

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Valmae Morin*
 2. In what Town, Township, or Parish, and in what Country were you born?..... *Ottawa, Ont*
 3. What is the name of your next-of-kin?..... *Mary Morin (mother)*
 4. What is the address of your next-of-kin?..... *64 St Andrew St, Ottawa, Ont*
 5. What is the date of your birth?..... *June 22, 1889*
 6. What is your trade or calling?..... *Mechanical Engineer*
 7. Are you married?..... *No*
 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
 9. Do you now belong to the Active Militia?..... *No*
 10. Have you ever served in any Military Force?..... *Yes 3 yrs in A.S.C. Ottawa #560. as Serg*
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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*
- *V. Morin* (Signature of Man.)
 *J. H. McEwen* (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Valmae Morin*, 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 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 *April 10* 191*5* *V. Morin* (Signature of Recruit.)
 *J. H. McEwen* (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Valmae Morin*, 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 *April 10* 191*5* *V. Morin* (Signature of Recruit.)
 *J. H. McEwen* (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 *Montréal* this *10* day of *April* 191*5*.

..... *Grace Payne* (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... *Grace Payne* (Approving Officer.)

DESCRIPTION OF Valmae Moun ON ENLISTMENT.

Apparent Age _____ 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. 9 1/2 ins.

Chest measurement { Girth when fully expanded _____ 34 1/2 ins.
 Range of expansion _____ 33 ins.

Complexion _____ Dark

Eyes _____ Brown

Hair _____ Brown

- Religious Denominations { Church of England _____
 Presbyterian _____
 Wesleyan _____
 Baptist or Congregationalist _____
 Other Protestants _____
 (Denomination to be stated.)
 Roman Catholic _____ X
 Jewish _____

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 _____ April 16th 1915

Place _____ Montreal

[Signature]
 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

Valmae Moun 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.

Date _____ April 18th 1915

[Signature] (Signature of Officer.)

REGIMENTAL DOCUMENTS

NAME

Mason

Valmore

REGT. NO.

1st 509
2nd 89997

UNIT

1st ...
2nd 27th Battery

H. Q.

FILE NO.

#

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

62 — 22
72 — 22
10 — 22

1st & 2nd
S

2nd Ent
3

C

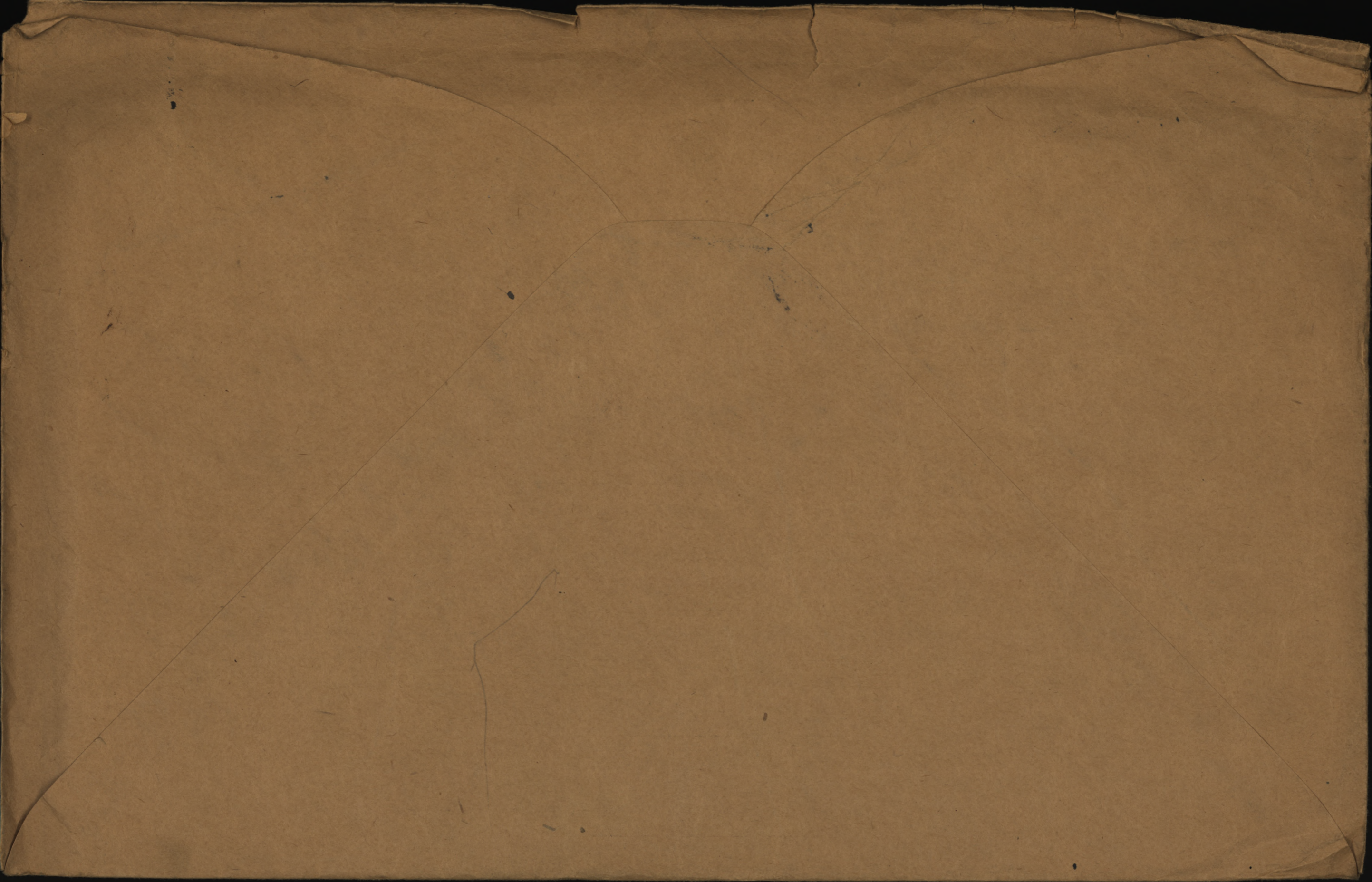
C.

32412

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- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.B.W. 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)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- 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)
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- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *Index card*
m. f. d. 877
m. f. b. 203



SURNAME.

Morin,

CARD NO.

CHRISTIAN NAMES

Walmore

FOLL.

So. A. Dis. 18-3-15 4

REGL. NO.

599

RANK

UNIT

Div - Armm - Col.

FORMER CORPS

A. S. C. 3 yrs.

D.F.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Morin, Mrs Mary

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

*64 St Andrew St. Ottawa,
Ont.*

Discharged

COUNTRY OF BIRTH

Canada, Ottawa, Ont.

DATE

July 22nd 1890

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Jan 16th 1915.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Book-keeper & Engineer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

24

YEARS

MONTHS

HEIGHT

5-

FEET

9 7/8

INCHES

CHEST MEASUREMENT

35 1/4

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Dark Brown.

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Jan 16th - 1915.

MEDICAL HISTORY SHEET.

Surname Moin Christian Name Valmae

Examined { on 16th day of April 1915
 at Montreal
 Birthplace { City or Town Ottawa
 County Ont.

Approved by _____
 Rank _____ M.O.

Apparent age 26
 Trade or occupation civil engineer
 Height 5 Feet 9 1/2 Inches.
 Weight 138 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 34 1/2 inches.
 Physical development fair
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last when a child

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease _____ M.O.
 (b) Slight defects but not sufficient to cause rejection _____ M.O.

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

Enlisted on 16th day of April 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>27th Bty C. C.F.</u>	<u>89997</u>		<u>16/4/15</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Surname *Maxon*Christian Name *Talmer*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>U.S.A.</i>	<i>May 11</i>	<i>1</i>	<i>5</i>	<i>15</i>	<i>19</i>	<i>5</i>	<i>15</i>	<i>orchitis traumatic Left.</i>	<i>18</i>	<i>No evidence of venereal infection History of Trauma from Rifle butt Good recovery - Fit for duty</i>	<i>C. R. Bourne Lieut. Amc. Montreal General Hospital.</i>

SETTLEMENT OF MAN'S ACCOUNT ON TRANSFER AND LAST PAY CERTIFICATE.

Last Pay Certificate of the undermentioned N. C. O. or man of 27th Battery 88th
 Company, etc., Regiment, etc.,
 on { ~~Transfer~~ } to on 20/5/1915 191
 { Discharge }
 Reg. No. 89997 Rank and Name Ser. B. Martin

STATEMENT to be completed by Company Officer and forwarded to Paymaster at least 3 clear days before discharge, etc., is to take place.

Date of enlistment 16/4/15 Date last re-engagement
 Date of re-enlistment If recovered deserter, date service commences
 If authorized to count previous service in Permanent Force or Regular Forces, give particulars, period, etc.
 Date of promotion to present rank
 State whether on married establishment and give date no
 Daily rate of Regimental pay 81.00 Proficiency or Corps pay F.A. 0.10
 Instructional pay, or any additional pay, give particulars
 Amount of deferred pay due on discharge as per Form D. 805 attached

(a) Total cash payments made in current month \$ 23.20
 " Public stoppages " " (give particulars)
 " Regimental charges " (" ")
 " charges against Clothing acct. "

(a) These amounts will be those appearing on current month's pay-list, made since the last monthly pay-list was forwarded to the Paymaster.

Extra duty pay and allowances, including transfer allowance, to be paid on Form D. 807 to the man on transfer or discharge, give particulars and amount

I CERTIFY that the above statement is correct.
Bruce Payne Officer Commanding Co., etc.

Dr. Cr.
PAYMASTER'S STATEMENT OF ACCOUNT.

PERIOD.	PARTICULARS.	\$	c.	PERIOD.	PARTICULARS.	\$	c.
FROM	To Balance Dr. from last account.....			TO	By Balance Cr. from last account.....		
	" Cash payments—				" Regimental pay.....days @ \$.....		
	1st month.....				" Proficiency or } Corps Pay.. } " @ \$.....		
	2nd "				" Instructional pay } or } days @ \$.....		
	3rd "pay }		
	" Regimental charges—				" Deferred pay, as per Form D. 805.....		
	1st month.....						
	2nd "						
	3rd "						
	" Public stoppages, viz. :—						
						
						
	" Balance Cr. (*amount to be paid to man prior to discharge or transfer).....				BY BALANCE DR.....		
	TOTAL.....				TOTAL.....		

BALANCE CR. OF CLOTHING ACCOUNT (to be paid if man is discharged)..... \$..... c.....

* N.B.—Before making this payment, O. C. unit will deduct any cash payments or other charges made subsequent to the above statement being forwarded to Paymaster, and will then furnish Paymaster with particulars of same.

.....Paymaster.

FINAL CERTIFICATE ON TRANSFER.

“ I Certify that the amount of \$.....shown as Balance Cr. in
Paymaster's statement of account was paid to the man prior to transfer, also
that extra pay and allowances due on D. 807 have also been paid up to date
of transfer, inclusive.”

.....
Officer Commanding Co., Etc.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *note Sect. 2 and Dab*

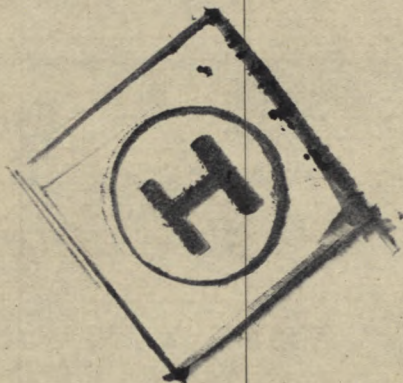
Regimental No. *509* Rank *Plt* Name *Morin, Valmore*

Enlisted (a) *16-1-15* Terms of Service (a) *D of war* Service reckons from (a) *16-1-15*

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>in d. Dab</i>	<i>Sol at own request</i>		<i>Montreal</i>	<i>13-3-15</i>	<i>auth HQ 16-1-25 vol 9 and H m D 46-4-18d/19-4-15</i>



for Dab

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Original Not Available

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.


Unit, Regiment or Corps. *27th Battery 7th Bde CFA*

Regimental No. *89997* Rank *Gunner* Name *Martin Valmae*

Enlisted (a) *16-4-15* Terms of Service (a) *D of War* Service reckons from (a) *16-4-15*

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>20-5-15</i>	<i>27th Bde 7th Bde</i>	<i>S.O.S. For Private Reasons within three months of enlistment KR40 322(3)</i>	<i>Montreal</i>	<i>20-5-15</i>	<i>H. Q. 16-1-31</i>
		<i>By Purchase</i>			
					<i>White Capt- for D.R.</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.

Proceedings on Discharge.

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

No. 89997	
Rank Gunner	
Name H. Morin <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 27th Battery	
Date of Discharge May 20th 1915	
Place of Discharge Montreal	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 26 years months. Height 5 feet 9 1/2 inches. Complexion Fair Eyes Brown Hair Brown Trade Mechanical Engineer Intended place of residence } Montreal <small>(To be given as fully as practicable.)</small>	Descriptive Marks. <hr style="width: 50%; margin: 0 auto;"/>
2. The above-named man is discharged in consequence of his discharge <i>having claimed his discharge, for private reasons,</i> <i>within three months of his attestation</i> <i>[K.R.O. C.M. 1910 para 322(3)]</i> <div style="text-align: right;">4D 31-2-36.</div>	
<small>N.B.—The causes of discharge must be worded as prescribed in the King's Regulations and be identical with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <div style="text-align: center;">Nil - In hospital most of the time</div>
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <div style="text-align: center;">Mechanical Engineer.</div>	

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.....

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) *Montreal*

J. Bruce Payne
O.C. 27TH BATTERY C.E.F.
Commanding

(Date) *May 28th 1915*

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.

(Place) *V. Morin* (Signature of Soldier.)

(Date) *J. Scruton* (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.

V. Morin (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 *3* years..... days.

11. Confirmation of Discharge.

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

(Place) *Montreal*

(Date) *May 28th 1915* (Signature).....

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.)

No Reservations.

G. Motin

List of Discharge Documents.

Reg. Conduct Sheet, Militia Form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company } Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313. Medical Report for Invalid* " B. 227. Settlement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	Attestation Paper, Militia Form B. 235. Proceedings on Discharge, " B. 218. <hr/> 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 (in the event of such having been prepared.)
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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.

May 22nd 1915
1625 \$15.00