

ATTESTATION PAPER.

No. 1282251

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Lachance
- 1a. What are your Christian names? Ernest Louis
- 1b. What is your present address? 265 Queen Street, Ottawa, Ontario.
2. In what Town, Township or Parish, and in what Country were you born? Hull, P.Q., Township of Wright.
3. What is the name of your next-of kin? Mrs. L. Lachance (Wife)
4. What is the address of your next-of-kin? 265 Queen Street, Ottawa, Ontario.
- 4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? October 8th, 1887.
6. What is your Trade or Calling? Contractor
7. Are you married? Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? Yes
10. Have you ever served in any Military Force? 3 years 98 days C.P.A.S.C.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? Yes, June 19th, 1917.
16. If so, what was the reason? Not permitted to leave C.P.A.S.C.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ernest Louis Lachance, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date June 22nd. Auth R.O. 795 E. L. Lachance (Signature of Recruit)
October 25th 1918. C. S. Huband, Sergeant (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ernest Louis Lachance, 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, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date June 22nd. Auth R.O. 795 E. L. Lachance (Signature of Recruit)
October 25th, 1918. C. S. Huband, Sergeant. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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 Ottawa, Ontario. this 25th day of October 1918.

(SGD) W. W. E. Bartholomew (Signature of Justice)
Captain.

Description of Lachance, E.L. on Enlistment.

Apparent Age.....31.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5 ft. 7½ ins.

Chest measurement. { Girth when fully expanded.....35 ins.
 Range of expansion.....3 ins.

Complexion.....Fresh

Eyes.....Gray

Hair.....Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....X
 Jewish.....
 Other denominations.....
 (Denomination to be stated.)

Rapid Heart

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date.....November 26th,.....1918..... (SGD) C. Laidlaw, Captain.

Place.....Ottawa, Ontario...... W.W. Saulter, Captain.
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Ernest Louis Lachance.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(SGD) F.W.E. Bartholomew..... (Signature of Officer)
Capt. & Adjutant

C.A.S.C.

Date.....December 3rd,.....1918.

18-2-43 P

No. 1282251

LACHANCE, Ernest L.

ORIGINAL

#345269

MEDICAL HISTORY SHEET.

Surname Lachance. Christian Name Earnest Louis.

Examined	on <u>17th</u> day of <u>June</u> 191 <u>8</u>	Approved by	
Address	at <u>Perawana Camp.</u>		
Birthplace	City or Town <u>Hull</u>	Rank	M.O.
	County <u>Quebec</u>		
Apparent age	<u>30</u>		
Trade or occupation	<u>Contractor</u>		M.O.
Height	<u>5</u> Feet <u>8</u> Inches.		M.O.
Weight	<u>127</u> Lbs.		M.O.
Chest measurement	Minimum <u>30½</u> inches.		M.O.
	Maximum expansion <u>33½</u> inches.		M.O.
Physical development	<u>Poor (underweight)</u>		M.O.
Small-Pox Marks	<u>N.I.</u>		M.O.
Vaccination Marks	Arm <u>Right</u> Left <u>X</u>		
	Number <u>2</u>		
When Vaccinated last	<u>1913</u>		M.O.
(a) Marks indicating congenital peculiarities or previous disease	<u>Wart - left Axilla</u>		M.O.
	<u>Molds on right shoulder</u>		M.O.
(b) Slight defects but not sufficient to cause rejection	<u>Pulse - 136. Gives history of</u>		M.O.
	<u>loss of weight -</u>		M.O.

Enlisted on 17th day of May, June 1918 at Perawana Camp.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>74th Battery</u>	<u>345269.</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Petawana</u>	<u>June 18th 1918</u>	<u>Septic Carditis</u> <u>18/11</u>	<u>1st Lieut. Capt. H. H. H.</u> <u>2nd Lieut. Capt. H. H. H.</u> <u>2nd</u>

N. B.—This sheet 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.

Christian Name.

Surname.

[illegible]

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 }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	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.	
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.			

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.

DATE... 5/10/20

The Paymaster General,
Militia & Defence,
Ottawa.

VICTORY LOAN 1919.

Having completed my subscription of \$50.00
to 1919 Victory Loan, will you please have Bond forwarded
to me by registered mail, at the following address:

apt. 3, 2
265 Queen St.
Ottawa

J. R. Lachance
Subscriber.

W. J. Montgomery
Witness.

Mr. J. Edgar Hoover

Director, Federal Bureau of Investigation

Washington, D. C.

VICTORY LOAN 1919

Dear Sir:

I am completing my subscription of \$.....
to 1919 Victory Loan, will you please have same forwarded
to me by registered mail, at the following address:

.....
.....
.....
.....

.....
Sincerely,
.....

.....
.....

Surname *Lachance* H. Q.
Christian names *Ernest Louis* M. D. No. *2*
Regtl. No. *1282251* Rank *Lt. Major (W.O.)* T. O. S. *Oct 25th 1918*
Unit *C. A. S. C.* S. O. S. *Dis 23-8 1919*
Reason *Demot* *131*

Auth. *H.O. 24692-9-19*
H.Q. C.A. S.C. In. Comp.

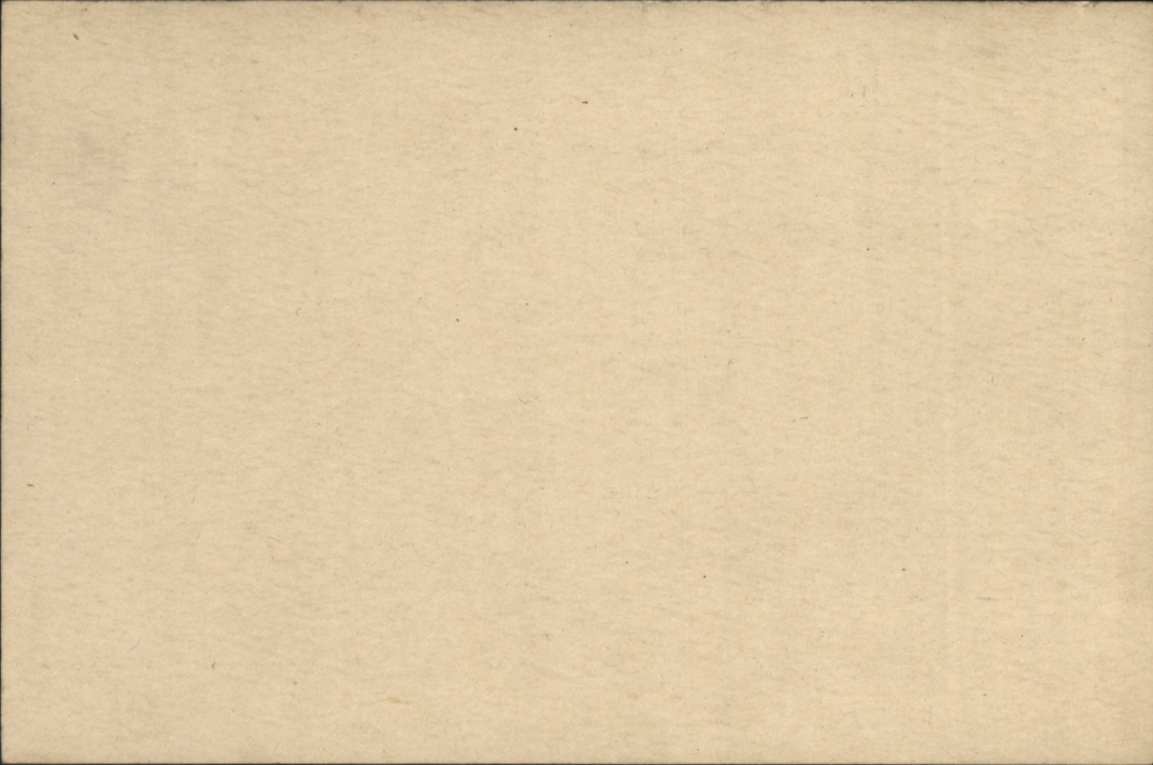
Next of kin *Lachance Mrs L.* Relationship *Wife*
Address *265 Queen St Ottawa*
Ont.
Also notify:
.....
.....

BORN—Place *Canada Hull P.Q.* Date *Oct 8th 1887*

ATTESTED—Place *Ottawa, Ont.* Date *Oct 25th 1918*

O/S.....

R/C.....



FILE NO.

VICTORY LOAN 1919.

Name and Address for Delivery

2/85

Name LACHANCE

Surname

E. L.

Christian Name

apt. 3.
265 Queen St.,
Ottawa,Reg. No. 27005

Rank

Sgt. MajorUnit or Branch Supplies & Transport BranchSubscribed for in M.D. OttawaInt. 136

Registered in Name of

Amount of Subscription \$ 50., Class CB, Maturity fifteen

Date	Item	Dr.	Cr.	Balance	Audit	Date	Item	Dr.	Cr.	Balance	Audit
24-11-19	RR. # 4		5.00	5.00	26	Card					
13-12-19	" # 83.		4.00	9.00	26						
20-1-20	" # 376		4.00	13.00	26						
19-2-20	" # 582		4.00	17.00	26						
23-3-20	" # 833.		4.00	21.00	26						
19-4-20	" # 1103.		4.	25.	26						
7-6-20	" # 1376		4.	29.	26						
18/6/20	" # 1575		4.	33.	26						
26/7/20	" # 1795		4.	37.	26						
14/8/20	" # 1970		4.	41.	26						
31/9/20	" # 2194		4.	45.	26						
11/10/20	" # 2313		6.36	51.36	26						
29/10/20	Reg # 28.	51.36			26						

Remarks

Transfer Record

Bond Forwarded

Date

Reg. Letter No.

M. B.

30/10/20

6428

H168047

Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates :—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

~~L.L. 53961—M. & D. 9721~~

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

DEPARTMENT OF MILITIA AND DEFENCE.

Application Form Canadian Victory Bonds
1919.

I Lachance Ernest L.

In block letters.

Apply for one
VICTORY BONDS VALUED AT \$ 50.00 AND DO HEREBY AUTHORIZE THE
SUM OF \$ 5.00 for the 1st month, \$ 4.00 for ten months, and \$ 6.36
the twelfth month to be stopped from my pay.

I DESIRE THE BONDS TO BE OF \$ 50.00 DENOMINATION AND TO BE
Coupon Bearer BONDS MATURING IN 15 YEARS.

*State if you want \$50, \$100, \$500, or \$1,000 denominations, and if the bonds are Coupon Bearer Bonds or Registered Coupon Bonds and if to mature in five years or fifteen years, (the Maturity to be stated in writing, as well as figures).

ON PAYMENT IN FULL PLEASE DELIVER BONDS TO:—

Ernest L. Lachance NAME.

265 Queen St. STREET, TOWN AND

Ottawa Ont PROVINCE.

Date 4th Nov 1919 Ernest L. Lachance
Signature of subscriber.

REGIMENTAL PAYMASTER'S CERTIFICATE:

I CERTIFY THAT THE ABOVE PERSON IS ON THE PAYLIST OF THIS
UNIT AND I WILL MAKE THE MONTHLY DEDUCTIONS UNTIL THE BONDS
ARE PAID FOR, OR CARRY OUT THE INSTRUCTIONS DEALING WITH VIC-
TORY BONDS.

W G Donne Jr

Name and Rank.

Date _____

Pm M.H.Q

Unit.

Subscribers wishing to pay in full for their bonds, on or before November 16th, in one payment, should attach a marked cheque or money order to this application.

For Payment in Full

1— \$50 Bond — \$50	1— \$500 Bond — \$500
1— \$100 Bond — \$100	1— \$1000 Bond — \$1000

For Payment in twelve Monthly Payments

1—\$ 50 Bond—\$ 5 for 1st month, \$4 for 10 months, and \$ 6.36 on the 12th month.
1—\$100 Bond—\$10 for 1st month, \$8 for 10 months, and \$12.71 on the 12th month.

Larger Subscriptions in Proportion.

If Registered, or Fully Registered Bonds are required, this part must be filled in.
Kind and denomination of bonds required:

Coupon Bonds (Registered)—\$50, \$100, \$500, \$1000.

Maturity _____

Fully Registered—\$500, \$1000, \$10,000.

Maturity _____

NOTE:—No application for less than \$500, can be accepted for fully Registered Bonds.

Name in which bonds are to be registered Lachance Ernest L.
Full Christian name in block letters.

Post Office Address _____

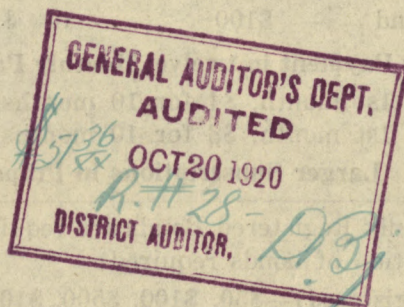
Signature of person in whose name bonds are to be registered.

Date _____ Signature of subscriber.

*crossed
acc
for*
E. L. Louchance

	Date	A.R. No.	Sheet No.	Amount \$ c.	Signature of Paymaster.
1.	20/11/19	973	1	5 00	W E Donne Jr
2.	12/12/19	818	1	4 00	W E Donne Jr
3.	15/1/20	898	1	4 00	W E Donne Jr
4.	16/2/20	983	1	4 00	W E Donne Jr
5.	19/3/20	1086	1	4 00	W E Donne Jr
6.	9/4/20	1804	1	4 00	W E Donne Jr
7.	27/4/20	66	1	4 00	W E Donne Jr
8.	25/6/20	136	1	4 00	W E Donne Jr
9.	8/7/20	214	1	4 00	W E Donne Jr
10.	3/8/20	247	1	4 00	W E Donne Jr
11.	8/9/20	255	1	4 00	W E Donne Jr
12.	1/10/20	397	1	6 36	W E Donne Jr

57.36 *Rmc*



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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

H. Q. C. A. S. L. Ser. Maj.

Regimental No. *1282251*

Rank

S. M. (W. O.)
C. E. F.

Name

La Chance E. J.

Enlisted (a).....

Terms of Service (a).....

Service reckons from (a).....

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).....

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				
		<i>S.O.S. on Demobilization Ottawa with effect 23/8/19</i> <i>Auth. R.O. 1420</i> <i>O. J. at off Maj.</i> <i>M. T.</i>			<i>N.O. Part II #246 dated 2/9/19</i>

(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.

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. 1282251 Rank S M Name LACHANCE ERNEST LACHANCE (Name in full in block letters.) Age 31 Address after discharge 265 Queen St. Unit or Corps C A S C Birthplace Hull Que.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft 7 1/4 in. Colour of Eyes Grey Nutrition Good Pulse 74 Regular Condition of arteries Normal Vision Rt. Left. Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.) Two moles in left armpit and one in right. Scar on left shin. Slight spinal curvature

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.

EXAMINATIONS.

4. 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.)

5. THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date Signed M.O.

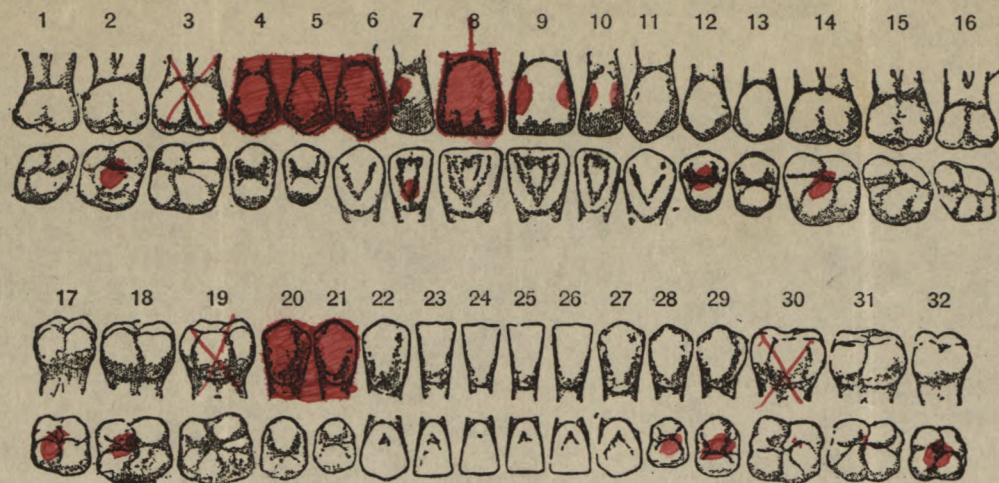
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

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.)

REGIMENT H.Q...... C.A.S.C. Ser. Co.'y RANK..... S.M...... (W.O.)..... No. 1282251



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

[illegible]

INSTRUCTIONS

1. The first step in the process is to identify the problem.

2. The second step is to gather information about the problem.

3. The third step is to analyze the information and determine the cause of the problem.

4. The fourth step is to develop a plan of action to solve the problem.

[Handwritten signature]

DEVELOPMENTAL HISTORY SHEET

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 Lachance Christian name Sgt-Major Ernest L
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any)..... 257 Slater Street-Ottawa, Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22 day of May 1918 1917, by the undersigned medical board sitting at Ottawa, Ont.

5. Age as stated 30 Years 7 Months. 6. Apparent age..... Years..... Months
7. Height 5 Feet 7 Inches. 8. Weight 127 Pounds.
9. Chest measurement { Minimum 31½ Ins. 10. Complexion Dark { Eyes Hazel
Maximum 35½ Ins. Hair Brown
11. Physical development Good { Good
Fair
Poor 12. Smallpox marks none
13. Number of vaccination marks { Right arm.....
Left arm 1 14. When vaccinated last childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....
- The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis 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 A11 Visions: R. 6/6 L. 6/6
Hearing: Normal

Chadlaw President.
Nelson Capt Member. A. O. Davis Member.

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

Joined..... day of..... 191..... at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Ernest L. Lachance
Signature of Man

13

Christian Name.

[illegible]

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1282251 (Rank) S.M.(W.O.)

Name (in full) Ernest, Louis, LACHANCE. enlisted in
the C.P.A.S.C. 19/7/15. Reinlisted in C.A.S.C.

CANADIAN EXPEDITIONARY FORCE at Ottawa. on the 22nd
day of June 1918.

HE served in Canada.

and is now discharged from the service by reason of S.O.S.on Demobilization.
~~Medical Unfitness.~~

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

Age 31 Years

Height 5 Ft 7½ Ins

Complexion Fresh

Eyes Grey

Hair Brown

Marks or Scars Two moles in left
armpit and one in right.

Scar on left shin.

Slight spinal curvature.

E. L. Lachance
Signature of Soldier

Date of Discharge

August 23rd 1919.

[Signature]
Issuing Officer

Colonel.
Rank

Date August 23rd 19 19.

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

THIS IS TO CERTIFY that the

Name in full

Rank

Service Number

Regiment

Company

Platoon

Day

Month

Year

Place

and is now discharged from the service of the

Canadian Expeditionary Force

THE FOLLOWING IS THE SUMMARY OF THE SERVICE OF THE

NAME IN FULL

Rank

Service Number

Company

Platoon

Day

Month

Year

Place

and is now discharged from the service of the

Canadian Expeditionary Force

THE FOLLOWING IS THE SUMMARY OF THE SERVICE OF THE

NAME IN FULL

Rank

Service Number

Company

Platoon

Day

Month

Year

Place

and is now discharged from the service of the

Canadian Expeditionary Force

THE FOLLOWING IS THE SUMMARY OF THE SERVICE OF THE

NAME IN FULL

Rank

Service Number

Company

Platoon

Day

Month

Year

Place