

ATTESTATION PAPER.

No. 902

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Walry Charles*
2. In what Town, Township or Parish, and in what Country were you born?..... *Quercy Belgique*
3. What is the name of your next-of-kin?..... *Walry Caroline*
4. What is the address of your next-of-kin?..... *Detroit (Etats Unis)*
5. What is the date of your birth?..... *11 Aout 1886*
6. What is your Trade or Calling?..... *Milgrecit*
- Are you married?..... *non*
8. Are you willing to be vaccinated or re-vaccinated?..... *No*
9. Do you now belong to the Active Militia?..... *oui Pontanmier Belgique*
10. Have you ever served in any Military Force?.....
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Oui*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Oui*

Ch Walry (Signature of Man).
C. Rochez (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Walry Charles*, 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 *Nov 16th* 1914. *Ch Walry* (Signature of Recruit)
C. Rochez (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Walry Charles*, 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 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 *Nov 16th* 1914. *Ch Walry* (Signature of Recruit)
C. Rochez (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 *Montreal* this *16th* day of *Nov* 1914.

Signed *J. St. Pierre* (Signature of Justice)

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

.....(Approving Officer)

Description of Walry Charles on Enlistment.

Apparent Age 28 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. 5 1/2 ins.
 Chest measurement { Girth when fully expanded.....32 1/2 ins.
 Range of expansion.....36 1/2 ins.

Tattooed Womans left
Arm
2 vac. mark r arm
Good teeth

Complexion.....
 Eyes.....Blue
 Hair.....Fair

Religious denominations.
 Church of England.....
 Presbyterian.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.)
 Roman Catholic.....Cath
 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.....Nov 14.....1914.

J. J. Ross Surg. Capt
4th FIELD Coy. C.E.
 Medical Officer.

Place.....Montreal.....

*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.

.....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.

R. M. C. Lyle Capt. C.E.
 (Signature of Officer)

Date.....NOV 28 1914.....1914.

Leave till 10 29

Apr. 15/15

487 St Denis St

ATTESTATION PAPER

No. 27

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION

Walve. (ANSWERS)

1. What is your name?..... Charles Walve
2. In what Town, Township, or Parish, and in what Country were you born?..... Antwerp, Belgium
3. What is the name of your next-of-kin?..... Mrs R. Walve (Mother)
4. What is the address of your next-of-kin?..... 1279 Cadillac Ave, Detroit, Mich. U.S.A.
5. What is the date of your birth?..... Aug 11, 1886
6. What is your trade or calling?..... Saddler.
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?..... Belgium Col Cavalry, 3 yrs
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

Charles Walve (Signature of Man.)
John McKay (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Walve, 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 Apr. 14 1915
Charles Walve (Signature of Recruit.)
John McKay (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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 Apr. 14 1915
Charles Walve (Signature of Recruit.)
John McKay (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 Montreal this 14 day of April 1915

H. W. Reynolds J.P. Cap. (Signature of Justice.)

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

E. S. [Signature] (Approving Officer.)

R 490

DESCRIPTION OF Charles Walne ON ENLISTMENT.

Apparent Age 28 years 8 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. 5 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Grey

Hair light brown

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

Small vaccination mark on right arm
Ballot girl tattoo on left fore arm.

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 14th April 1915

Place Montreal

H. L. Taves, Capt.
R.M.S.
 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

Charles Walne 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.

M. S. Piche (Signature of Officer.)
 LT. COLONEL,
 COM'D'G. REMOUNT DEPOT, "C.E.F."

Date May 26 1915

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



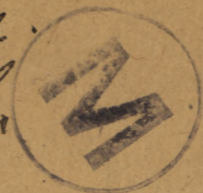
Name *Walrie, Chas.*

Regt. No. *490* Rank *Cpl.*

Corps *No. 1. Co. H.*

*(2) Cessation of
Working Pay.*

(1)



52

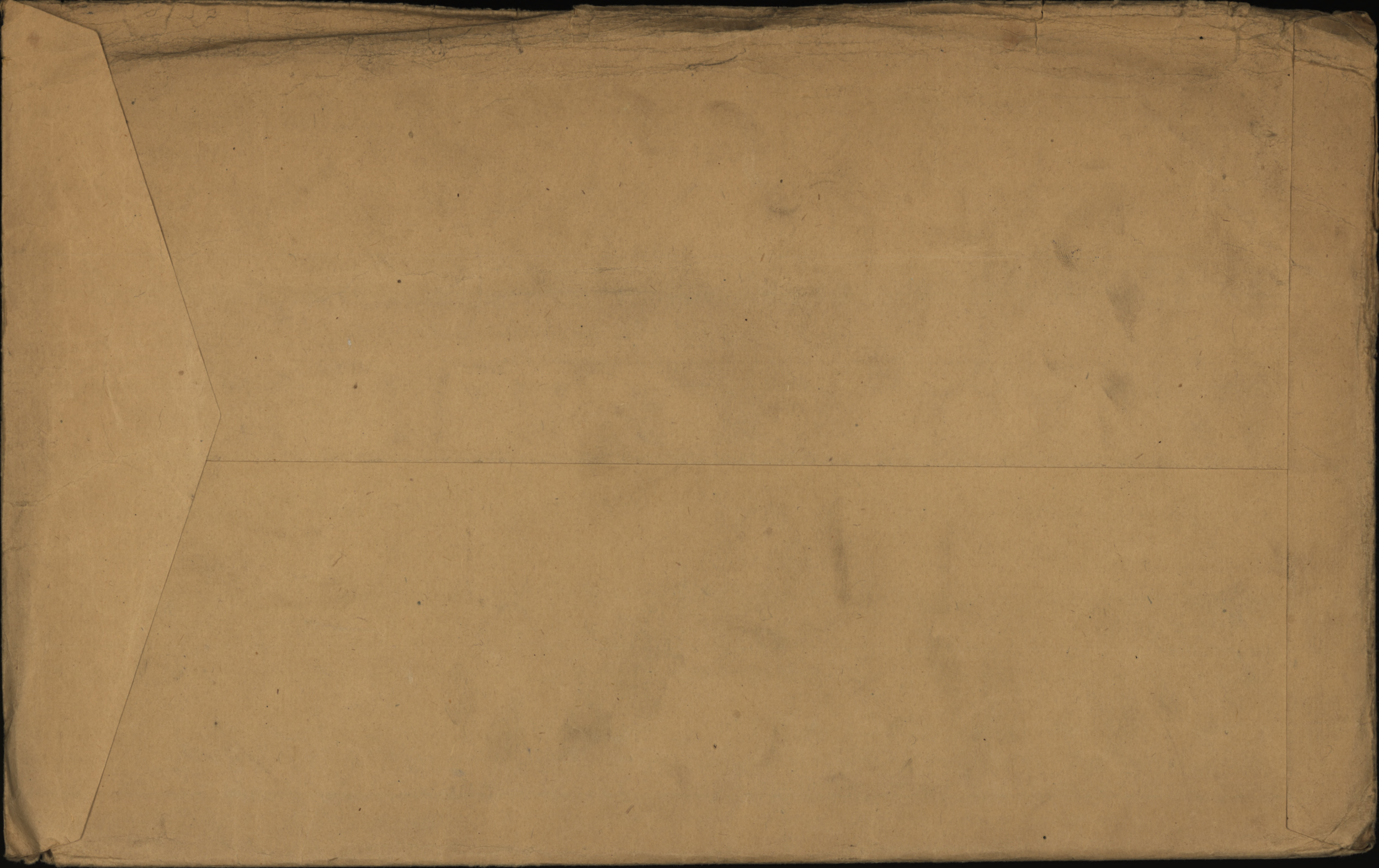


04156

*43 43-16
15-16
11-16*

*Pay Card A.F.B. 122 - 1
1-A.F.B. 1237
1-A.F.B. 181*

*W. G. ...
& ...*



No. 490

RANK

Cpl.

NAME

Walsh C.

T. O. S.

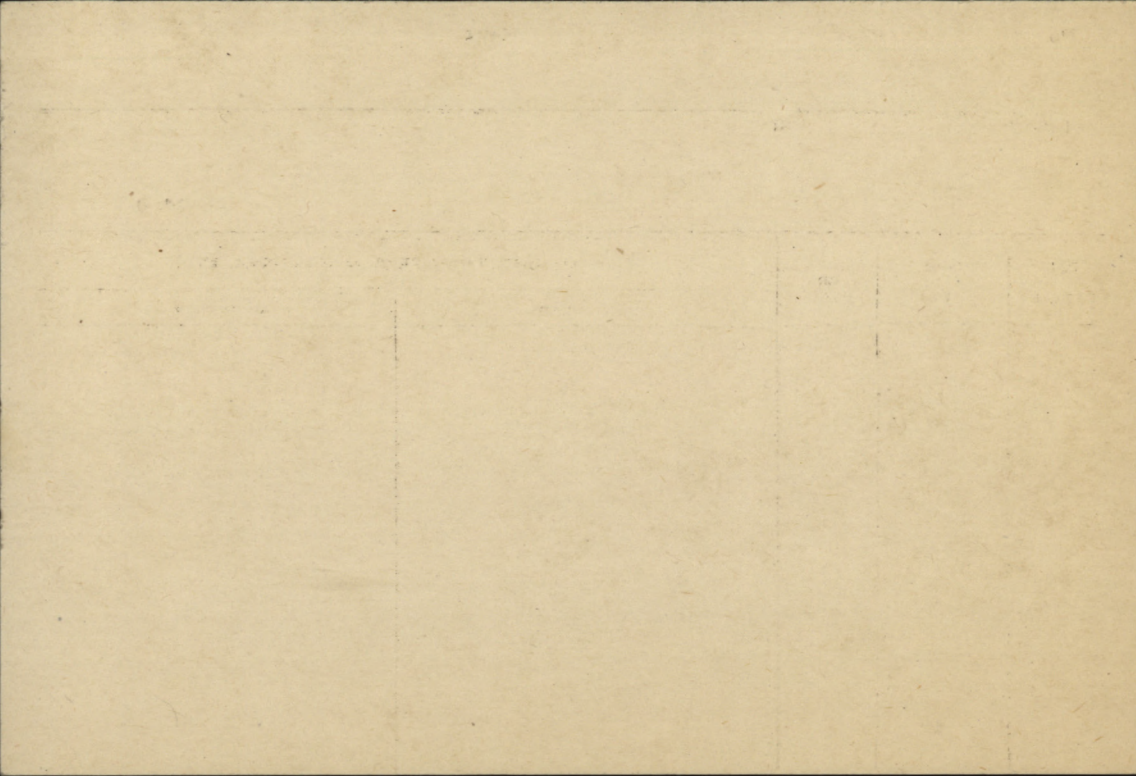
UNIT

Discharge Depot. Quebec

M. D.

5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct 22	1916 Nov. 20.	✓	C. V. L.	



WALRIE, Charles, ~~Pope~~, #490, C.C.D., 649-W-5523.

Int. disp. for 14-15 Star.

Medals &
Decorations.

Mother.

Mrs. R. Walri,
1279 Cadillac Ave.,
Detroit, Mich.,
U.S.A.

Plaque & Scroll. " "

Memorial Cross. " "

26323

18
Resp. OCT 8 - 1920

(m) *26018*

M

rel. 9th: 9.

Number.

490

Rank.

Cpl.

Surname.

WALRIE

Christian Names

Charles

Unit.

C.A.V.C.

Theatre of War.

France

Date of Service.

11-4-16

Remarks.

Latest Address.

1279 Cadillac Ave.

Detroit, Mich. U.S.A.

Roll No.

D

2nd Div. Remount
Dps

Page 2354

4,852.6 (del)

SEP 3 1921

9a 38248 (del)

SEP 14 1921

H. Q. FILE No. 649-

NAME

Warrie C.

REGT'L No.

490

RANK AND CORPS

Capt.

6a H.C.

CABLE

NATURE OF CASUALTY

NO.

DATE

NO 288x

FOLL.

175 111

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6	Moore Bks. Shorn	21-2-16	Traumatic Orchitis
6	Disch to duty.	27-2-16	Traumatic Orchitis
H. 178.	No. 6 Stat. Havre	3-6-16.	Not Stated (Q.)
Q. 186	O.C. St Can Veterinary Report	3-6-16.	Not stated (Q. Rejected)

Name *Walrie C. Charles* Rank *Cpl.*

Reg. No. 490.

Unit *C.A.V.C.No.2.C.V.H.*

Next of Kin *U.S.A.*

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
<u>1916.</u>						
Feb. 21.	M.B. Can. Hosp. S'Cliffe.		<i>Brass. Pochetes</i> N.S.	6.R	ER	
" 27.	Discharged to duty.		" N.S. do.	6.R	ER	
Jun. 3.	No. 6. S.H. Havre.		N.S. Q.	A178.	E	
" 3.	Rejoined Unit.		N.S.	A186.	E	

Reg. No. Name **Walrus Lhas.**
Rank **plc** Corps **4. 68** Age **28** Service

Ledger No. **531** Serial No.

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Montreal General dis to duty	24/10/14 2/11/14	rachis Inelastica

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

NAME

Wahie Charles

Los Als 20-11-16 -5 ✓

RANK & No.

Saddler

R. 490.

CORPS

Remount Depot.

ENLISTMENT, PLACE

Montreal

DATE

Apr. 14/15.

S.

FORMER CORPS

Belgium Cavalry.

COUNTRY OF BIRTH

Belgium

Antwerp.

NEXT OF KIN

Mrs. R. Wahie (Mother)

ADDRESS OF NEXT OF KIN

1279

Cadillac Ave.

Detroit, Mich, U.S.A.

DISCHARGE, PLACE

DATE

R/c 5-11-16.

0/8. 9-6-15. 101A

M. F. W. 22. 50 m. -1-15.

H. Q. 1772 39-839.

REMARKS:

No.

RANK

Spr.

NAME

Walby Chas.

T. O. S.

UNIT

4th Field Coy. Engrs.

M. D.

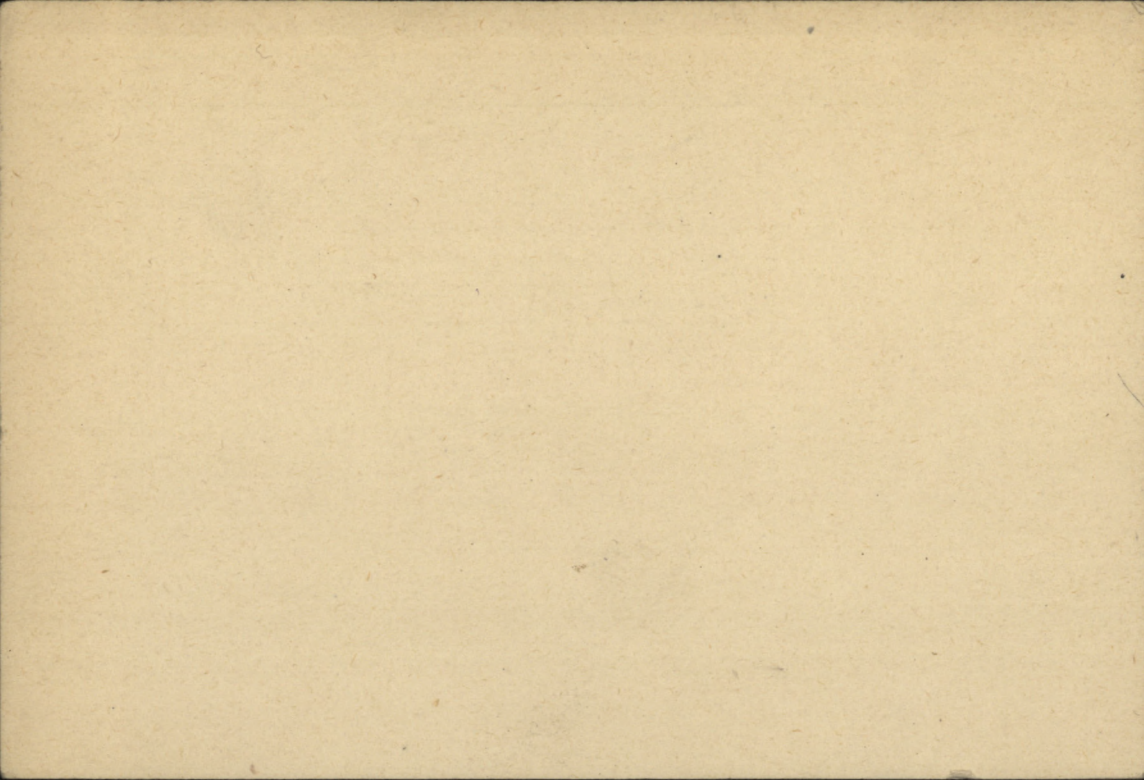
*3*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1914
Nov 16th**1914
Nov 30th**✓**Dec**✓**1915**1915**✓**Mar. 1**Mar. 19**✓**5th & P. Jan # 905 Feb**Moved to M. D. 5**Mar. paylist**1-28*



SURNAME.

Walry,

CARD NO.

M. D. H.

CHRISTIAN NAMES

Charles

FOLL.

REGL. NO.

not on N. Roll

RANK

UNIT

2nd Div-Eng.

FORMER CORPS

Belgian Army.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Walry, Caroline

RELATIONSHIP TO SOLDIER

not stated.

ADDRESS

Detroit, U. S. A.

COUNTRY OF BIRTH

Belgium,

DATE

Aug-11th 1886.

PLACE OF ATTESTATION

Montreal.

P. Q.

DATE

Nov-16th 1914.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Surname

Christian Name or Names

Reg. No.

Walrie

B.

H90

Rank

Unit

Co.

Troop

Batty.

Cpl.
Hospital

B. A. V. B. & Remount Depot.

Date of Admission

Moore Bks & Cliffe

21. 2. 16

Transferred 6 Stat Flare.

Hosp. 3. 6. 16

Hosp.

Hosp.

Hosp.

Diagnosis

Traumatic Orchitis

(1)
Later Diagnosis (if changed)

not stated

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

B.S. 2. 3. 16^{#6}

B.S. 14. 6. 16[#] 2148

" 24. 6. 16 2186

REMARKS

To Duty 24. 2. 16
Rejoined unit 3. 6. 16

Examined sent

[Signature]

A.M.D. 2 DEPT.

Bch. of D.O.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

39-W-201
26

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Walse Christian Name Charles

Examined { on 14 day of April 1915
at Montreal P.Q.

Approved by J. A. Fairie
Rank Lieut. A.M.C. M.O.

Birthplace { City or Town Antwerp
County Belgium

Apparent age 28 yrs 8 mo.

Trade or occupation Saddler.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>24/2/16</u>
		19 OCT 1916
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Height 5 Feet 5 Inches.

Weight _____ Lbs.

Chest measurement { Minimum _____ inches.
Maximum expansion 38 inches

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left.
Number 1 0

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

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1/5/15</u>	<u>+</u>	<u>J. A. Fairie</u> M.O.
<u>19/5/15</u>	<u>+</u>	<u>J. A. Fairie</u> M.O.
<u>2/6/15</u>		<u>J. A. Fairie</u> M.O.

Enlisted on 14 day of April 1915 at Montreal Que

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Removal depot.</u>	<u>R 490</u>		<u>14/4/15.</u>
Transferred to.....	<u>CAVC.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

Lieut.-Col.
In Charge of Record Office
Canadian Contingent
Lieut.-Col.
In Charge of Record Office

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.

CANADIAN

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.

Surname *Waller* Christian Name *Charles*

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>Moore Barracks H.M. Shorncliffe.</i>		<i>21</i>	<i>2</i>	<i>16</i>	<i>27</i>	<i>2</i>	<i>16</i>	<i>Traumatic Orchitis</i>	<i>6</i>	<i>To duties.</i>	<i>J. Blumenthal</i> Duplicate Medical History Sheet posted to here. <i>C.M.C.</i> Medical Registrar <i>1778-186</i> Record Office.
<i>No 6 St. Hosp., Adore</i>		<i>3</i>	<i>6</i>	<i>16</i>	<i>3</i>	<i>6</i>	<i>16</i>	<i>Not stated</i>	<i>1</i>	<i>Reg. unit</i>	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C. G. V. E.

Military Hospital Morehead St. Hop.

No. 490

Rank and Name Pl. Vally Chas

Age 28

Service 14/12

Disease Traumatic Otitis

Date of admission 21/2/16

Date of discharge _____

Result _____

Dates of Observation																													
Days of Disease																													
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

107
 106
 105
 104
 103
 102
 101
 100
 99
 98
 97

Forms
I. 237
10
11118

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 11118 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	490	CPL	Walby	Chas
	C. A. V. P.	Unit.		Age. $\frac{19}{12}$ 28 Service. $\frac{19}{12}$

Station and Date. M B Hoop	Disease
	Traumatic Orchitis.

Present Complaint
Pain & swelling in right testis

Past History neg

Present Illness
was riding a horse few days ago. when he slipped in the stirrup & struck & against the saddle. Testicle compressed to small & became painful. Has been painful ever since

Phys Exam
Rt Testicle swollen & inflamed.

Treatment
Rest. Ice cap

DISCHARGED.

24/2/16

J. Burch Cap

Station
and Date.

Original not available

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

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

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps 4th Field Coy. Can. Eng.

Regimental No. 905 Rank Pte Name Walry, Charles
C. E. F.

Enlisted (a) 16-11-14 Terms of Service (a) 10 yrs Service reckons from (a) 16-11-14

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				
<u>Jan 1915</u>	<u>5th F.C. Can. Eng.</u>	<u>Shown on 5th F. Coy</u>	<u>Ottawa</u>	<u>1.1.15</u>	<u>auth Jan P. L.</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.

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

39-5-501

CERTIFIED CORRECT.
Canadian Record Office
Westminster House,
7, Millbank, S.W.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps CANADIAN REMOUNT DEPOT.

Regimental No. 490.

Rank TROOPER

Name WALRE. G. (Charles)

Enlisted (a) 14/4/15

Terms of Service (a) FOR WAR

Service reckons from (a) 14/4/15

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				
31.1.16 <i>April 10th 1916</i>	oc 2 CVH.	Received promotion S/Corpl with effect 11 ¹⁰ / ₁₅	D'cliffe		P ^c II - 31.
	<i>Proceeded overseas</i>				
			EMBARKED FOR FRANCE.	10/4/16	Auth:- V. 45.
15 ⁴ 16	oc.	Taken on strength of	Unit	11.4.16.	B. 213. P ₂ ON ^o 18
3.6.16	"	admitted to military	Hospital	3.6.16	B. 213. D.C.S. # 133
10.6.16	"	joined Unit.	Unit	3.6.16.	B. 213 " 134
13.10.16	CRSD.	Arrived from Unit to	CRSD.	13.10.16	MP of Arrivals.

John Wood Esq.
O.C. NO 2 CAN. VET. HOSPITAL

(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				
17-10-16	C.B.D.	Ltd to Can. Training Div. 5' Clipp for discharge on cessation of working pay.		17-10-16	Auth. A.G. 9.1.9. Letter B/4359. d/20-2-16 A.G. Can. Serv. file K.E 4966. d/13-10-16. C.T.O. 58.
18-10-16		Taken on strength no 2. C.V.H. from no 1. C.V.H.			M.L. Lockhart for 1st Lt Adj. Auth 742. C.V.H. 39W-201 dated 18-10-16. Profwood bay O.C. No 2 CAN. VET. HOSPITAL
		Discharged Canada			Cessation of working pay Auth of 0.7/24 dated 27-11-15 Profwood bay O.C. No 2 CAN. VET. HOSPITAL
		Auth. 305. Cessation of working pay	Quebec	20.11.15	Auth 649-W-55'23 Nov. Pay hist.

for Duff

Rank

*Y/M*Name **WALRIE Charles**

164

490

Reg'l No.

490.

R-122.

Unit

102

Squad Remount Depot. What Unit?

If in perm. Corps,

Married or Single **Single.**Place and Date of Enlistment **Montreal. P.Q. 14th April. 1915**Place of Birth **Antwerp.**Name and Address, Next-of-Kin **Mrs B. Walrie, 1279, Cadillac Ave, Detroit, Mich. U.S.A.**Relationship **Mother**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

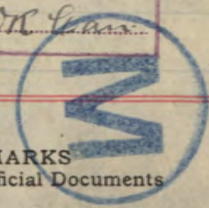
Discharge, Date and Place

Reason

Character

N/E. R.B. No.

File R.L.

Category *DR Class*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
9. 7. 15	o/c				
17. 7. 15	102 Squad R.D.	Hospital		7. 7. 15	Non: Roll.
9. 7. 15		In Hospital.	Rousey	9. 7. 15	
21. 8. 15.	Rem Dep	2 Days Pay. 1/4 Leave.		18. 8. 15	P.O. I order N° 2.
11. 9. 15		Forfeits. 1 Days pay. 1/4 months. 1/4 Days. C.B.		9. 9. 15	II * 6
24. 11. 15	2 CVH	50 cts working pay. {while in saddlery shop	Shuchiff	17 " 15	" " 155
16 " 15	"	10 to saddle Corp.	- - -	1. 8. 15	" " 177
3-1-16.	do	Ceases to draw working pay.	do.	1-1-16	P ^T II O-3. R.03124 24/15
31. 1. 16	do	Receives promotion S/corpl with effect 11 ¹⁰ /15	do	31. 1. 16	P ^T II - 31.

490

Walrie Charles

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
21.7.16	2 C.V.H.	Admitted to	Home Bk's Hosp S'cliffe	21 ⁷ / ₁₆ .	P ⁵ II-52.
2.3.16	Ch. 6.	Dischg ^d from Hosp Traumatic Orchitis	"	27.2.16	C.L. 6 C.A.V.C. Remb.
12.4.16	No 2 C.V.H.	Transferred to No 1 C.V.H.	"	10-4-16	P ⁵ II. 101.
30.4.16	1 C.V.H.	Taken on strength as reinforcement	Field	11.4.16	- - - 18.
14.6.16	CAVC LofC	Adm # 6 Staty Hosp	Harwe	3.6.16	CLA 178. Not Stated
24.6.16	CAVC LofC.	Rejoined Unit from Hosp.	do.	3.6.16	CLA 186 do
23.10.16	1 C.V.H.	Trans to C.T.D. Thorncliffe for disch. on cessation of working pay	Field	17.10.16	P ⁵ II # 58.
19.10.16	2 C.V.H.	T.O.S. from 1. C.V.H.	S'cliffe	18.10.16	P ⁵ II-295. (Coopel)
25.11.16	2 C.V.H.	Proceeded to Canada for Discharge	S'cliffe	5.11.16	P ⁵ II-332. Auth: D.O. 6076 d 23.11.16
	Discharge Depot.	Finally Discharged	Quebec.	20.11.16	N/R. 89. 418 5 ^e Bonis 5 ^e Montreal.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

le
90

Name **Walrie, Charles**
Surname

Christian Name

18732-C-1.

Regimental Number **490**

Rank **Cpl.**

Address (in full) **418 St. Denis St.**

Unit **Can. Cav. Depot**

Montreal, P.Q.

Original Unit

District where paid **Ottawa**

Date of Discharge **20-11-16**

P. D. P. Filing Number **4W.3**

Rates:—Regimental pay \$ **1.10** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22373—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
<i>109.20</i>	<i>243</i>	<i>28/6/17</i>	<i>36.00</i>	<i>287</i>	<i>30/7/17</i>	<i>36.00</i>	<i>281</i>	<i>30/8/17</i>	<i>37.20</i>		<i>109.20</i>

Remarks:

M. F. W. 127.
50M-617.
1772 39-1140.

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address

Pay Soldier \$ Pay Dependent \$

Don't No File No

Award per day \$

S. A. per mo. \$

Less P. D. P. Credited \$

Less further debit balance \$

Not due paid as below

TO SOLDIER TO DEPENDENT

TO SOLDIER			TO DEPENDENT		
Ar. No.	Ch. No.	Amount	Ar. No.	Ch. No.	Amount
0					
1					
2					
3					
4					
5					
6					

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Days Rate Due

Clerk

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
		Total		Total				
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date.....

Name *Wabrie G. (Pte) Corp*

M. F. W. 41
1 03-7-16 583
1772-39 889

Regimental No. *P 490*
 Unit *102 Sqn. Remount Depot*
 Date of enlistment *7/16*
 Place of " "
 Married (yes or no) *No*
 Amount of pay assigned monthly \$ *Five*
 To whom payable *Five*

Name and address of next-of-kin *Wabrie C*
418 St Denis St
Montreal P.Q.

Date and place discharged *20 December 20/16*
 Reason for discharge *stoppage w/kg pay*
 Character on discharge *Civilian block*
mauretania 17/16 HQ. 649-W-5523

Job 5351-M. & D. 6890.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
	21/16								141.14							
22/16	20/16	30	1.10	33.00	30	1.00	30.00									
1/16	21/16	29	5.00	147.50					177.14							
									147.50		20/17	147.50				
								5.00								
								3.08								
<p><i>Int on Spay to P.M. List No 12</i></p> <p><i>973</i> <i>4 Boat</i> <i>20 Dec 16 Pd</i> <i>H.Q. 3,50-64-4 00h</i> <i>under credited Nov 1915</i> <i>per Supp L.P.C. 26/17</i></p>																

P.D.A
26/6/17

Rank

Name **WALRIE Charles**Reg'l No. **490**

A-56

Unit ¹⁰² ~~Squad Remount Depot~~

If in perm. Corps, What Unit?

Married or Single

Single.Place and Date of Enlistment **Montreal, P.Q. 14th April, 1915**Place of Birth **Antwerp.**Name and Address, Next-of-Kin **Mrs B. Walrie, 1279, Cadillac Ave, Detroit, Mich. U.S.A.**

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **21-10-16 Canada**, Reason

Character

WPSF

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
June 9	Aug 31	84	1.00	84 -	84	.10	8.40		92.40	✓		65.70		2.20	67.90	24.50	Forfeits 2 days pay 18.8.15
Sept 1	30	30	"	30 -	30	"	3 -		33 -	✓		29.20		1.10	30.30	27.20	Forfeits 2 days pay 9.5
Oct 1	31	31	"	31	31	"	3.10		27.20			46.23			46.23	15.07	
Nov 1	30	30	"	30	30	"	3		15.07			51.09			57.09	3.02	Indemn 50 pndum
Dec 1	31	31	1.10	33.10	31	-	3.10		15.50			38.93			38.93	9.75	Indemn 50 pndum
Jan 1	31	31	-	34.10	31	-	3.10		9.75			46.23			46.23	.72	Indemn 50 pndum
Feb 1	Feb 29	29		31.90	29		2.90		72.40			19.47			19.47	21.05	Excess from H.R., 17-11-15
March	March 31	31	1.10	24.10	31	.10	3.10		21.05			19.46			19.46	38.79	1-1-16.
				308.20			29.70		205.00			316.31		330.31	196.1	38.79	Checked

BALANCE TRANSFERRED TO NEW LEDGER.

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Antwerp*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. B. Walries
 1299 Cadillac Ave, Detroit, Mich. U.S.A.*
 RELATIONSHIP OF NEXT OF KIN *Mother*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L. NO. *P/490.* RANK *Epl.* NAME *Walrie, Charles.*
 IF IN PERM. CORPS
 WHAT UNIT *1st Div. Cav.* TRANSFERRED TO *Advantage* DATE *Oct 2/16* AUTHORITY *503734*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Montreal, Quebec.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *April 14th 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE *21/10/16. Canada* REASON AND AUTHORITY *Cessation of Working Pay #703734*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *22/10/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>31-10-16</i>	<i>150 00</i>	<i>3.08</i>	

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT						
			\$	c.			\$	c.			\$	c.																						
<i>1916</i>																																		
<i>April 30 1st</i>	<i>33</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>									<i>314 40</i>					<i>319 61</i>	<i>38 79</i>													
<i>May 31</i>	<i>34</i>	<i>10</i>	<i>31</i>	<i>3</i>	<i>10</i>										<i>37 20</i>					<i>24 11</i>	<i>87 88</i>													
<i>30/6/16</i>	<i>37</i>	<i>30</i>	<i>3</i>	<i>3</i>											<i>36</i>					<i>29 20</i>	<i>94 69</i>													
<i>31/7/16</i>	<i>34</i>	<i>10</i>	<i>31</i>	<i>3</i>	<i>10</i>						<i>2</i>	<i>1 39</i>			<i>39 20</i>					<i>3 41</i>	<i>130 47</i>										<i>200 under credit w/ pay Nov 1915</i>			
<i>31/8/16</i>	<i>34</i>	<i>10</i>	<i>31</i>	<i>3</i>	<i>10</i>							<i>39 20</i>			<i>36</i>					<i>3 41</i>	<i>167 67</i>													
<i>30/9</i>	<i>34</i>	<i>30</i>	<i>3</i>	<i>2</i>	<i>10</i>							<i>36</i>			<i>38 00</i>					<i>3 41</i>	<i>17 20</i>	<i>186 47</i>												
<i>1/10/16 21 1st</i>	<i>23</i>	<i>10</i>	<i>21</i>	<i>2</i>	<i>10</i>						<i>1</i>	<i>126 20</i>			<i>606 20</i>					<i>3 41</i>	<i>71 53</i>	<i>141 14</i>											<i>Dec 1915 31 days of credit 3375 3/4 credit to 834 1/2 over 21 00</i>	
																					<i>71 53</i>	<i>141 14</i>												
																					<i>141 14</i>	<i>141 14</i>												<i>200 under credit w/ pay Nov 1915</i>
																					<i>141 14</i>	<i>141 14</i>												
																					<i>141 14</i>	<i>141 14</i>												
<i>March 1914.</i>												<i>5 00</i>	<i>5 00</i>								<i>5 00</i>	<i>5 00</i>												
<i>Aug 1917</i>												<i>3 00</i>	<i>3 00</i>							<i>3 00</i>	<i>3 00</i>	<i>Nil</i>												
<i>Sept 1917</i>												<i>3 00</i>	<i>3 00</i>							<i>3 00</i>	<i>3 00</i>	<i>Nil</i>												

Checked...
 Checked...

7/6 Jan'y 1917
March 1914.
Aug 1917
Sept 1917



W.P.S.F.

108

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. H90 Army Rank Corporal

Name Walton C.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

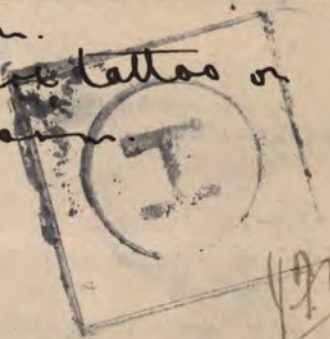
Corps No. 1. W.A. (Cove) Can Remount Dept
14/4/15

Battalion, Battery, Company, Depot, &c. Re. Unit. No. 2. W.A.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge NOV 20 1916

Place of discharge Canada, Quebec

1. Description at the time of discharge.

Age <u>28</u> years <u>8</u> months	Descriptive marks. <u>Small Vaccination mark on R. arm.</u> <u>Ball and gas tattoos on left forearm.</u> 
Height <u>5</u> feet <u>5</u> inches	
Chest measurement { girth when fully expanded <u>38</u> ins. range of expansion <u>3 1/2</u> ins.	
Complexion <u>Medium</u>	
Eyes <u>Grey</u>	
Hair <u>Light Brown</u>	
Trade <u>Saddler</u>	
Intended place of residence { <u>Montreal</u> <u>Canada</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Cancellation of Working paper O. 3734 dated 23-11-15.

Major,
D.A.A.G.
General Officer Commanding,
Canadians.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character: Very good

4. Character awarded in accordance with King's Regulations:—
Good saddler & harness maker

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Nil

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay

Saddler

Class

3rd

PM

6. Campaigns, Medals and Decorations

Great Campaign

Certificate of education

Nil

PM

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

Shorncliffe

(Date)

Oct 25th 1916

Commanding

Major Wood

No 2

Battn.

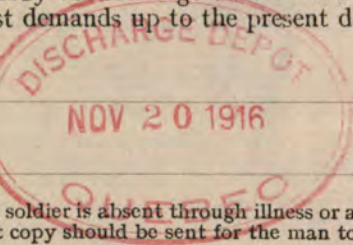
C.W.A.

Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place)



C. W. W. W.

(Signature of Soldier.)

(Date)

J. L. L.

(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 at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to *25-10-16* (the date to which the record of service is completed) *one* years *194* days.

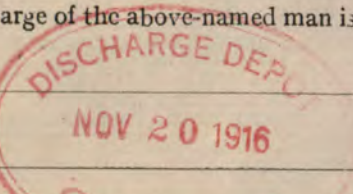
Further service " " (the date of confirmation of discharge) " " " " " "

Total " " " " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for *NOV 20 1916* (date)

(Place)



Signature

W. G. W.

CAPT.

For O. C. Discharge Depot, Quebec.

(Date)

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

I claim Working Pay from 1st
January 1916 to date of my Discharge

C. Waters

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.