R Chevrier (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 28 yrs. 8 mths.

Height: 5 ft. 5 ins.

Chest measurement: fully expanded 36 ins.; range of expansion 3 ins.

Complexion: Dark

Eyes: Blue

Hair: Black.

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Mole between shoulder blades.
Mole left side neck.

Defective eyesight.

O. C. A. T. Bennett Lt. Col. Depot Btln.
O. C. 2nd. Depot Batt., E. O. R. Regt.

Place: OTTAWA Date: APR 20 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3321080 (Rank) Sergeant

Name (in full) Alfred Raoul Chevrier enlisted in

the 2nd Depot Battalion, E.O.R.

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont. on the 16th

day of April 19 18.

HE served in Canada

and is now discharged from the service by reason of demobilization. R.O.1328.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 29 yrs. 8 mos.	Marks or Scars
Height 5'5"	
Complexion Dark.	
Eyes Blue.	
Hair Black.	

A R Chevrier
Signature of Soldier

Issuing Officer

Lieutenant-Colonel.
Rank

Date of Discharge January 7th, 1919.

O.C. 2nd Depot Batt'n, E.O.R.
Appointment

Signed at Ottawa, Ont. this 7th day of January 19 19.

in Military District No. 3

File Reference No. 2 EOR. 1-C-171.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

ON DEMOBILIZATION, PARTICULARS CALLED FOR ON BACK OF CHARGE CERTIFICATE WILL BE COMPLETED. D. O. 16/18

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
350M.—5-15
H. Q. 1772-39-920.

Casualty Form—Active Service.

2nd. DEPOT BATTALION,
Eastern Ontario Regiment

Unit, Regiment or Corps .....

Regimental No. 3321080 Rank Private Name Chevrier, Alfred Raoul

~~Enlisted~~ Joined (a) Apr 17, 1918 Terms of Service (a) C. E. F. Service reckons from (a) 17-4-18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Civil Servant

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7-1-19	S.O.S.	2nd. Depot Bn. E. O. R., B. O.			Glyn Lerman Major 2nd D. C. O. Depot Bn. E. O. R.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 331080 Rank Sergeant Surname Chevrier
(Given name in full) Alfred R.
Unit or Corps 2 D Bde H.Q. Birthplace Ottawa Ont

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. **GENERAL DESCRIPTION:**

Physique Good Weight 147 lbs. Height 5 ft. 5 in. Colour of Eyes Blue

Nutrition Good

Pulse 72

Condition of arteries Good

Vision Rt. 20/80 Left 20/40

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Wide between shoulder blades

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses Yes Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Defective Vision R. 20/80 L. 20/40

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Ottawa (Canada)

Date Jan 7-19 Signed L. V. Gauthier M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature A R Chevrier

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Jan.
F.7
L.19

Regimental No. 3321080 Rank Pte. Name Chevrier Alfred Raoul
(Surname first)

Unit 2nd. Depot Bn. E.O.R. who was* Discharged

On 7-1-19 191....., to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-1919 to 7-1-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		10.20
Regimental Pay 7 days at $ 1.00		7.00
Field Allowance 7 days at $ .10		.70
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. 8668	52.90	
Total	52.90	52.90

*Give particulars.

A monthly stoppage of $ nil (†) has (‡) been paid on account of

Assigned Pay for the month of 191.....
and Separation Allce. for month of 191..... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 16-4-18 married or single Single

(2) Separation Allowance, entitled or not not (3) Reason for discharge Demob.

(4) Authority for discharge or transfer R.O.1328 D.O.8

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date Jan. 14th., 1919.

Place Ottawa, Ont.

Capt.
Paymaster 2nd. Depot Bn. E.O.R. *Paymaster.*

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Surname Chorier Christian Name A. P.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

A. 15.

2nd. DEPOT BATTALION, Eastern Ontario Regiment.

ORIGINAL

3321080

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Cheshier Christian name Alfred Raoul

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule P.R. 583983

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 453 Sussex Ottawa

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 2nd. day of Nov. 1917, by the undersigned medical board sitting at Ottawa.

5. Age as stated 28 Years 8 Months. 6. Apparent age Years Months

7. Height 5 Feet 5 Inches. 8. Weight 147. Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 36 Ins. } 10. Complexion Dark. { Eyes Blue. / Hair Black. }

11. Physical development Good. { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm ~~Nil.~~ One } 14. When vaccinated last Childhood.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Mole between shoulder blades. Mole left side neck.

16. Slight defects but not sufficient to cause rejection Defective eyesight.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **B11.**

Eyesight Rt. D. 20/80.
Lf. D. 20/40.
Hearing Normal.

J. E. Craig, Capt. President.

A. D. McKaughan Capt. Member. J. Macdonald Capt. Member.

Signature of Man Alfred Cheshier 453 Sussex Ottawa

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 16th day of April 191 at Ottawa, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	2nd Depot Bn. E.O.R.	3321080		17-4-18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
			EX. CERT. Ckd. by 14a FEB 13 1918

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 3

Name of Soldier Cherrier A. R.

No. 3321080

Rank Pte

Regiment 9 R.B.B.O.

M.F.B. 465
2,40M 1-17
1772-39 950

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
	1918																						
Condition on first Examination	Apl	14									1.16.19	5 / 29.30									J. Mausson	3	O.K

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

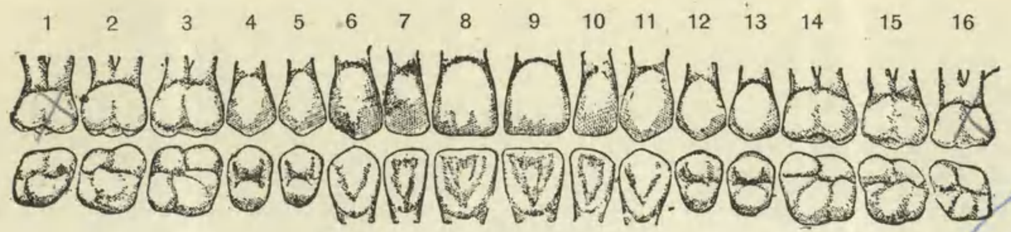
DISTRICT 3

NAME OF SOLDIER A.R. CHEVRIER, 453 SUSSEX ST., OTTAWA,

REGIMENT 2nd. DEPOT BN. E.O.R. RANK SGT.

No. 3321080

M.F.B. 455.
1/08—7-18.
177-39-960.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	July	15										5 1-16-19-29.30									J. G. Lonergan		

Patient has a very bad case of French mouth and Pyrrhoea and it will take fifteen treatments to have any kind of a cure

Examination 2.00
Prophylaxis 1.50
15 Pyrrhoea & French Mouth treatments 22.50
Completed July 19 '20 26.00
H. A. Stewart
CAPTAIN
DISTRICT DENTAL OFFICER, M.D. NO. 3

I hereby acknowledge having received the above treatment.
(SIGNATURE).... A R Chevrier

Certify that the above work has been performed on me
J. G. Lonergan

CARD No. 3

SURNAME. Chevrier

CHRISTIAN NAMES Alfred Raoul

REGL. No. 332188 RANK Pte

UNIT East Ont Regt 2nd Dep Bn

FORMER CORPS Nil

BOP-Dis.-4-1-19 Demob
DO.8 of FOLL. 8-1-19
& OP 2 Dep

T.O. Apr. 1 1919

B.O. Part II No. 126

NEXT OF KIN.

NAMES IN FULL Chevrier, Mrs. E

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 453 Sussex St, Ottawa, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Ottawa, Ont. DATE May 16th 1889.

PLACE OF ATTESTATION Ottawa, Ont. DATE Apr 20th 1918

L. L. 25989. M & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Rank Name Chevrier Alf Raoul Regt'l No. 3321080

T.O.S. 16418 B.O. No. Serial No.

Examined at Date 2.11.17 Co. HQ

Nationality Born at Date Age 28 yrs. 8 mos.

Height ft. Ins. Chest Ins. Weight lbs.

Complexion Eyes Hair

Distinctive Marks

Category B11

Married or Single S Religion RC Occupation civil servant

Next of Kin Mrs. Chevrier, mother S.O.S. Date 9-1-19 B.O. No. 8
453 Sussex St. Ottawa Overseas. Date B.O. No.

Tr[illegible]d to Date B.O. No.

2ND DEPOT BATTALION, EASTERN ONTARIO REGIMENT

B.O.No.	Part	Date	Nature of Casualty	Remarks
311	9	7-11-18	To be A/Sgt. 7-11-18	

No. 332/080 RANK Pte. NAME Chevrier A. R.

T. O. S. UNIT 2nd Depot Battalion C.D.R.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
Apr. 16	Apr. 30	"		
May.		"		
June		"	L/Cpl. from 14-6-18	D.O. 165 of -6-18

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23
	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

The space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 3321080.

Rank ~~Private.~~ a/Sergt. - M.R.

Surname Chevrier

Christian name Alfred Raoul

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd Depot Battalion, E.O.R.

Date of discharge January 7th, 1919.

Place of discharge Ottawa, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 29 years 8 months.

Height 5 feet 5 inches.

Complexion Dark.

Eyes Blue.

Hair Black.

Trade Civil Servant.

Intended place of residence (To be given as fully as practicable.) 453 Sussex St., Ottawa, Ont.

Descriptive marks

Mole between shoulder blades. Mole left side neck.

2. The above-named man is discharged in consequence of demobilization.

Authority for discharge R.O.1328.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Civil Servant

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

Nil.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... Nil.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Ottawa, Ont.

(Date) January 7th, 1919.

Commanding Lt. Col. Comdg. Depot Bn. E. O. R.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Ottawa, Ont. *(Signature of Soldier.)*

(Date) January 7th, 1919. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Ottawa, Ont.

(Signature)

(Date) January 7th, 1919.

Lt. Col. Comdg. Depot Bn. E. O. R.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nil.