

ATTESTATION PAPER.

No. **748100**

TRIPPLICATE

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Wumont*
- 1a. What are your Christian names? *Alcide*
- 1b. What is your present address? *Cookshire Que*
2. In what Town, Township or Parish, and in what Country were you born? *Cookshire Que*
3. What is the name of your next-of-kin? *Lise Mignault, Wumont*
4. What is the address of your next-of-kin? *Cookshire Que*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *Apr 7 1896*
6. What is your Trade or Calling? *Labourer*
7. Are you married? *no*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
9. Do you now belong to the Active Militia? *no*
10. Have you ever served in any Military Force? *no*
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alcide Wumont*, do solemnly declare that the above are answers made by me to the above questions and that they 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 *Dec 9* 191*5* *Alcide Wumont* (Signature of Recruit)
J. O. Farnsworth (Signature of Witness)
Sut

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alcide Wumont*, 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 *Dec 9* 191*5* *Alcide Wumont* (Signature of Recruit)
J. O. Farnsworth (Signature of Witness)
Sut

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 *Shevkoake* this *9th* day of *Dec* 191*5*.

Abel Whitehead Jr. (Signature of Justice)

Description of Alcide Dumont on Enlistment.

Apparent Age... 19 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. 8 ins.

Chest measurement. { Girth when fully expanded..... 36 ins.
 Range of expansion..... 3 ins.

Complexion... Fair

Eyes..... Blue

Hair..... Fair

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic..... yes
 Jewish.....
 Other Denominations.....
(Denomination to be stated)

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 declares that he is not subject to fits of any description.

I consider him* Fit..... for the **Canadian Over-Seas Expeditionary Force.**

Date... Dec. 9..... 1915

Place... Cookshire

A. Johnston
 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.

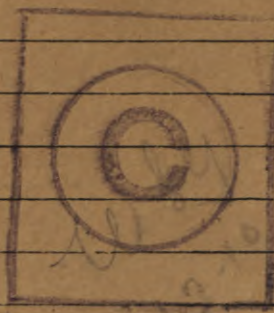
Alcide Dumont..... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

L. J. Herbert..... (Signature of Officer)

Date... **DEC 13 1915**..... 191

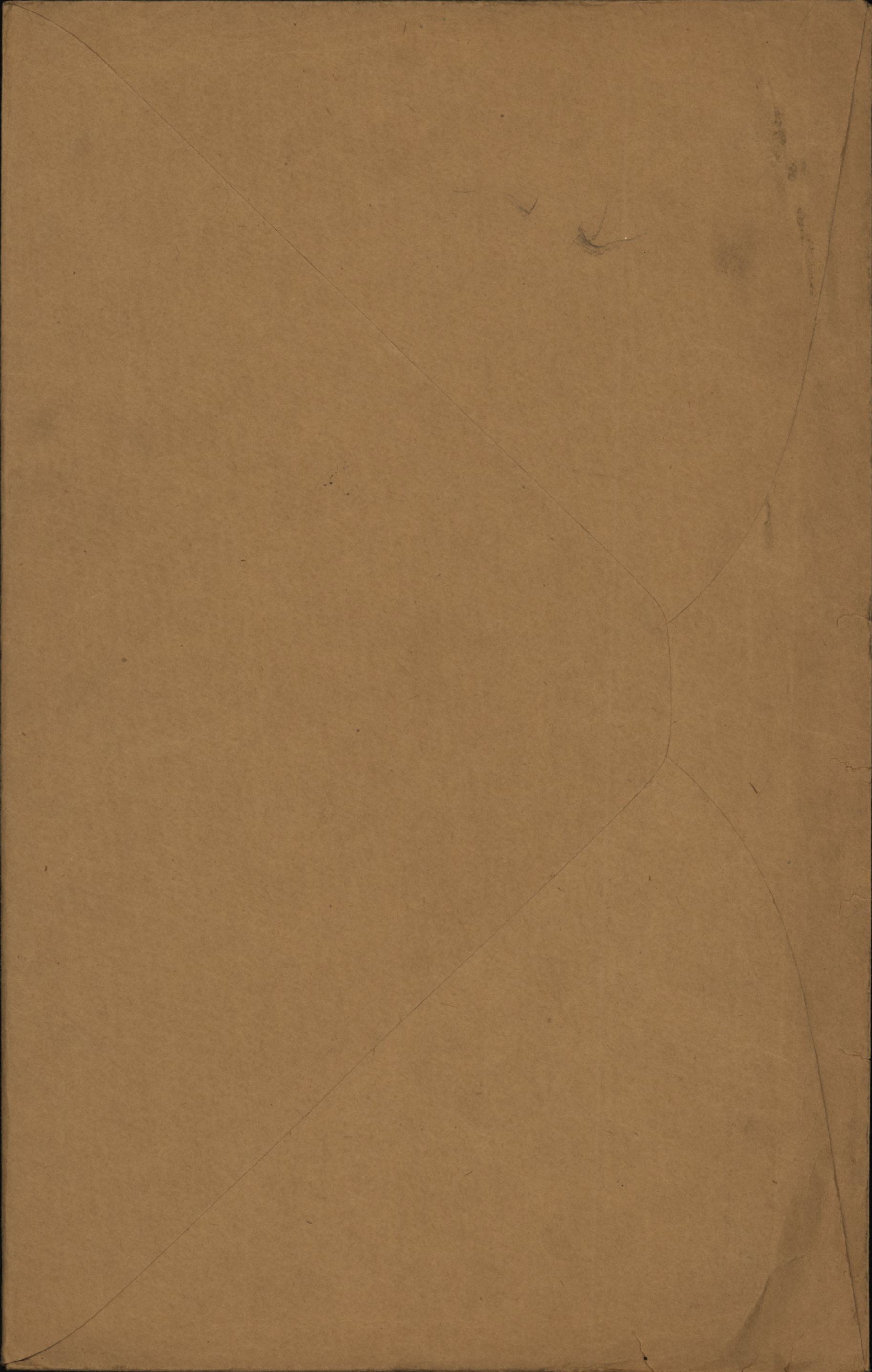
REGIMENTAL DOCUMENTS

NAME DUMONT ALCIDE Pte. REGT. NO. 748100 UNIT 117th Bn H. Q. FILE NO. 4

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)				38857	
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
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Being no longer physically fit for mdr service.</i>
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)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
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)					
<i>M. F. W. 67</i>					
<i>Pay Cards</i>					
					12-11
					24-11
					32-11
					1



*M 4
H 2
1005*



ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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 joins..... *117 E.S. G/S. Batt C.E.F. Sherbrooke Que*

(2) Regimental Number..... *748100*

(3) Full Name of Soldier..... *Joseph Abide Dumont*

(4) Place of Birth..... *Wookshir. Que*

(5) Are you married, or not?..... *no*

(6) If married, state,
 (a) Full name of your wife..... *—*

(b) Present Postal Address..... *Wookshir. Que*

(7) Are you a widower?..... *no*

(8) Have you any children?..... *no*

If so, give number of boys and girls..... *—*

Also their names and ages..... *—*

ORIGINAL

(9) Is your Father alive?.....

Yes

If so, state name and address.....

Mr. Edouard Dumont Bookshire Lane

(10) Is your Mother alive?.....

Yes

If so, state name and address.....

Mrs. Lucie Dumont Bookshire Lane

(11) If your Mother is a widow.....

No

Are you her sole support, or not?.....

No

(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.

(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.

Mr. Edouard Dumont
Bookshire
Lane

(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.

(15) Are you insured?.....

Yes

If so, in what Company?.....

Alliance Nationale

Have you made arrangements for payment of your Insurance premium.....

Yes

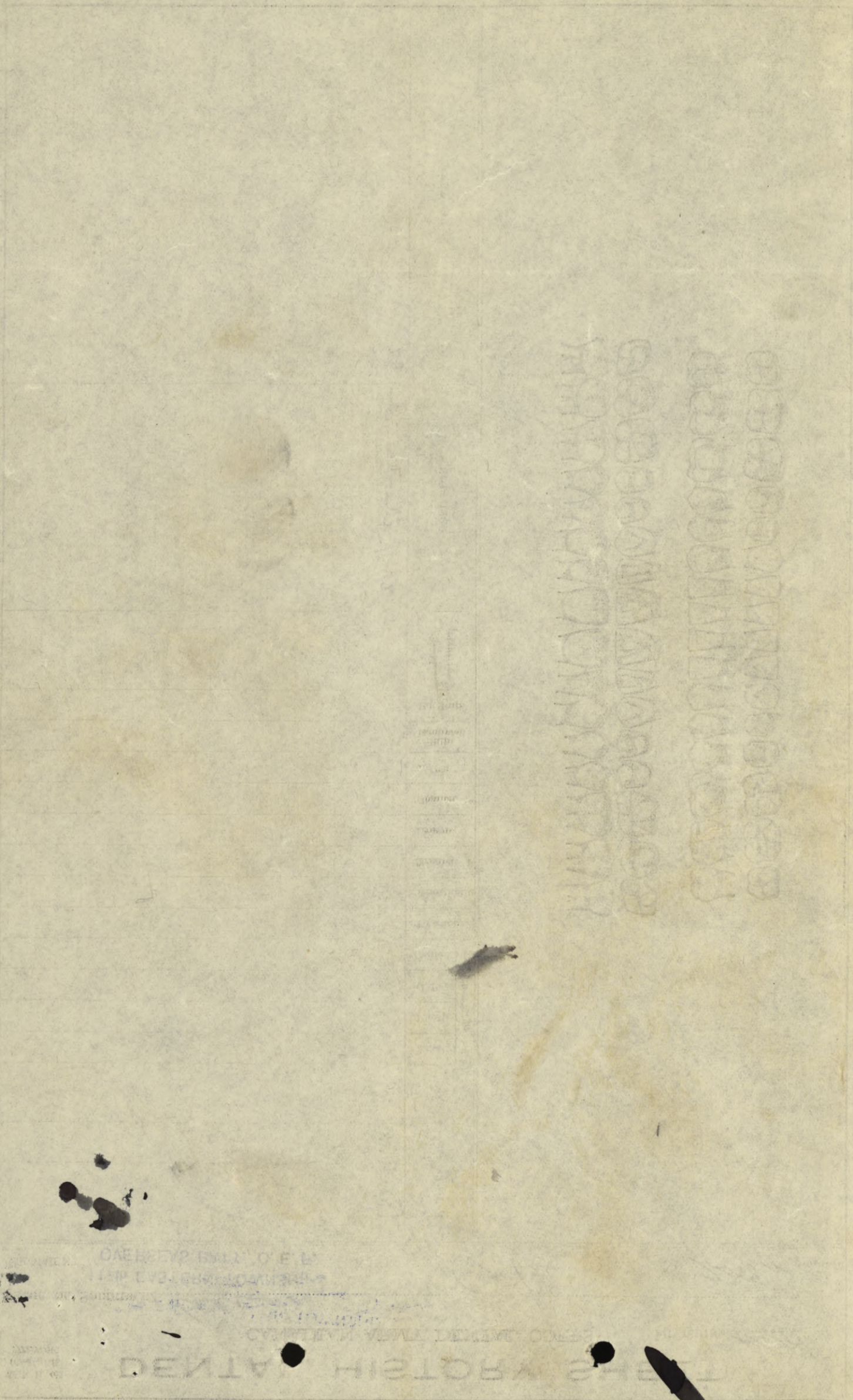
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. Whitehead

CAPT. & ADJT.
FOR O. C. 117th E. T. O/S BATT. C. E. F.

Officer Commanding.

Date AUG 2 1916



THE
HISTORICAL
SOCIETY

DEPT. OF THE ARMY
WASHINGTON, D. C.

THE HISTORICAL SOCIETY

File No. 5081-A-2

WAR SERVICE GRATUITY.

Register No. Spec

68/2028.

Reg. No. 748100 *Pt*

Name Dumont A

Address Deceased
12-2-19

Dependent _____

Address _____

Pay Soldier \$ _____

Pay Dependent \$ _____

*Director of Records
Estates for
Ottawa*

Days 61 Rate 70 Due 140⁰⁰

Less P.D.P. credited 33⁰⁰

Less further Dr. Bal. or overpayment. 18⁰⁰

Net 107⁰⁰ *WHL*

*R 1113
21-10-20*

Clerk W. E. Shell
7-2-23

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
7-2-23			107	<i>Not Eligible under P.L. 7419</i>				
<u>7-2-23</u>		<u>1037</u>	<u>107 -</u>	<i>No Pa paid</i>				
3				<i>Died prior 3 15 12 . 19</i>				
4					4			
5					5			
6					6			

*O.E. Casault
15.10.20.*

GEN'L AUDITOR
Posting checked by
.....
Date.....
12/3/23

*Clears
14 10/20.*

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Dumont a*
Surname Christian Name

Regimental Number *748100* Rank *Pte*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

Name

Pte Dumont, A.

M. F. W. 41
100M-1-18.
1772-30-889.

Regimental No.

748100

Name and address of next-of-kin

Unit

117th Batt.

Mil

Date of enlistment

9-12-15

Mil.

Place of

Mil

Married (yes or no)

No.

Date and place discharged

2-2-18. Quebec.

Amount of pay assigned monthly \$

Mil.

Reason for discharge

Med. Unfit

To whom payable

Mil.

Character on discharge

M.D. 5. 17-8-2 -

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					
1918				507.00			50.70	1758.83	2316.53			400.10		15.00	415.10	→ C.F. 1901.43
Jan	1 31	31	1.00	31.00	31	70	310	1509.5	185.05	4312		8.00		8.00	8.00	C.F. 177.05
Feb	1 2	2	1.00	2.00	2	1.00	2.00	177.05	179.25	4410		179.25		179.25	179.25	Disch 2-2-18
							33.00	33.00	33.00	4424		33.00		33.00	33.00	D.O. 36
				540.00			54.00	2119.83	2713.83			620.35		15.00	635.35	C.F. 2078.48
																C.F. 2078.48
																→ 2713.83

Discharged. 2-2-18- D.O. 36

Name J^o Dumont. A.

M. F. W. 41
100M-1-18.
1772-39-889.

Regimental No. 748100 Name and address of next-of-kin Nil
 Unit 117th Battrn -
 Date of enlistment 9-12-15.
 Place of " Nil
 Married (yes or no) No Date and place discharged 2-2-18 - Quebec.
 Amount of pay assigned monthly \$ Nil Reason for discharge Mild Unfit
 To whom payable Nil Character on discharge M.D. 5-17-8-2.

D538

	Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
	From 1916	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
Aug.	12	31	20	100	20 00	20	10	2 00	16	10	38 10	890	38 10			
Sept.	1	30	30	100	30 00	30	10	3 00			33 00	1036	33 00			
Oct.	1	31	31	100	31 00	31	10	3 10			34 10	1449	8 00	15 00	C.F. 11.10 Ass Pay Overpaid by Militia Head Hq.	
Nov.	1	30	30	100	30 00	30	10	3 00	11	10	44 10	1790	8 00	8 00	595-1-2-dated 18-10-16 R.M.	
Dec.	1	31	31	100	31 00	31	10	3 10	36	60	70 20	2124	25 00	25 00	C.F. 36.10 C.F. 45.20	
1917																
Jan.	1	31	31	100	31 00	31	10	3 10	45	20	79 30	2453	8 00	8 00	C.F. 71.30	
Feb.	1	28	28	100	28 00	28	10	2 80	71	30	102 10	2759	8 00	8 00	C.F. 94.10	
Mar.	1	31	31	100	31 00	31	10	3 10	94	10	128 20	2993	8 00	8 00	C.F. 120.20	
Apr.	1	30	30	100	30 00	30	10	3 00	120	20	153 20	149	8 00	8 00	C.F. 145.20	
May.	1	31	31	100	31 00	31	10	3 10	145	20	179 30	446	8 00	8 00	C.F. 171.30	
June.	1	30	30	100	30 00	30	10	3 00	171	30	204 30	545 702	100 00 8 00	108 00	C.F. 96.30	
July.	1	31	31	100	31 00	31	10	3 10	96	30	130 40	1039	8 00	8 00	C.F. 122.40	
Aug.	1	31	31	100	31 00	31	10	3 10	122	40	156 50	1343	8 00	8 00	C.F. 148.50	
Sept.	1	30	30	100	30 00	30	10	3 00	148	50	181.50	1592 1745	100 00 8 00	108 00	C.F. 73.50	
Oct.	1	31	31	100	31 00	31	10	3 10	73	50	107 60	2419	8 00	8 00	C.F. 99.60	
Nov.	1	30	30	100	30 00	30	10	3 00	99	60	132.60	2979	8 00	8 00	C.F. 124.60	
Dec.	1	31	31	100	31 00	31	10	3 10	507	68	542.08				C.F. 542.08	
					<u>507.00</u>				<u>50.70</u>	<u>1758.88</u>	<u>2316 53</u>		<u>400.10</u>	<u>15.00</u>	<u>415 10</u>	C.F. 1901.43 Granted 6 months furlough without pay.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Edward Dumont,
 Address Brookshire,
Que.

By Whom Assigned Dumont, A
 Regtl. No. 748100
 Rank corp.
 Corps 117 Battr A. Leo.

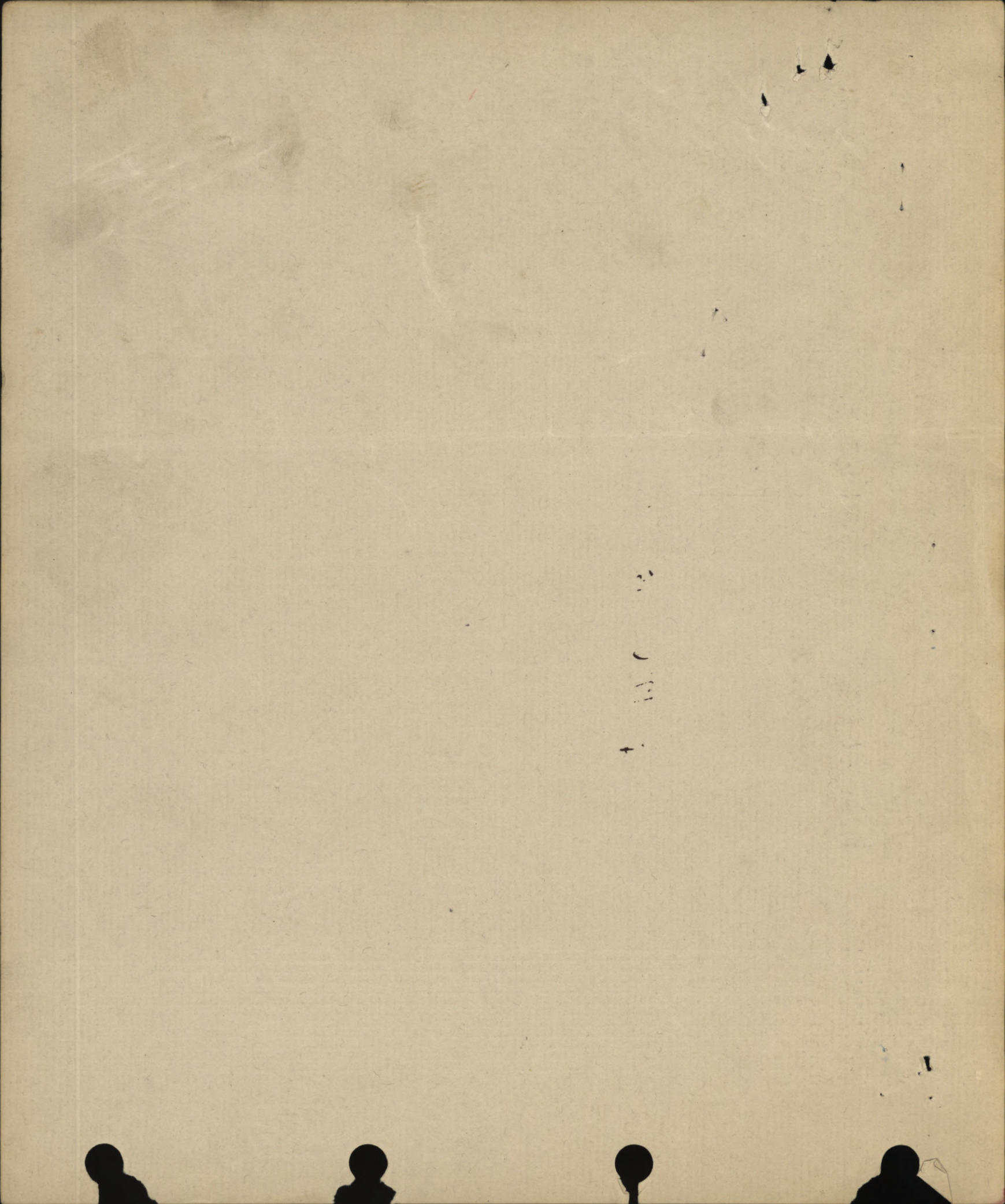
Rate \$ 15⁰⁰

SEP 7 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

apc cancelled
Did not proceed overseas
Chief PM Letter Sept 11/16
RW 29/16



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Edward Dumont.

PAYMENTS.

Name of Soldier *Dumont. A*
corp. 748100 117 Battr. A. Leo.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 15⁰⁰</i>
				SEP 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Q 17786

15

P.M. m.A.-5. asked to recover this 18/10/16
Refund requested, H.A.B 28⁹/₁₆
a/c cancelled
Did not proceed rousees
Chief P.M. letter Apt 11/16
Dec 27⁹/₁₆

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

649-D- 2817

✓ ✓ *Guide* ✓ ✓
DUMONT, Pte. A. # 748100 - 117th Bn

Med & D (Father) Edward Dumont Esq.,
Cookshire, P. C.

P & S (Father) Address as above

(Ser. # 985241.)

Mem Cross (Mother) Mrs. L. M. Dumont
Cookshire,
P. C.

also 988436

Canada only

47105

Canada

Br.

705

Microfilm Desq. 25 $\frac{2}{3}$ Reqn. No. 56078

Plaque Desq. 25 $\frac{2}{3}$ Reqn. No. 49327

M
44842
FEB 11 1921

750

No. 748100.

RANK

Pvt.

NAME

Dumont. Alade

T. O. S. 9-12-15.
(D.O. 9 of 11-12-15.)

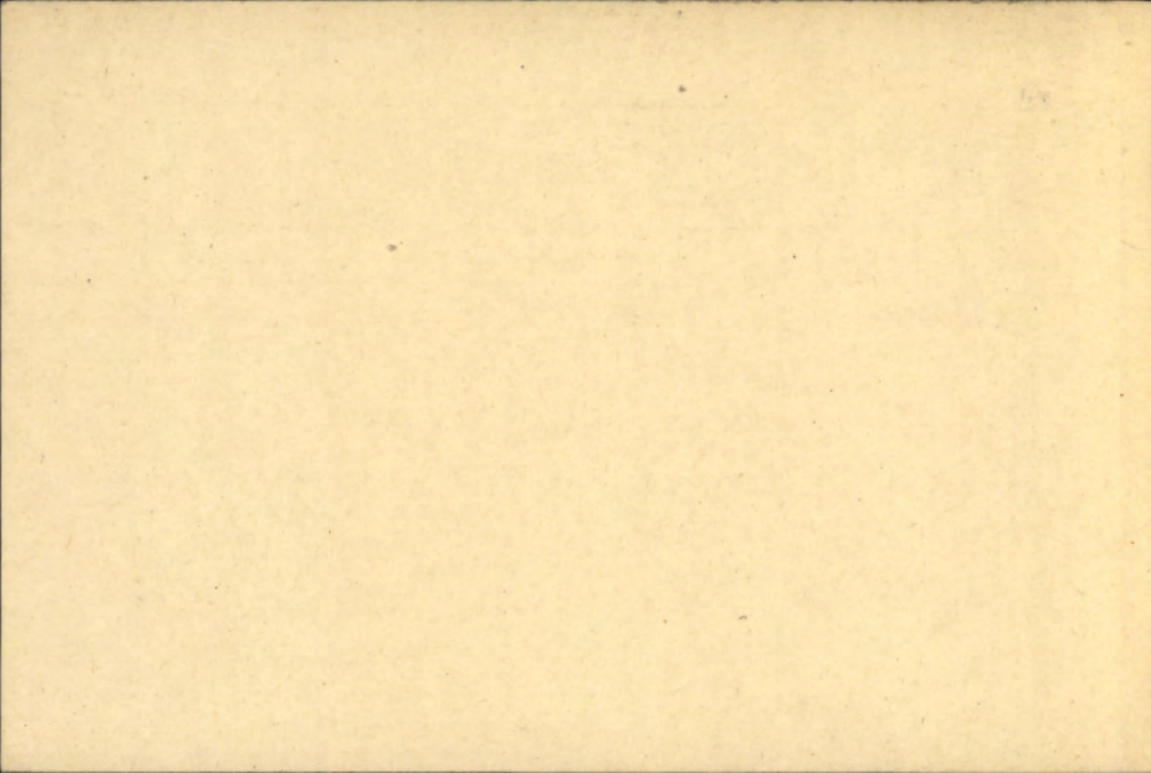
UNIT 117th Battalion.

M. D 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Dec. 9.	1915. Dec. 31.	✓		
	1916. Jan.	✓		
	Feb.	✓		
	Mar.	✓	Prom. 2/bpl. 1-3-16.	D.O. 51 of 1-3-16.
	Apr.	✓	pro. Cpl. 1-5-16.	D.O. #113-12-5-16.
	May	✓		
	June	✓		
	July	✓		
Aug. 1	Aug. 11	✓	Reduced to rank,	aug. pay list.

UNIT SAILED

AUG 14 1916



No. 748100 RANK *Pte*

NAME *Dumont A.*

T. O. S.

UNIT *Casualties*

M. D. *5*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917</i> <i>Apr. 1</i>	<i>1917</i> <i>Apr. 30</i>	<i>✓</i>		



No. 748100 RANK

Bto.

NAME

Dumont, G.
G. - Sept pay list
A

T. O. S.

UNIT

Casualties, C. C. F.

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug. 12	Aug. 31	n.	from 117 th Bul.	
Sept.		n.		
Oct.		n.		
Nov.		n.	Trans. to his Unit	Oct. pay list.
Dec.		n.	Reappears 1-11-16.	Nov. pay list.
1917				
Jan.		n.		
Feb.		n.		
Mar.		n.		



LEDGER NO.

SERIAL NO.

REG. NUMBER 748100 NAME Dumont, ARANK pts - CORPS 117th BnAGE 19 SERVICENAME OF HOSPITAL camp PLACE DerbyDATE OF ADMISSION 22-12-15DISEASE Tonsillitis

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Duty 24-12-15 IN CATEGORY

REMARKS:

Hospitals

Date

Diagnosis

Lake Edward San Luc

16-8-16

T. B.

SURNAME. *Blumont,*

CHRISTIAN NAMES

*Alcide**S.O.S. 1110-2-18. 5*REGL. NO. *748.100*RANK *Pte*UNIT *117th**Br.*

FORMER COPPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Blumont, Mrs. Lucie M.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

lookshire, P. Q.

COUNTRY OF BIRTH

Canada, lookshire P. Q. DATE

PLACE OF ATTESTATION

Sherbrooke, P. Q. DATE*Dec. 9th. 1915*

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

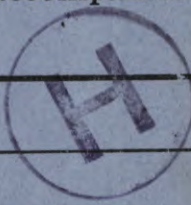
MEDICAL EXAMINATION. PLACE

DATE

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.	748100
Rank	Private
Name	Alcide Dumont
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	117th Bn. C.F.
Date of Discharge	2nd Feb. 1918
Place of Discharge	Quebec

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....21.....years.....9.....months.
 Height.....5.....feet.....9.....inches.
 Complexion Fair
 Eyes Blue
 Hair Fair
 Trade Labourer
 Intended place of residence } Cookshire
 (To be given as fully as } P.Q.
 practicable.)

Descriptive Marks

2. The above-named man is discharged in consequence of *being no longer physically fit for war service. (K.R. & O. 37) Refusing further treatment.*
 Authority *wd 5 17-8-2 of 51-1-18*

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.

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

3. Conduct and character while in the service have been, according to the records, etc.

~ Good.

W. G. Lemay

LIEUT.
O. C. "E" UNIT M. H. C. S.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

(OVER)
W. G. Lemay
28-2-18

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

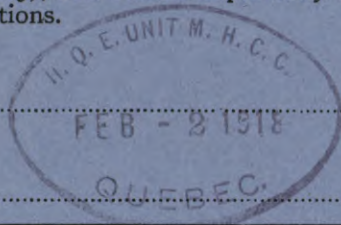
Local Casualty

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).....

(Date).....



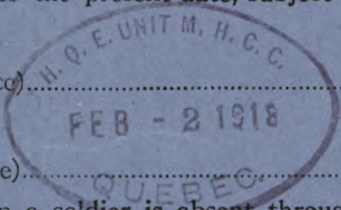
W. H. Gorman
Lieut.
H. Q. "E" UNIT M. H. C. C.
Commanding

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.

(Place).....

(Date).....



A. Dumont..... (Signature of Soldier.)
Capt. Brooks..... (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.

A. Dumont..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

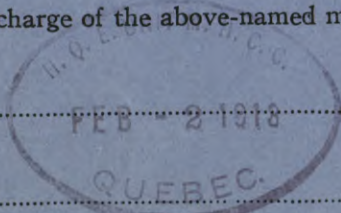
Total.....years.....days.

11. Confirmation of Discharge.

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

(Place).....

(Date).....



(Signature)

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None.

A. Dumont.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</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="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.