

1 N 23

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname..... Nezan

2. Christian name..... Louis Joseph

3. Present address..... 240 Breeze Hill Ave., Ottawa, Ont.

4. Military Service Act letter and number..... PC 971430

5. Date of birth..... Aug. 13th, 1896

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..... Bookkeeper

10. Name of next-of-kin..... Mr. Louis Nezan

11. Relationship of next-of-kin..... Father.

12. Address of next-of-kin..... 240 Breeze Hill Ave., 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..... 29th Oct 1917 (c) Category..... All

DECLARATION OF RECRUIT

I, Louis Joseph Nezan, do solemnly declare that the above particulars refer to me, and are true.

Louis Nezan

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 21 yrs..... 2 mths.

Height..... 5 ft..... 4 1/2 ins.

Chest measurement } fully expanded..... 35 1/2 ins.
range of expansion..... 6 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Fair

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Scar over Lt eye-brow. Moles back of Rt shoulder

OTTAWA

O. C. *W. B. ...* Depot Btl. Lt. Col.
O. C. 2nd. Depot Batt. E. O. B. Regt.

Place..... Date..... MAY 7 1918

ORIGINAL

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT 1917

Serial No.	Name	Age	Height	Build	Complexion	Education	Profession	Religion	Marital Status	Service
1
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DECLARATION OF RECRUIT

I, the undersigned, being the parent or guardian of the above-named recruit, do hereby declare that the above-named recruit is a British subject and is fit for military service.

DESCRIPTION ON CALLING UP

Height: ...
 Weight: ...
 Complexion: ...
 Eyes: ...
 Hair: ...
 Build: ...
 Education: ...
 Profession: ...
 Religion: ...
 Marital Status: ...

Signature: ...
 Name: ...
 Address: ...
 Date: ...

REGIMENTAL DOCUMENTS

NAME

NEZAN

Louis Joseph

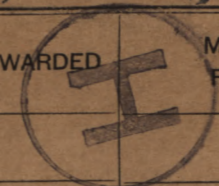
REGT. NO. **3321750**

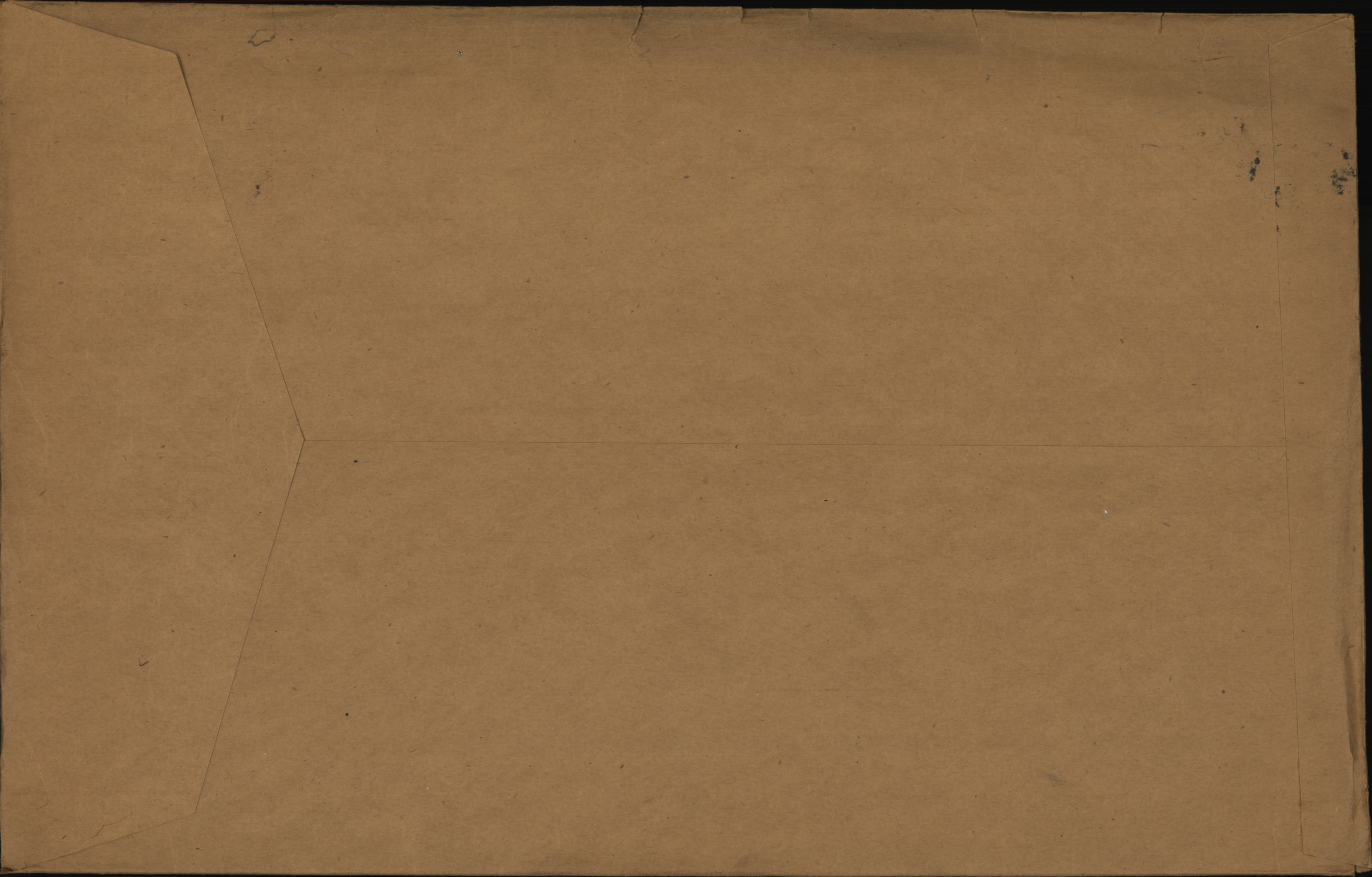
UNIT

2/200P

H. Q. FILE NO.

<p>(S) CONTENTS</p>	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>68 5/13/19</i>				DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
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
DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>Remob</i>
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)					
PROCFEDINGS, 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
LAST PAY CERTIFICATE (M.F.W. 44)				04607	
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)					
<i>1 m...</i>					
<i>1 m...</i>					





NAME.

RANK.

REC. FILE.

3 4

Nezan Louis, Joseph

Pvt.

T. O. S. May 8 1918

East End High and Spoken

CORPS. 3321750 D. O. Post FILE No 128

ENLISTMENT, PLACE.

Ottawa Ont.

DATE.

May 4th 1918BIRTH
DISCHARGE, PLACE.

Canada, Ottawa, Ont.

DATE.

Aug 13th 1896

REASON.

S.O.S. "Demob." 9-1-19.

U.O. 10 of 10 - 1-19.

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN

Nezan, Louis

RELATIONSHIP

Father

ADDRESS

240 Breeze Hill Ave, Ottawa, Ont.

Rank _____ Name *Megan Louis Joseph* Reg'tl No. *3321750*

T.O.S. *85-18* B.O. No. _____ Serial No. _____

Examined at _____ Date *29-10-17* Co. *A 332*

Nationality _____ Born at _____ Date _____ Age *21* yrs. *2* mos.

Height ft. _____ Ins. _____ Chest _____ Ins. _____ Weight _____ lbs.

Complexion _____ Eyes _____ Hair _____

Distinctive Marks _____

Category *9"*

Married or Single *S.* Religion *R-C.* Occupation *Bookkeeper*

Next of Kin *L. Megan* S.O.S. Date *9-1-19* B.O. No. *10*
240 Breeze Hill Overseas. Date _____ B.O. No. _____
Ottawa Ont Transferred to _____ Date _____ B.O. No. _____

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3321750 (Rank) Sergeant

Name (in full) Louis Joseph Hezan enlisted in

the 2nd Depot Bn., E.C.B.

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont. on the 7th

day of May 1918.

HE served in CANADA

and is now discharged from the service by reason of Demobilization

Under Authority R.O. 1328

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

Age 22 Years--4 Months

Marks or Scars

Height 5' 4 1/2"

Complexion Fair

Scar over left eyebrow

Eyes Blue

Hair Fair

Louis Hezan

Signature of Soldier

Alfred Leman Hezan

Issuing Officer

Lieut-Colonel.

Rank

Date of Discharge January 9th, 1919.

E.C. 2nd Depot Bn., E.C.B.

Appointment

Signed at Ottawa, Ont. this 9th day of January 1919.

in Military District No. 3

File Reference No. 2 E.C. 1-H-23

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, PARTICULARS
CALLED FOR ON BACK OF DIS-
CHARGE CERTIFICATE WILL NOT
BE COMPLETED. D. O. 1676

3321750
Duplicate.

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 Nezon Christian name Joseph Louis
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule PC 971430
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number (if any)) 240 Breezew Hill ave Ottawa Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29th day of October 1917, by the undersigned medical board sitting at Ottawa Ont.

5. Age as stated 21 Years 2 Months. 6. Apparent age _____ Years _____ Months
 7. Height 5 Feet 4 1/2 Inches. 8. Weight _____ Pounds.
 9. Chest measurement { Minimum 29 Ins. 10. Complexion Fair { Eyes Blue
 { Maximum 35 1/2 Ins. { Hair Fair
 11. Physical development Medium { Good Fair Poor 12. Smallpox marks none
 13. Number of vaccination marks { Right arm _____ 14. When vaccinated last Childhood
 { Left arm None
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease
scar over left eyebrow. Moles back of right shoulder

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 All
 17. (a) Vision R. D 30 L. D30
 (b) Hearing. R. Normal L. Normal

(Sgd) J.E. Craig Capt President.

R.P. McLaughlin Capt Member. AV Macdonald Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27.8.18</u>		<u>W.S. Johnson Capt</u> M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 7 day of May 1918 at OTTAWA.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment.	<u>2nd Depot Bn E.O.R.</u>	<u>3321750</u>		<u>7-5-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ottawa</u>	<u>16-8-18</u>		<u>A 11 W.S. Johnson Capt</u>
<u>Ottawa</u>			

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.
 M. F. B. 313.
 300M.—10-17.
 1772-39-439.

Signature of Man *Joseph Louis Nezon*

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *3*

NAME OF SOLDIER

Negan, L.

C Co

REGIMENT

L.D.B.C.O

RANK

Pfc

No. *0321750*



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (e), G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoen	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
												U	L	P			Gold	Porcelain					
	<i>1919</i>	<i>6</i>									<i>1/30</i>												
	<i>12 18</i>	<i>3-13</i>									<i>1/16</i>									<i>Leut. Mansum 3</i>	<i>1 Cor # 19</i>		
	<i>1919</i>	<i>14-15</i>																		<i>Capt. Chambers 3</i>			
	<i>Jan 9</i>	<i>19-31</i>																		<i>Plt Patterson</i>			
																				<i>Leut.</i>			
																				<i>Plt Patterson 3</i>	<i>Cor 32</i>	<i>and discharge</i>	

INSTRUCTIONS

On examination of the topography of the country it is found that the drainage is generally to the south and west.

The highest part of the country is to be seen in the north.

Only small streams are found in the north and west.

The drainage of the country is to the south and west.

The drainage of the country is to the south and west.

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The highest part of the country is to be seen in the north.

Only small streams are found in the north and west.

The drainage of the country is to the south and west.

The drainage of the country is to the south and west.

LEDGER

BELLEVILLE

1880

MADE IN CANADA

THE NATIONAL BANK OF CANADA

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Jan.
1:191
1:18

Regimental No. 3321750 Rank Sergt. Name Nezan L.
(Surname first)
Unit 2nd. Depot Bn. E.O.R. who was* Discharged
On 9-1-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 9-1-19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		8.00
Regimental Pay..... <u>9</u> days at \$ <u>1.00</u>		12.15
Field Allowance..... <u>9</u> days at \$ <u>.16</u>		1.35
Separation Allowance		35.00
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>9132</u>	56.50	
Total	<u>56.50</u>	<u>56.50</u>

*Give particulars.

A monthly stoppage of \$.....not (†) has.....(‡) been paid on account of
Assigned Pay for the month of.....191..... }
and Separation Allee. 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 enlistment8-5-18..... married or single.....Single
(2) Separation Allowance, entitled or notno..... (3) Reason for discharge.....Demob.
(4) Authority for discharge or transferR.O. 1328.D.O. 10.....

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.

DateJan. 14th., 1919.....

PlaceOttawa, Ont......

Taylor Stewart Cap't.

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.

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. 3321750 Rank Sgt Surname Nezom
(Given name in full)
Louis Joseph
 Unit or Corps 20th Coy. P.M.C. E.M.P. Birthplace Ottawa Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 127 lbs. Height 5 ft. 4 1/2 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 30 Left 30
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar over left eyebrow (exp. child)
moles back left
Shoulder

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.
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 9-1-19 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.)

Question as to general health and physical condition: _____
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 submitted in certain cases.)
Nervous System _____
Cardio-Vascular System _____
Respiratory System _____
Digestive System _____
Muscular System _____
Genito-Urinary System _____
Any other general condition _____
If the answer to any part of Section 3 above is "Yes" give full particulars with cause and date of attack, 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.

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd. DEPOT BATTALION,
Eastern Ontario Regiment

Regimental No. 3321750 Rank Private Name Nezon Louis Joseph
C. E. F.

^{Joined} Enlisted (a) 7-5-18 Terms of Service (a) C. E. F. Service reckons from (a) 7-5-18

Date of promotion to present rank 12-6-18 Date of appointment to lance rank 12-6-18 Numerical position on roll of N. C. Os. 12-6-18

Extended Re-engaged Qualification (b) Book keeper

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				
<u>12-6-18</u>		<u>Promoted to Dept</u>	<u>Regiment</u>	<u>12-6-18</u>	<u>B. O. 163</u>
<u>27-7-18</u>		<u>" " Cpl</u>	<u>"</u>	<u>27-7-18</u>	<u>B. O. 208</u>
<u>16-8-18</u>		<u>" " Asst Sgt</u>	<u>"</u>	<u>16-8-18</u>	<u>B. O. 229</u>
<u>9-1-19</u>	<u>E. O. S.</u>	<u>2nd. Depot Bn. E. O. R., B. O.</u>	<u>10</u>		<u>W. H. S. M. W. G. J.</u>

(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.]

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	Date		Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received		Place	Date	


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.	3321750
Rank	Sergeant
Surname	Nezan
Christian name	Louis Joseph
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Depot Bn, E.O.R.
Date of discharge	January 9th, 1919.
Place of discharge	Ottawa, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22	years	4	months.	Descriptive marks Scar over left eyebrow,
Height	5	feet	4 $\frac{1}{4}$	inches.	
Complexion	Fair				
Eyes	Blue				
Hair	Fair				
Trade	Bookkeeper				
Intended place of residence (To be given as fully as practicable.)	240 Breeze Hill Av. Ottawa, Ont.				

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

R.O. 1328.

Authority for discharge.....

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.

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.)

Bookkeeper

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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 9th, 1919

Commanding

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.

Louis Nezan (Signature of Soldier.)

(Date) January 9th, 1919

D. Wood (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.

Louis Nezan (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) January 9th, 1919

(Signature)

Alphonse Leman Major

(Date)

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

LIL.

Louis [Signature]

Attestation Paper Military Form W 23	Minutes form B 263	Res. Conduct Sheet
Particulars of Receipt W 133	B 263a	Spadon Battery Company
Proceedings on Discharge B 218	W 178	Field Conduct Sheet
In the case of receipts who are rejected on final approval, the discharge documents will consist of	in MS.	Copies of Convictions, by C. P.
	Minutes form B 313	Med. Hist. Sheet
	W 24	Casualty Form
(v) Proceedings on Discharge	B 337	Medical Report for Invalids
	B 403	Dental History Sheet
(b) Attestation	W 44	Last Pay Certificate
	W 304	Duplicate Discharge Certificate
(c) Medical History Sheet	W 81	Form of Will
		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.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company }</p> <p style="text-align: center;">or</p> <p>Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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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.*