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DISCHARGE DOCUMENTS

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Regt. No. 4/70/7 Rank

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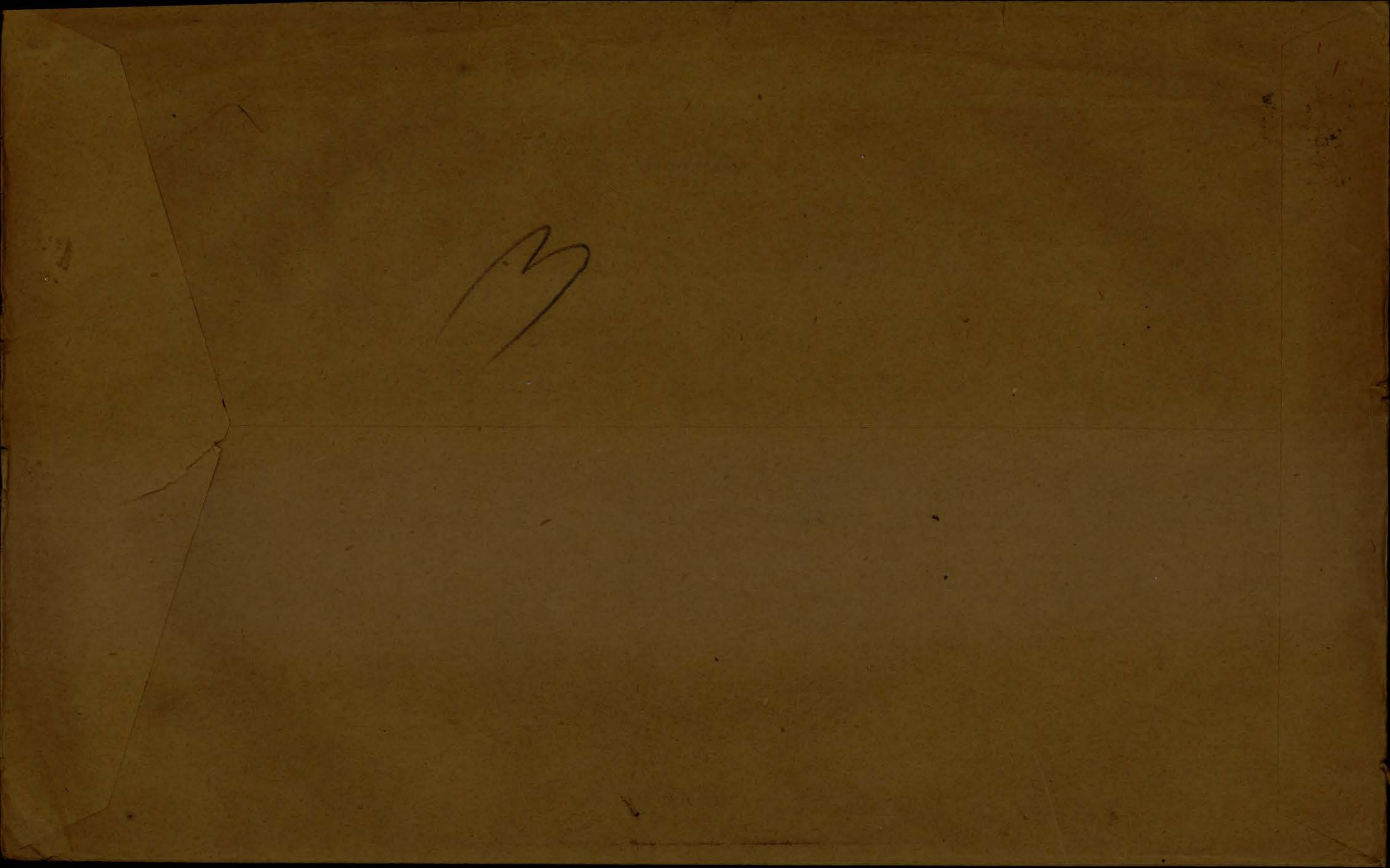
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H. Q. No.....

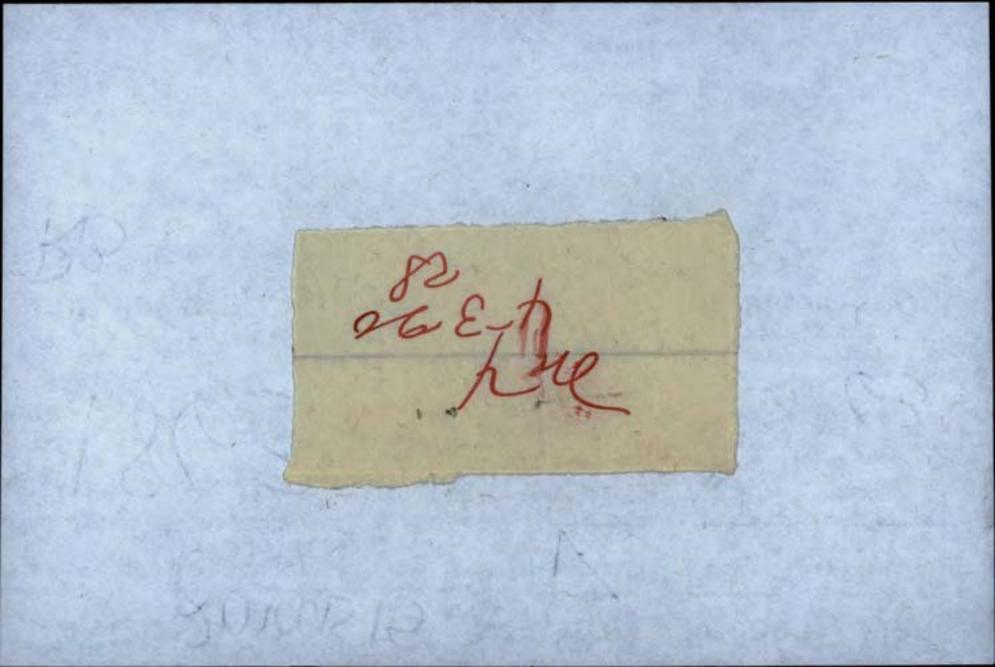
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30-20



ATTESTATION Folio. CANADIAN OVER SEAS EXPEDITIONARY QUESTIONS TO BE PUT BEFORE ATTES 1. What is your name? 2. In what Town, Township or Parish, and in what Country were you born? 3. What is the name of your next-of-kin?..... 4. What is the address of your next-of-kin? 5. What is the date of your birth? 6. What is your Trade or Calling?.... 7. Are you married? 8. Are you willing to be vaccinated or revaccinated?.... 9. Do you now belong to the Active Militia?...... 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?..... 12. Are you willing to be attested to serve in the) CANADIAN OVER-SEAS EXPEDITIONARY FORCE? .. (Signature of Man). (Signature of Witness). DECLARATION TO BE MADE BY MAN ON ATTESTATION. Letter, 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. Charles Coline (Signature of Recruit) Date 24th Granch 1915 A 99 outure (Signature of Witness) OATH TO BE TAKEN BY MAN ON ATTESTATION. 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. Charles Celles (Signature of Recruit) 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 the left this 24 day of 200 1915 And John J. D. Desturant (Signature of Justice) I certify that the above is a true copy of the Attestation of the above-named Recruit.(Approving Officer) adi. 41 cm M. F. W. 23. 150 M.-12-14. H.Q. 1772-39-841

(To be	determined according to the instructions given in the Regu-	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
		before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).
The determined according to the instructions given in the Regulations for Army Medical Services. Height		Vannated mort on left are
Chest measure- ment.	Girth when fully expanded ins. Range of expansion ins.	
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100	Presbyterian	
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ligic	Baptist or Congregationalist	
Redenor	Other Protestants. (Denomination to be stated.) Roman Catholic.	
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free	He can see at the required distance with either use of his joints and limbs, and he declares that I consider him* Loop for the Canada Murch 25 12 191 5 Hull Que "Insert here "fit" or "unfit."	r eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. lian Over-Seas Expeditionary Force. Medical Officer.
	CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
	The state of the s	
insp	ected by me this day, and his Name, Age, Date of	of Attestation, and every prescribed particular having
been	recorded, I certify that I am satisfied with the	correctness of this Attestation. (Signature of Officer)
Date	28 Guery 191 5	Vel



Regimental No. 417017 Rank Res Name bolin charles Enlisted (a) 211. 3.15 Terms of Service (a) Service reckons from (a) 211. 3.15 Date of promotion to present rank Re-engaged Qualification (b) Extended Re-engaged Qualification (b)							
Date From whom received	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.			
7-7-15 3. 9.B.A. 19. 9. 15 3.1. Bm. 3-3-16. 0.0.3rd		, D.3.)	18.9.15	P.7-7-3. B.213. Letter No.C.S.39. d/- 23-3-16. Can.Sec. 137-INF-3-31.(K.I. Daily Cas. Sheet. 315. Part 11 Orders No.14, dated 31-3-16. 20 All John Order Lieut. Jon Lit. Col. Ang. Canadian Section			

(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.

.) Remarks
taken from Army Form B. 213,
Army Form A. 36, or other
official documents. Report Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form Place Date From whom A. 35, or in other official documents. The . Date received authority to be quoted in each case.

Unit

41st Bm.

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Hull P. ue 24th March 1915.

Place of Birth Gaspe P. Quibe c

Name and Address, Next-of-Kin Hubert Coling

7 Johnston St Montreal

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

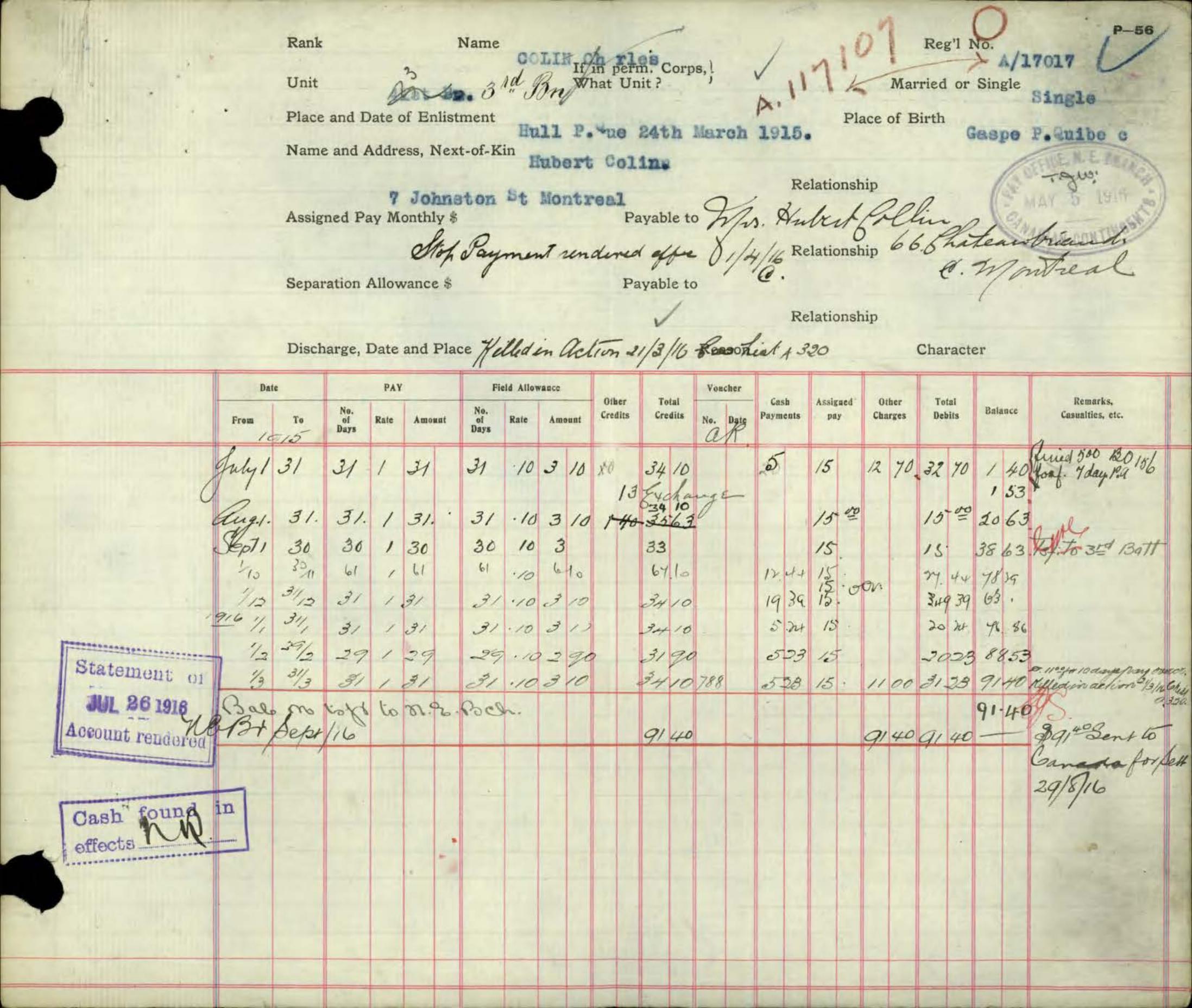
Separation Allowance \$

Payable to

Relationship

	Disch	narge, Date ar	nd Place	Reason	/	Character
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THE BUILDING	26-8-15	_ "	Forf. Idyo PAA. 14days no. 2			
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PAY Field Allowance Vonctier Date Other Total Cash Assigned Other Total Debits Remarks. No. of Days Balance Credits Credits Casuatties, etc. Payments Charges pay No. Date Amount Rate To Rate Amount From

SUPPLEMENTARY CARD.

COLIN, Charles #417017, 3rd Bn.

649-C-2260.

MEDALS & DECORATIONS.

(Mother)

Mrs. Leda Collin, 589a St. Timothy St.

Montreal Que.

Ser # 185553.

(Mother)

Mrs. Leda Collin, Address as above.

MEMORIAL CROSS.

(Mother)

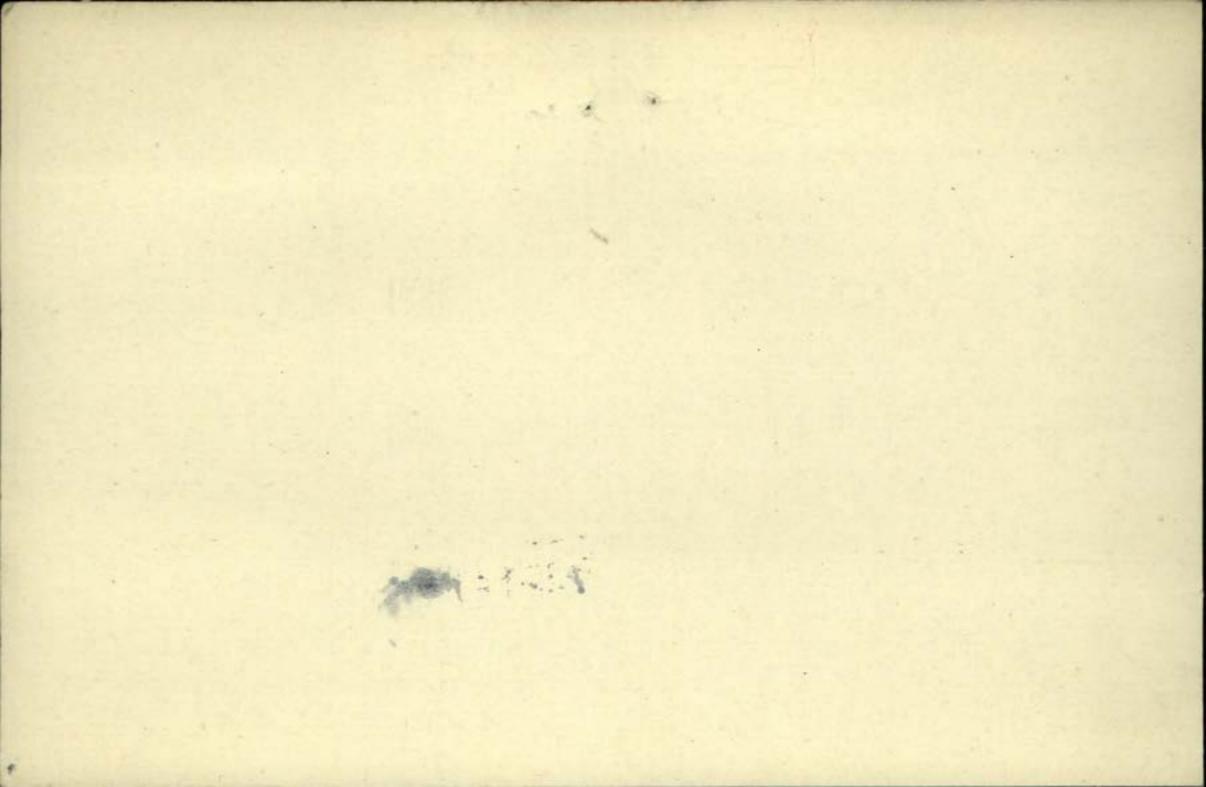
Mrs. Leda Collin, Address as above.

Eligible forstar Pte 3rd. DN.

BW.m.

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Pte. Ut Colin. 649. 6-2260 Elig for 1914-15 Stare-Pte-32/3 ora on Address of Legatee Medals 2033 Subert Callin (F) 1617 Ontario St. E. Mantreal Que Name & Address of Next of Kin Serial no. 785553 Scroll D. FFB 28 1921 102 3. 2. 15-3-21 Plague Desp. 161922 enp. No. P33003 Name & Address of Female Next of Kin ms Leda ballin (m) (D) cross. as abane DepAPR 26 49206602 9862

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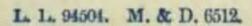
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NAME W	in hour	0.0	H. Q. FILE No. 649-	21
RANK AND C	ORPS Pte. 3rd	Batt. (form	415+) NO. 162	97
No.		NATURE OF CASUALTY		FOLLOWS
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		+		
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L. L. Job 90581-	_M. & D. 6314.		M. F. W. 49 H. Q. 17	2—50 м—1-16. 72-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a320	Reported from the Base	21-3-16	Killedin action Shot in Head.
			Shot in Head
		4-	

SI NAME. Colin, 649-C-2260	CARD NO.
CHRISTIAN NAMES Charles	FOLL.
REGL. NO. 2. 17017 417017 RANK Pte.	0.000
UNIT 4/st. (1st R.D.) 23rd. 3rd.	B
FORMER CORPS	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Colin, Hubert	
RELATIONSHIP TO SOLDIER P. M. S.	
ADDRESS 7 Johnson St, Montreal, P. a.	
COUNTRY OF BIRTH LA PROBLE PA DATE	

PLACE OF ATTESTATION Hull, P. a.

DATE Mar. 24th. 1915:



MARRIED

SINGLE ges

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

BP	\sim 1	1
/(Number 4/70/7 Rank 66	
	Surname COLIN	
	Christian Name Charles	
	Units 3 Bn Can by Theatre of War France.	
******	Date of Service	
	Remarks M) Mrs Leda Collins	
	Latest Address 589A St Timothy St	-,
	montreel, Que	
	Roll No. Blage 22239	
	200m6-21.M.	

REGT. NO.	NAME
UNIT AGE	
TOTAL SERVICE WIJERE / M	
DISEASE OR INULY	
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F HOSPITAL	
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DATE OF DISCHARGE AS AN INVALID	
DATE OF DEATH	
DATE OF TRANSFER (STATE WHERE TO)	
NAME OF HOSPITAL	
OTHER INDEPENDENT CONDITIONS DIAGNOSED	

Name Colin, C. Rank He. Reg. No. 414014 File R.L.25-C-741 Unit Canada. Next of Kin Notified W.O. List Place Casualty Date Movement No. N/K O. 21.3.16 Replo from the Base Milled in action. Shotin head in May 14 1320 The above extracted by from D.C.S. 315 dated 28/3/16 1811 29/4/16

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Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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