

M. D. 32 Depot Battalion Regiment

Regtl. No. 3325700

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Lacelle

2. Christian name Meliodore

3. Present address 22 St. Andrew St., Ottawa, Ont.

4. Military Service Act letter and number PC966305
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth June 17th, 1895

6. Place of birth Ottawa, Ont.
(town, township or county and country)

7. Married, widower or single Single.

8. Religion R. C.

9. Trade or calling Fur Cutter.

10. Name of next-of-kin Mrs. Josephine Lacelle.

11. Relationship of next-of-kin Mother.

12. Address of next-of-kin 22 St. Andrew 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 Oct. 9th, 1917 (c) Category B2

DECLARATION OF RECRUIT

I, Meliodore Lacelle, do solemnly declare that the above particulars refer to me, and are true.

M. Lacelle

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs. 4 mths.

Height 5 ft. 3 ins.

Chest measurement } fully expanded 33 ins.
 } range of expansion 3 ins.

Complexion Sallow

Eyes Brown.

Hair Black.

Distinctive marks, and marks indicating congenial peculiarities or previous disease.
 1 scar forehead
 1 left knee.

O. C. O. C. 2nd. Depot Batt. E. O. R. Depot Btl.

OTTAWA

JUL 2 1918

Place Date Regt.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

(Class)

1. Surname

2. Christian name

3. Present address

4. Military service No. and number

5. Date of birth

6. Place of birth

7. Married, widow, single

8. Religion

9. Trade or calling

10. Name of next of kin

11. Relationship of next of kin

12. Address of next of kin

13. Whether at present a member of the Active Militia

14. Particulars of previous military or naval service, if any

15. Medical examination and fitness notes

(a) Present (b) Past (c) Category

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and are true

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age	Height	Complexion	Eyes	Hair
Build	Complexion	Eyes	Hair	Complexion
Build	Complexion	Eyes	Hair	Complexion
Build	Complexion	Eyes	Hair	Complexion
Build	Complexion	Eyes	Hair	Complexion

Report from

Regt.

1918

OTTAWA

Place

W. W. W.

REGIMENTAL DOCUMENTS

NAME LACELLE HELIODORE *Spr* REGT. NO. 3325799 UNIT Sig. Tr. Sgo H. Q. FILE NO. _____

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38

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CONTENTS

DATE RECEIVED

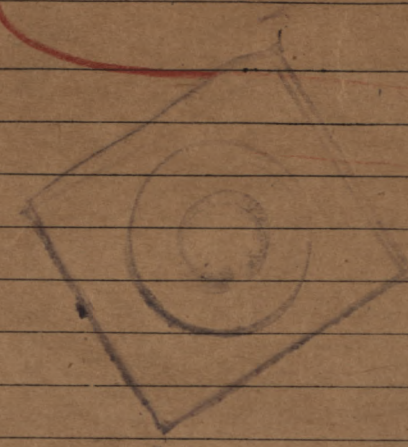
TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

A.M.M. 31-3-19.



1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 M.F.W. 71

1 M.F.W.

~~DEATH~~

Category

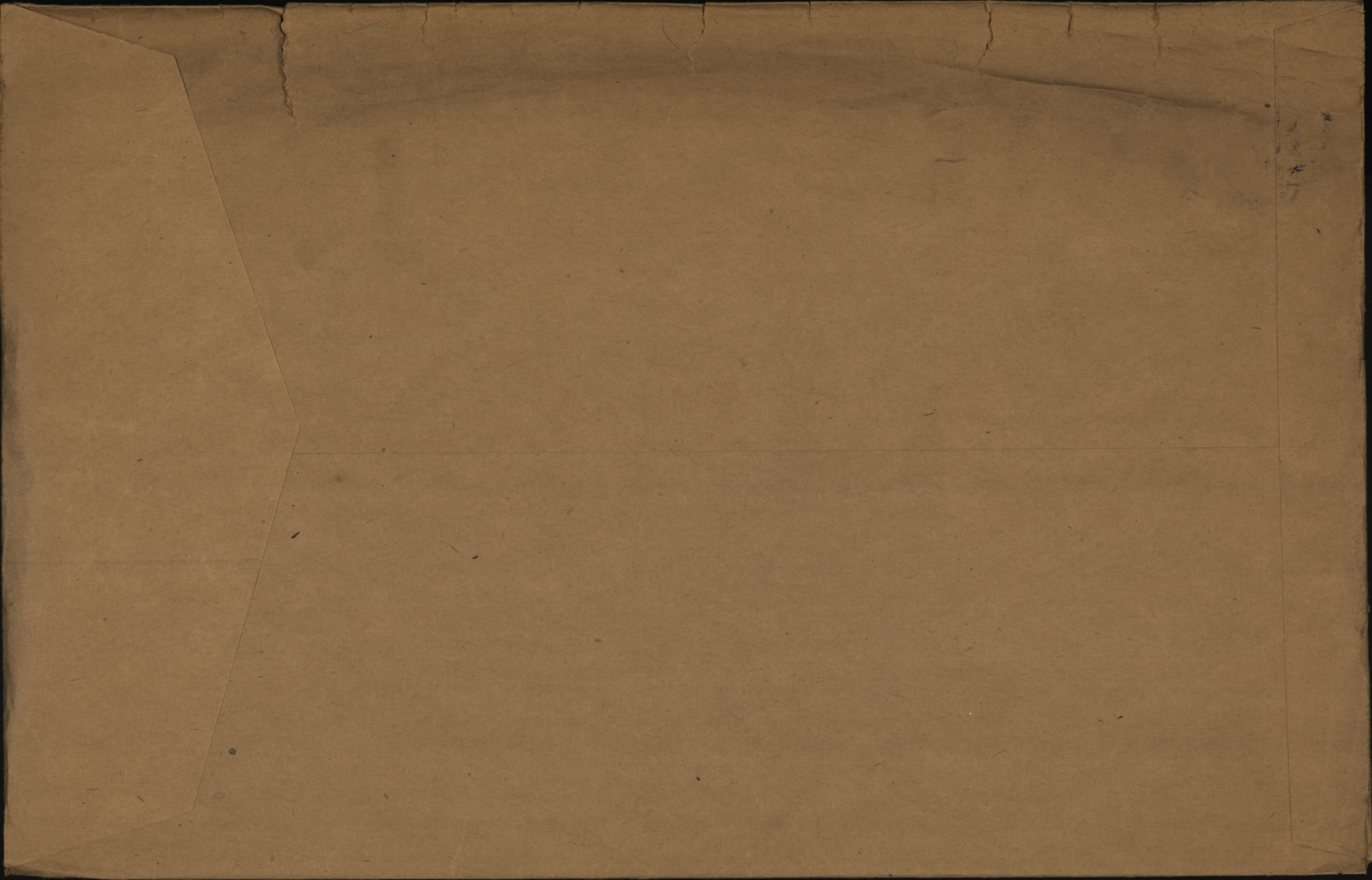
DISCHARGE

Category *Demob*

00998

~~DESERTION~~

H



NAME

Loelle T.

REGIMENTAL NO.

3325799

RANK

Spr.

ENLISTED AT

Ottawa Ont

PROMOTIONS, &C.
AND DATE

DATE

July 2 - 1918.

IF SERVED PREVIOUSLY, STATE UNIT, &C.

none

MARRIED, WIDOWER, OR SINGLE

S

NEXT OF KIN

Mrs. J. Loelle

RELATIONSHIP

Fur cutter

walker.

ADDRESS OF

22 St Andrew St Ottawa Ont.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Surname *Lacelle*

Christian names *Heliodore*

Regtl. No. *3325499* Rank *Pte*

Unit *East Ont Regt 2nd Depo Bn*

H. Q.
M. D. No. *3*
T. O. S. *July 2nd 1918*
D. O. Pt. II *183* of *27/18*
S. O. S. *19-12-* 19. *18*
Reason *Deserted*
Auth. *2 sig 22/11/18*
DD 18 of 18-1-19-3-

Next of kin *Lacelle, Mrs Josephine* Relationship *Mother*

Address *22 St. Andrew St Ottawa Ont*

Also notify:

BORN—Place *Canada, Ottawa, Ont* Date *June 17th 1895*

ATTESTED—Place *Ottawa, Ont* Date *July 2nd 1918*

O/S..... R/C.....



LEDGER NO. 224

SERIAL NO.

REG. NUMBER 3325799 NAME Lacelle H

RANK Spr CORPS Reg Co

AGE 23 SERVICE

NAME OF HOSPITAL Fleming Co PLACE Ottawa

DATE OF ADMISSION 29/11/18

DISEASE Gonorrhoea

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 16.12.18 Dis- IN CATEGORY

REMARKS:.....

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M.S.A. 15. 30
1-2

A J Debus Co Ltd
2nd. DEPOT BATTALION,
MILITARY SERVICE REGIMENT 1917.

3325799

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.

- Surname *Lacelle* Christian name *Niliodore Lacelle*
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule. *P.C. 966305*
- Consecutive number on schedule of men reporting for service (if he appears on it)
- Address (including street and number, if any) *22 St Andrew St Ottawa Ont*

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9th day of October 1917, by the undersigned medical board sitting at Ottawa

- Age as stated 22 Years 4 Months.
- Apparent age _____ Years _____ Months
- Height 5 Feet 3 Inches.
- Weight 105 Pounds.
- Chest measurement { Minimum 30 Ins. Maximum 33 Ins.
- Complexion swallow Eyes brown Hair black
- Physical development good { Good Fair Poor
- Smallpox marks _____

- Number of vaccination marks { Right arm _____ Left arm 1
- When vaccinated last Infancy

15. Distinctive marks and marks indicating congenital peculiarities or previous disease scar 1 forehead 1 L' knee

16. Slight defects but not sufficient to cause rejection
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

BT II

Chadlaw Capt President.
Shelton Capt Member. *Les Sheriff Capt* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>27.8.18</i>		<i>L.V. Gutterer Capt</i> M.O.	<i>TAB 1</i>	<i>20.9.18</i>	<i>L.V. Gutterer Capt</i> M.O.
		M.O.	<i>TAB 2</i>	<i>27.9.18</i>	<i>McPherson Capt</i> M.O.
		M.O.	<i>TAB 3</i>	<i>10.10.18</i>	<i>L.V. Gutterer Capt</i> M.O.

Joined 2nd day of July 1918 at Ottawa

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>2nd Depot Bn. E.O</i>	<i>3325799</i>		<i>2-7-18</i>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

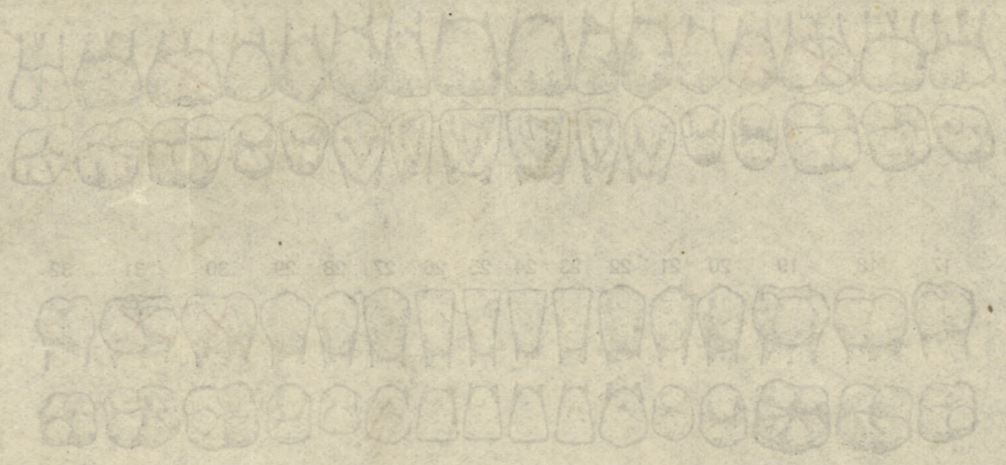
STATION	DATE	DISEASE	RESULT

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.

Signature of Man *Niliodore Lacelle*
22 St Andrew St Ottawa Ont

INSTRUCTIONS

1. On first line of pre-record of name to be made printed ink.
 2. 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 re-charge.
4. On examination the condition of patient's mouth in the diagram or diagram in red ink.
5. Do not examine the condition of patient's mouth in the diagram or diagram in red ink.



REMARKS

OPERATOR

OPERATOR

EXAMINER

DATE

EXAMINER

EXAMINER

EXAMINER

EXAMINER

EXAMINER

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EXAMINER

MR

BELMONT ST. LEEDS

MADE IN CANADA

UNION

DEBET

DEBET

DEBET

DEBET

DEBET HISTORY SHEET

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. 3320799 Rank Sergeant Surname Hogelle
(Given name in full)
Theodore
 Unit or Corps Signal 2 Dept Birthplace Ottawa Ont

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

1. GENERAL DESCRIPTION:

Physique Good Weight 105 lbs. Height 5 3 ft. Colour of Eyes Brown
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 20/40 Left 20/40
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Scars l. forehead
and l. knee -
Requies when young

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 No 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.

Used crutches - B.T.

MEDICAL EXAMINATIONS
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

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 (Canada)

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

Condition as to general health and physical condition
The Officer or other ranks above named has been examined by the following systems:
(Subjective evidence may be indicated in certain cases)
Nervous System
Genito-Urinary System
Cardio-Vascular System
Special Senses
Intestines
Respiratory System
Digestive System
Urogenital and Lymph System
Any other special condition

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

[OVER]

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-30-9-0.

Casualty Form—Active Service.

2nd DEPOT BATTALION,

Unit, Regiment or Corps.

Eastern Ontario Regiment

Regimental No. 3925799 Rank Private Name Lacelle, Melindore

C. E. F.

Enlisted (a) 2/7/18 Terms of Service (a) C. C. F. Service reckons from (a) 2/7/18

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) Fuse Cutter

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				
S. O. B. Decatur 1911-18		D. O. 98		S. O. B.	
		discharged on demobilization			
		RO: 1328 DO-#18			W. M. Sage Major C. E. C. C. Signal Training Depot.

(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.

Casualty Form - Active Service

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

December, 1918.
Folio. 20.
Line. 1.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No 3325799 Rank Sapper. Name Lacelle, H.
Corps Signal Training Depot. who was* Struck off Strength.
On 19-12-18. 191... to Struck off Strength.
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18. 191...
to 19-12-18. 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	20	65
Advances by Cheques } No.			Reg'tl. Pay ... 19... days at \$... 1... c. 00	19	00
Assigned Pay and Sep'n Allee. No. <u>1144</u>	15	00	Field Allow. ... 19... days at \$... c. 10	1	90
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No.			Other Allowances*		
Balance Cr. (to be paid by the new unit)	26	55	Other Credits*		
Total	41	55	Bal. Dr. (to be deducted by new unit)		
			Total	41	55

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has been. (‡) been paid on account of Assigned
{ Pay for the month of Dec., 1918. 191... }
{ and Sep'n Allee. for month of 191... } (to) Assignee Mother, Mrs. J. Lacelle.
(Address) 22 St. Andrew St., Ottawa, Ontario.

(†) 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.

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

REMARKS:—

State (1) date of enlistment 2-7-18.
(2) if married and if a Separation Allowance Card has been submitted NO. NO.
(3) cause of discharge Deserter. authority D.O. 98.
(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date December, 27th, 1918.

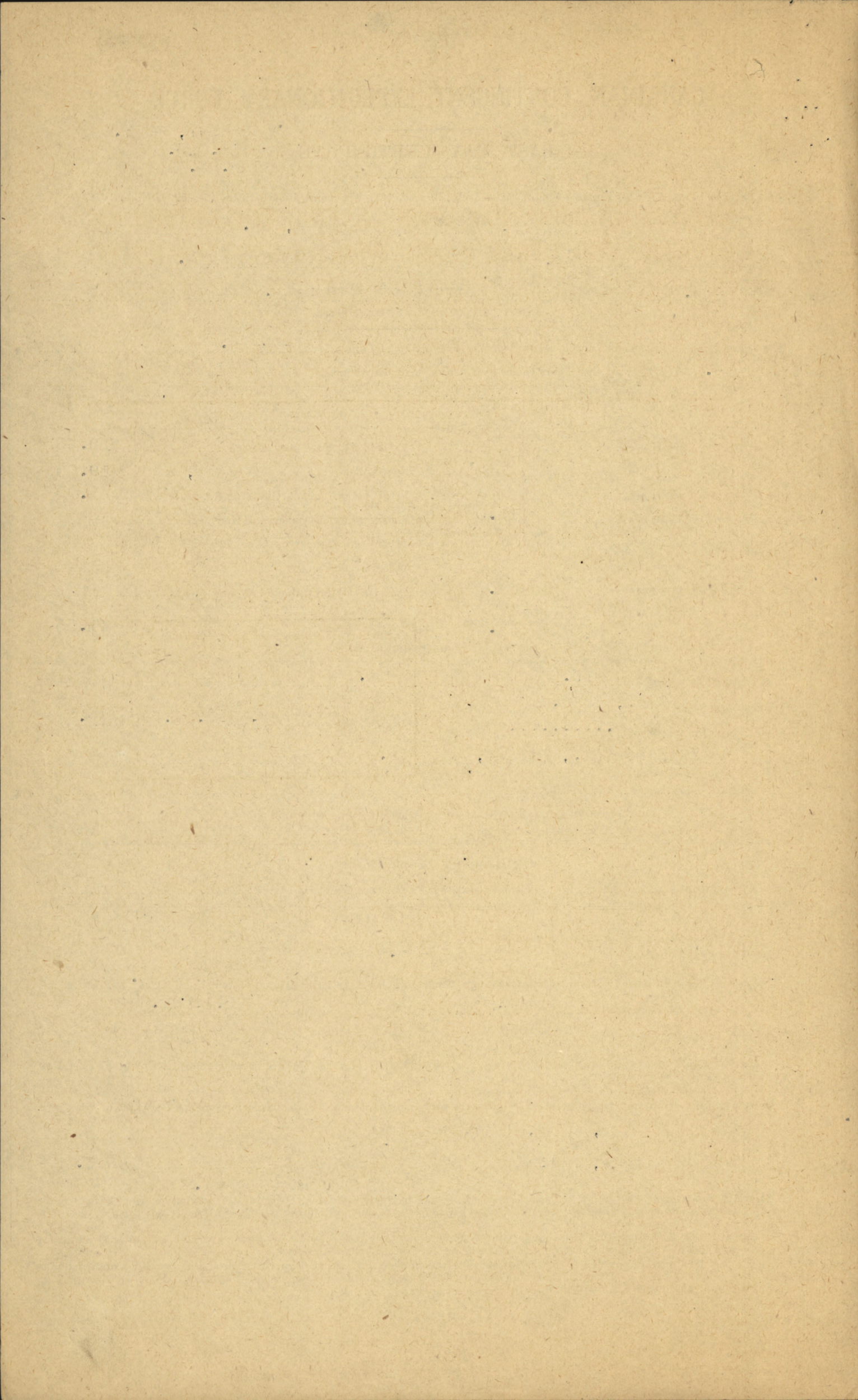
Place Ottawa, Ont.

[Signature]
Signal Training Depot. CAPT.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **3325799** (Rank) **Sapper**
Name (in full) **LACELLE, Heliodore.** enlisted in
the **2nd Depot Bn. E.O.R.,**
CANADIAN EXPEDITIONARY FORCE at **Ottawa** on the **second**
day of **July,** 19 **18.**
HE served in **2nd Depot Bn. E.O.R. & Signal Training Depot, Ottawa.**
and is now discharged from the service by reason of **On Demobilization, R.O. 1326.**

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

Age **22 yrs. 10 months,**
Height **5' 3"**
Complexion **Sallow**
Eyes **Brown**
Hair **Black**

Marks or Scars **1 scar forehead.**
1 " left knee.

H. Lacelle
Signature of Soldier

W. M. Seagr
Issuing Officer

Date of Discharge **17-1-19.**

Major, O.E.
Rank
O.C. Signal Training Depot.
Appointment

Signed at **Ottawa.** this **seventeenth** day of **January,** 19 **19.**

in Military District No. **Three.**

File Reference No. **1-1-30.**

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.

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
THE PARTICULARS CALLED FOR
on the back of
THIS CERTIFICATE
WILL NOT BE COMPLETED.

This 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.	3325799
Rank	Sapper
Surname	L A S E L L E.
Christian name	Heliodore.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Signal Training Depot.
Date of discharge	17-1-19.
Place of discharge	Ottawa

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	22	years.....	10	months.	Descriptive marks
Height.....	5	feet.....	3	inches.	
Complexion	Sallow				1 Scar Forehead.
Eyes	Brown.				1, left knee.
Hair	Black.				
Trade	Fur Cutter.				
Intended place of residence	22 St, Andrew St.				
(To be given as fully as practicable.)	O t t a w a.				

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

Good

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.)

Fur cutter

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:

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

6. Medals and Decorations.....

none

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

W.M. Sagar

(Date) JAN 17 1919

Commanding Major G. E. O. C. Signal Training Depot.

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

H. Lacelle (Signature of Soldier.)

(Date) JAN 16 1919

JAN 17 1919 S.E. Dufour (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.

H. Lacelle (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 19.8 days.

11. Confirmation of Discharge.

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

(Place) Ottawa

W.M. Sagar

(Date) JAN 16 1919

(Signature) Major G. E. O. C. Signal Training Depot.

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.)

List of Discharge Documents

none

H Lacelle

Reg. Conduct Sheet
Squadron
Battery
Company
Field Conduct Sheet
Copies of Conduct Sheet
Med. Hist. Sheet
Casualty Form
Medical Report for Invalidity
Medical History Sheet
Last Pay Certificate
Duplicate Discharge Certificate
Form of Will
Only if discharged "Medically unfit."
Only if man has not been overseas.

(a) Proceedings on Discharge
(b) Attestation
(c) Medical History Sheet

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

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.

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.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263	Attestation Paper Militia Form W. 23
Squadron } Battery } Company }	or Particulars of Recruit " W. 133
Conduct Sheet, " B. 263a	Proceedings on Discharge " B. 218
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 ^{Discharge Form} § " B. 227	
Dental History Sheet " B. 465	
Last Pay Certificate " W. 44	
Duplicate Discharge Certificate " W. 39A	
Form of Will " W. 82	

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.

§ Only if discharged "Medically unfit."

‡ Only if man has not been overseas.

Enlist. Card

W 71

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

H. Lucelle

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.