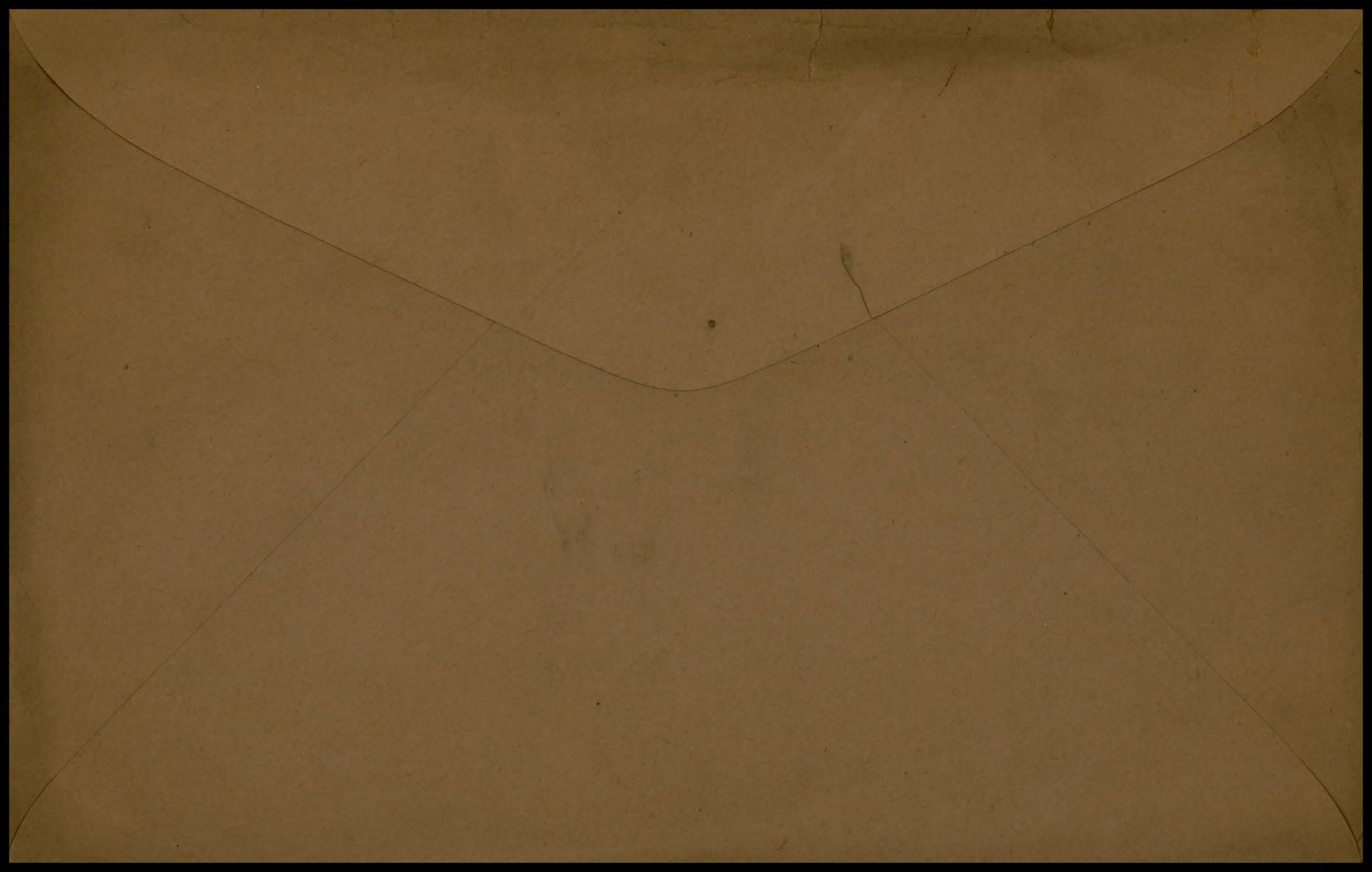
REGT. NO. 4635 154 UNIT 2 A MEDITAL H. Q. FILE NO. REGIMENTAL DOCUMENTS ALFRED M. F. W. 2505 NON-EFFECTIVE BY DATE FORWARDED DATE RECEIVED TO WHOM FORWARDED CONTENTS REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, er 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category 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) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) 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) V 2589 100M-11-18 1772 89 1377



M. D. 2nd Depot Battalion 2nd QuelRegiment

Regtl. No. 4035 154

### PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 2. Christian name..... St Felix de Valois Que 3. Present address..... 4. Military Service Act letter and number. 4 September 1890 5. Date of birth St Felix de Val is Que 6. Place of birth..... (town, township or county and country 7. Married, widower or single..... .....Single Roman Catholic 8. Religion..... 9. Trade or calling. M. D. No. 4 Ferdinand Aubin 10. Name of next-of-kin..... 11. Relationship of next-of-kin St Felix de Valois Que 12. Address of next-of-kin 15. Medical Examination under Military Service Act:-(a) PlaceMontreal Que (b) Datell.11.17 (c) Category DECLARATION OF RECRUIT I, Aubin, Alfred , do solemnly declare that the above particulars refer to me, and are true. Alfred autin (Signature of Recruit) DESCRIPTION ON CALLING UP Distinctive marks, and Apparent age 27 mths. marks indicating congential peculiarities or previous disease. fully expanded. 34 ins. Chest measurement Eyes..... Brown Hair Auburn O. C. 2nd Com- Depot Btln. .....Regt.

Date December 26th 1917.

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

Place Montreal Que

And and Regiment Regal No. Thanks PARTICULARS OF RECRUIT CDEAFTED UNDER MILITARY SERVICE ACT, 1917 O TABLE SHAPE STATE OF VICE LETTER OF THE REAL PROPERTY OF THE PARTY OF THE PART THE THE THE PARTY OF THE PARTY DECLARATION OF RECRUIT and restricted with glammelse off. marke substitute con-To Printed Inches TO SEE STATE OF THE SECOND SEC - m ore The section of the se Fire Arecenter Indentify and the first of the said . .

(9) Is your Father alive?Mr. Ferdinand Aubin
If so, state name and address St. Felix de Valois Que
(10) Is your Mother alive? Yes
If so, state name and address Mrs AimeeValois
St Felix de Valois
(11) If your Mother is a widow
Are you her sole support, or not? Nil.
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
Not applicable
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Nil
•••••••••••••••••••••••••••••••••••••••
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
Not.spplicable
15) Are you insured?
If so, in what Company?Not. sp.plicable
Have you made arrangements for payment of your Insurance premium. Nil.
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
- Kaly Jingra
Officer Commanding.
Date Montreal Que December 26th., 1917 Cum'al 2nd Sapot an 2nd Que La Com'al 2nd Sapot an 2nd S

CARLE STATE STATE

#### PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

#### INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1)	Name of Overseas Unit which Soldier joins2nd.Depot.Bn2nd.Quebac.Reg.t
	Regimental Number 4.035.154  Full Name of Soldier. Aubin Alfred
(4)	Place of Birth St Felix de Valois Que
	Are you married, or not?
	(b) Present Postal Address
(7)	Are you a widower?
(8)	Have you any children ?
	If so, give number of boys and girls
	Also their names and ages
	•••••••••••••••••••••••••••••••••••••••

DENTAL

No4025154

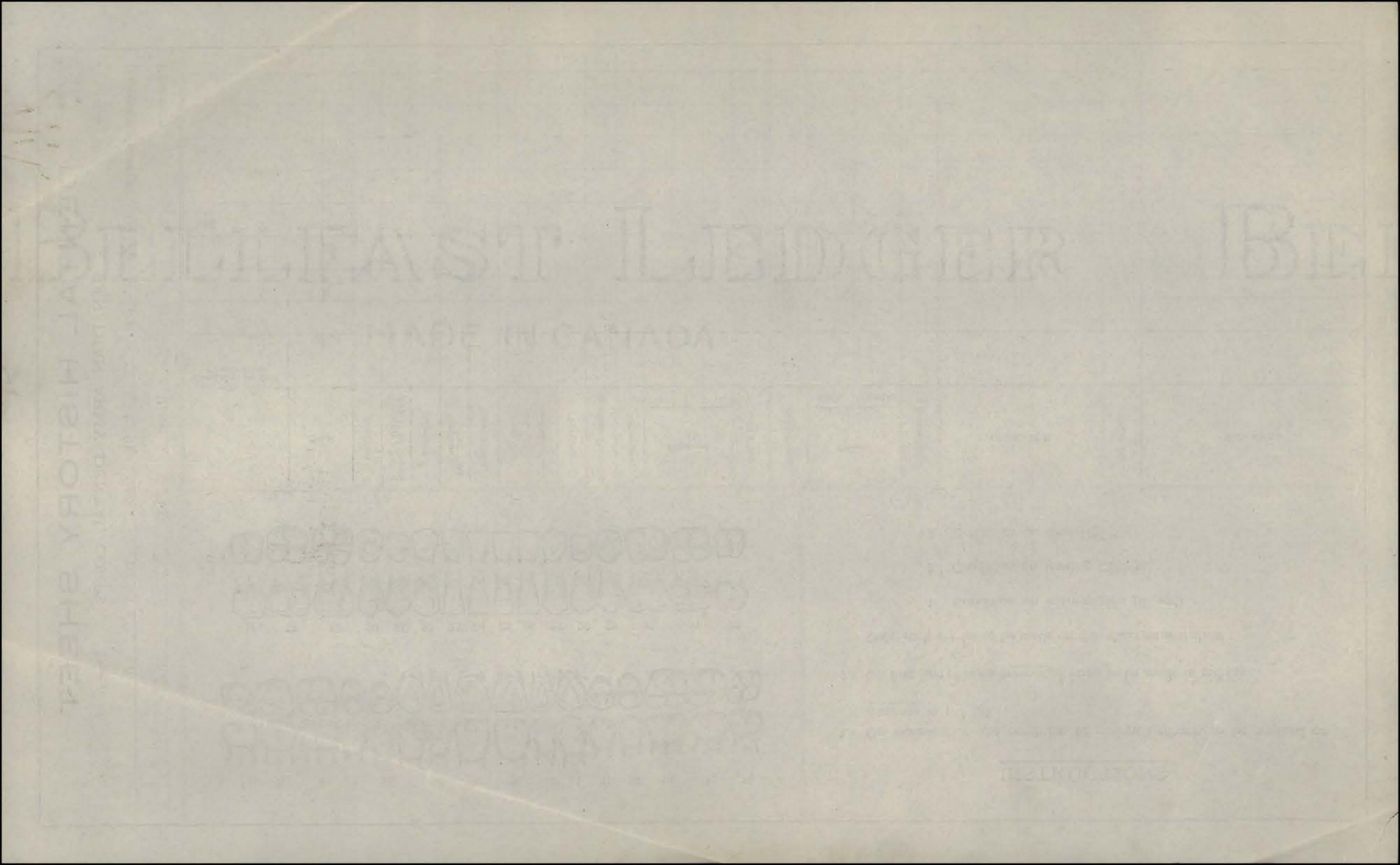
#### INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a), G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhæa	Synthetic Porcelain	Extracting	I	Dentur	es	Gold Clasp	Gold Filling	Cr	rowns	Bridge Work	OPERATOR	Military Dist.	REMARKS
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Condition on first Examination			1											175									
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M. F. W. 71-500m.-618. 1772-39-961

NAME

REGIMENTAL NO. 4035/54

ENLISTED AT

PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &C.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

TO .

C.

ADDRESS

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

### CASUALTIES, &c.

NATURE	PA	RT II. D. O.	REMARKS		
E.G. ABSENCE, PROMOTION, &c.	No.	DATE	IF IN HOSPITAL, NOTE NAME, &c.		
	The Street				

CARD NO. SURNAME. SOS Des. 20-11-18. Deaved. CHRISTIAN NAMES REGL. No. 40 3 50 FORMER CORPS NEXT OF KIN. CHANGE OF ADDRESS NAMES IN FULL Cubin Ferdinand. RELATIONSHIP TO SOLDIER FATONI. ADDRESS St. Felix de Valois, J. O. PLACE OF ATTESTATION Moutreal, P. Q. DATE LEES M. F. W. 22. 100m.-11-16. H. Q. 1772-39-339. L. L. 10437. M. & D. 7253.

SINGLE WIDOWER MARRIED RELIGION TRADE OR CALLING DESCRIPTION. APPARENT AGE YEARS MONTHS FEET INCHES HEIGHT CHEST MEASUREMENT INCHES EXPANSION INCHES HAIR EYES COMPLEXION

MEDICAL EXAMINATION. PLACE

DISTINGUISHING MARKS

DATE

## List of Discharge Documents.

Reservations referred to at Para. S.

ther he expect by the soldiers. When there are mone, it is to be as smooth and signed by the collier.)

Reg. Conduct Sheet, Militia form B. 263.  Squadron Battery Conduct Sheet, "B. 263a.  Company	Attestation Paper, Militia Form B. 235.  Proceedings on Discharge "B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* "B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate,  D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

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.

This space to be for numb Proceedings on Discharge. When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page). MUITARY BISTRICK MO Surname. Christian Name Corps (Squadron, Battery or Company) and DEPOT BN. 2nd OHESCO RECT Date of Discharge Place of Discharge DESCRIPTION AT THE TIME OF DISCHARGE. Descriptive Marks years..... months. Complexion Eyes Trade Intended place of ) residence (To be given as fully as practicable.) 2. The above-named man is discharged in consequence of

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. in the handwriting of the Cor will himself make identical en certificate and initial them. 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.)

M. F. B. 218.

100м.—1-17. H. Q. 1772-39-113. (OVER)

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	WOL WELL			
	proceedings si			JOI MANAGEMENT
arge).	d illinoi no par			
No reference to	G. C. Badges is to be made	on either the discharge or char	eacter certificate.	7 44
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	w)	> 060m		the Col
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the disease	1	No.		copie leer o
Dr. M.		(variation)	as elatinit mor	lo be Discha
	\			LECTIONS A
His account is correctly l	balanced, and signed	by the Officer Comma	nding his Compa	ny. (Squadron
or Battery), and I have im	partially enquired in	to all matters brought	before me in ac	cordance with
Regulations.		THE TAL MOTTHER	Deile)	28.
(Place)	TO PLAN			
Elink evikit	HOT AS	Animour - A	V	
(Date)	******	Commanding		
		by the Soldier on ty, Allowances and Clorions of the claims note	thing, and all ju	st demands, up
		Allowances and Clo	thing, and all jued on the third p	st demands, up age. ture of Soldier.)
I hereby acknowledge that to the present date, su  (Place)	I received all my Paubject to the reservat	y, Allowances and Clockions of the claims note	thing, and all jued on the third p	ture of Soldier.)
I hereby acknowledge that to the present date, su	I received all my Parisiplect to the reservation of the reservation of through illness or a signature, a manusc	y, Allowances and Clorions of the claims note	thing, and all just ded on the third post(Signal	ture of Soldier.) ture of Witness.)
I hereby acknowledge that to the present date, su  (Place)	I received all my Parisiplect to the reservation of the reservation of the case on his	any other cause and it ript copy should be seron own request.	othing, and all justed on the third position	ture of Soldier.) ture of Witness.) to forward these o sign, and when
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I hereby acknowledge that to the present date, su  (Place)	I received all my Parisiplect to the reservation of the reservation of the case on his	any other cause and it ript copy should be seron own request.	thing, and all justed on the third position	ture of Soldier.)  oure of Witness.)  o forward these o sign, and when  ischarge  ajesty's Service.
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I hereby acknowledge that to the present date, su  (Place)  (Date)  When a soldier is absent proceedings to him for returned, should be at 1.  I hereby declare that I days are 10.	through illness or a signature, a manuscratached here.  ficate in the case on his lo of my own free wint to(the date to we have a signature).	any other cause and it ript copy should be set of a Soldier who own request.  Il request to be dischard the riph of Service.  which the Record of Service.	othing, and all justed on the third produced on the third produced on the third produced is not desirable to takes his distribution of takes his dis	ture of Soldier.)  ture of Witness.)  to forward these or sign, and when sign, and when ature of Soldier.)  1yearsdays.
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I hereby acknowledge that to the present date, su  (Place)  (Date)  When a soldier is absent proceedings to him for returned, should be at  9. Additional Certiful I hereby declare that I do not be a soldier to the soldier in the soldier is absent proceedings to him for returned, should be at soldier in the soldier in th	through illness or a signature, a manuscratached here.  ficate in the case on his  lo of my own free with the case of the case	any other cause and it ript copy should be sent of Service. Thich the Record of Service.	othing, and all justed on the third produced on the third produced on the third produced is not desirable to takes his distribution of takes his dis	ture of Soldier.)  ture of Witness.)  to forward these or sign, and when sign, and when ature of Soldier.)  1yearsdays.
I hereby acknowledge that to the present date, su  (Place)	through illness or a signature, a manuscratached here.  ficate in the case on his  lo of my own free with the case of the case	any other cause and it ript copy should be sent of Service. Thich the Record of Service.	o takes his direction of the man to the man	ture of Soldier.)  ture of Witness.)  to forward these or sign, and when sign, and when ature of Soldier.)  1yearsdays.

# 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 Diamentge Documents.

Reg. Conduct Sheet, Militia form it 263 Attestistion Paper, Montia Form IR 235
Squalison | Consluer Spects | B. 26.5a | Proceedings on Discisure | IF 285
Company | Constant by C. P. | In 245
Niest Rigt Sheet | Militia Form IF 253
Abiest Rigt Sheet | Militia Form IF 253
Abiest Rigt Sheet | If 255
Abiest Report for Irealist | If 215
Screenest of Man's Account on Street | If 215
Transfer and Last Pay Care | If 217
Transfer an

N. E.—In the case of a man discharged by purchase the date and naminer of Depart Hecupt with amount of some is to be noted hereon.

(OVER)