

TRIPPLICATE

2nd DEPOT BN. 2nd QUEBEC REG'T.

M. D. Depot Battalion. Regiment

Regtl. No. D

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

3165904

(Class One)

- 1. Surname FAILLE
2. Christian name Napoleon
3. Present address Laprairie Co Laprairie P.Q Canada
4. Military Service Act letter and number 28690 M
5. Date of birth 11th August 1892
6. Place of birth Laprairie Co Laprairie P.Q Canada
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Farmer
10. Name of next-of-kin Mr. Arthur FAILLE
11. Relationship of next-of-kin Father
12. Address of next-of-kin Laprairie Co Laprairie P.Q Canada
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act: (a) Place Montreal P.Q Canada (b) Date 12th July 1918 (c) Category A2

DECLARATION OF RECRUIT

I, FAILLE Napoleon, do solemnly declare that the above particulars refer to me, and are true.

Signature of Recruit: Napoleon Faille

DESCRIPTION ON CALLING UP

Apparent age 25 yrs. mths.
Height 5 ft 7 ins.
Chest measurement fully expanded 38 ins. range of expansion 3 ins.
Complexion Brown
Eyes Brown
Hair Brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Signature of Officer: Lt.-Col. Commanding 2nd Depot Bn., 2nd Quebec Reg't. Depot Btin.

Place Montreal P.Q Canada Date 9th July 1918

Regiment

Company

M. D.

2.

Regt. No.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT 1917

Class

1. Name	
2. Present address	
3. Date of birth	
4. Place of birth	
5. Military or other service	
6. Date of entry into service	
7. Number in service	
8. Position	
9. Trade or profession	
10. Name of service	
11. Relationship of service	
12. Address of next of kin	
13. Whether or not a member of the A.M.A.	
14. Particulars of service under the Military Service Act 1917	
15. Particulars of service under the Military Service Act 1916	

(a) Name (b) Date (c) Category

DECLARATION OF RECRUIT

I, the undersigned, declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

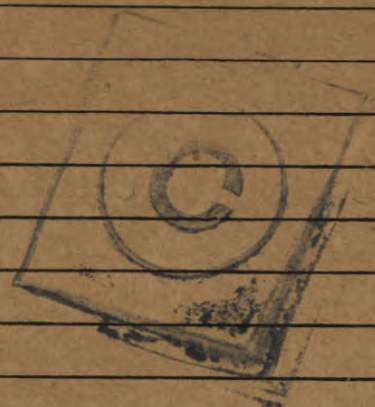
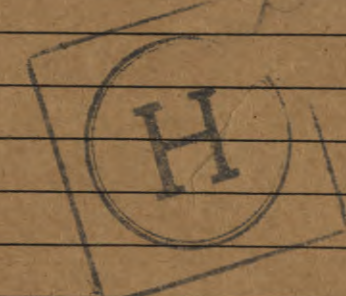
Age	.....	Parent or Guardian	.....
Height	.....	Height	.....
Complexion	.....	Complexion	.....
Build	.....	Build	.....
Stature	.....	Stature	.....
Markings	.....	Markings	.....
Handwriting	.....	Handwriting	.....
Character	.....	Character	.....
Education	.....	Education	.....
Occupation	.....	Occupation	.....
Religion	.....	Religion	.....

Report from
Date
Place

REGIMENTAL DOCUMENTS

NAME FRILIE, NAPOLEON. Pte. REGT. NO. 3165904 UNIT 203rd Regt. H. Q. FILE NO. 00296



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2. ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<u>Mar. 15/3/19.</u>				DEATH
2. CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
1. TRAINING HISTORY SHEET (M.F.W. 113)			<u>Deceased</u>		
1. 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)					
1. MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				DISCHARGE	
1. DENTAL HISTORY SHEET (M.F.B. 465)				Category	
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)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				DESERTION	
1. LAST PAY CERTIFICATE (M.F.W. 44)					
2. 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)					
1. Miscellaneous.					
1. Copy					

M + 2-21
25-2-21
ac.

2975

NAME

Paulle Napoleon

REGIMENTAL NO.

3165904

RANK

Pvt

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 \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

S.O.D.O. 27 Discharged

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

649-F-12830

~~3165908~~

3165904

Pte.

FAILLE, Nap

2nd Depot Bn.

*2nd Quebec
Regt.*

Medals & Dec.

(Father)

Arthur Faille Esq.,
Laprairie, P.Q.

P. & S.

(Father)

Arthur Faille Esq.,
Laprairie, P.Q.

See # 807105

Memorial Cross (Mother)

Mrs. Florence C. Faille,
Laprairie, P.Q.

251723
16.8.21

Canada only

*Station
Messrs
Co La Prairie
P.Q.*

*(12-8-21)
B.
ac*

796

47070 MAR 3 1921

m.x. redesp. 20.9.21. X 2725

MX Ret'd 25/3/21 No Reason stated.

Surname

Faillie

Christian names

Napoleon

Regtl. No.

3165-904

Rank

Pte

Unit

2nd Inf Regt Ind Dps Br

H. Q.

M. D. No.

T. O. S.

July 9th 1918

D. O. Pt. II.

289 of 2-2-18

S. O. S.

Vol 8-1119 184

Reason

Rec

Auth.

No. O. 27 of 27-1-19-2/20, P

Next of kin

Faillie Arthur

Relationship

Father

Address

Laprairie P. Q.

Also notify:

BORN—Place

Bonasa Laprairie P. Q.

Date

Aug 11th 1892

ATTESTED—Place

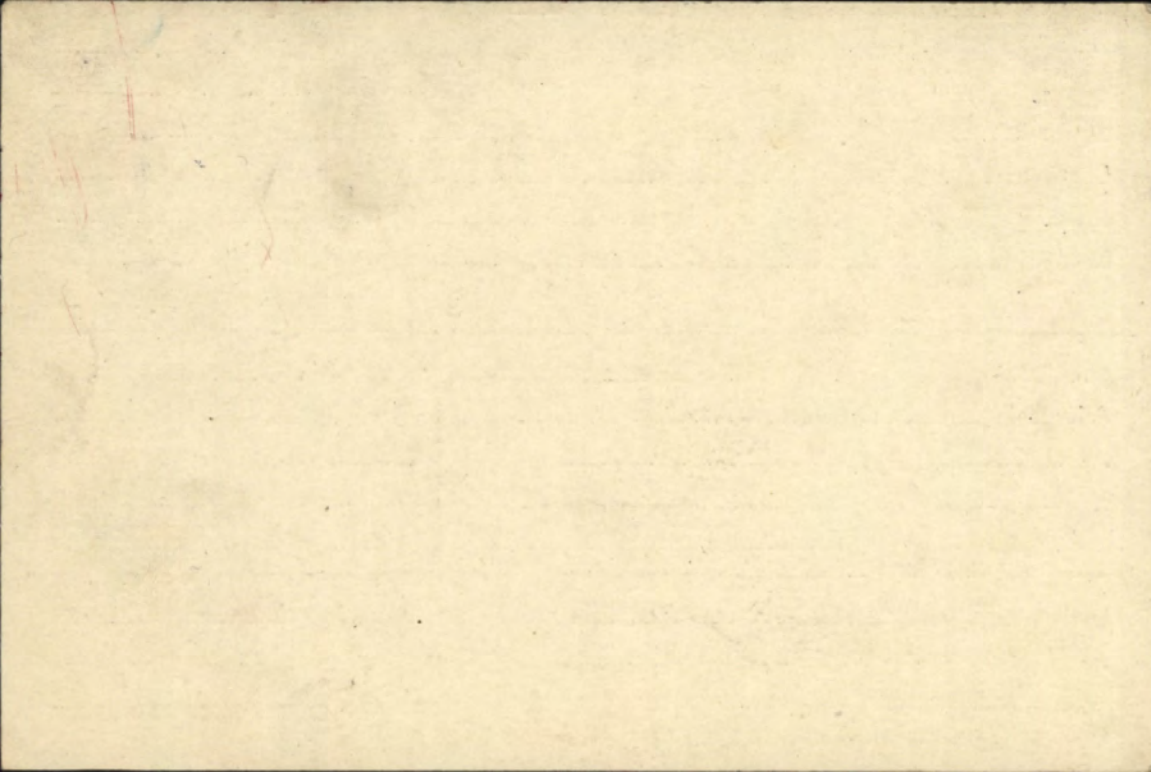
Montreal P. Q.

Date

July 9th 1918

O/S

R/C



3165904

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

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

350M.—5-16

H. Q. 1772-33-920.

AL

Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REG'T.

Unit, Regiment or Corps

Regimental No. ^D

Rank

Pte

Name

FAILLE Napoleon

C. E. F.

Enlisted (a)

9-7-18

Terms of Service (a)

C.E.F

Service reckons from (a)

9-7-18

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)

Farmer

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				
		<p>Demobilization</p> <p>10-10-18</p> <p>Do. Montreal 8-10-18</p> <p>Deceased.</p>			<p>Adjutant 2nd Depot Bn. 2nd Quebec Reg't</p>
	<p>mX</p> <p>25-2-21</p> <p>ac</p>				

(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.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1183 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 3165904 Rank Private Name Paillé Nap.
(Surname first)
Unit 2nd Depot Bn. 2nd Quebec Rgt. who was* Deceased
On 8-11-18 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from XX to XX 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		36 40
Regimental Pay.....days at \$.....c.....		
Field Allowance.....days at \$.....c.....		
Separation Allowance.....		
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges		
Balance on transfer or on discharge, cheque No.....	36 40	
Total	36 40	36 40

*Give particulars.

A monthly stoppage of \$.....ⁿ..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of.....¹.....191..... }
and Separation Allow. for month of.....¹.....191..... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$.....has been paid by Paymaster, Military District No.....

Furlough from 20-3-18

REMARKS:—

State (1) date of enlistment.....2-7-18.....married or single.....
(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....Deceased.....
(4) Authority for discharge or transfer.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 26-1-19
Place Montreal Que.

P. Brosseau
Lieut.
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

copy passed to Katis

FORM OF WILL

SEE INSTRUCTIONS ON BACK

AL If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, FAILLE Napoleon
D 3165904
Regimental number..... Rank..... serving in the

2nd DEPOT BN. 2nd QUEBEC REG'T. Canadian Expeditionary Force,
declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Nil
whose address is.....
to be the executor of this my last will.

General gift I give to..... (Father) Mr Arthur FAILLE
whose address is..... Laprairie Co Laprairie P.Q. Canada
all my property not disposed of above.

Date Dated at..... Montreal. P.Q. Canada this..... 12th July 1918 191.....

Signature..... Napoleon Haille
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

1ST WITNESS
Witnesses Signature.....
Address.....
Occupation.....

2ND WITNESS
Signature.....
Address.....
Occupation.....

FORM OF WILL

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

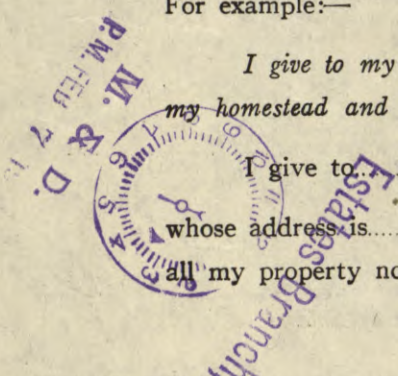
I give to.....my mother, Mrs. Eliz. Smith,.....
whose address is.....250 Yonge Street, Toronto,.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.



MILITARY SERVICE ACT, 1917.

AL

MEDICAL HISTORY SHEET.

ORIGINAL

1. Surname FAILLE Christian name Napoleon
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 28690 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 3165904
 4. Address (including street and number if any) Laprairie Co Laprairie P.Q Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of July 1918, 1918, by the undersigned medical board sitting at Peel St Barracks Montreal P.Q Canada

5. Age as stated 25 Years..... Months.....
 6. Apparent age..... Years..... Month.....
 7. Height 5 Feet 7 Inches.....
 8. Weight 142 Pounds.....
 9. Chest measurement { Minimum 36 Ins. Maximum 38 Ins.
 10. Complexion Brown { Eyes Brown Hair Brown
 11. Physical development Good { Good Fair Poor
 12. Smallpox marks.....
 13. Number of vaccination marks { Right arm..... Left arm 1
 14. When vaccinated last.....
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....
 16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma.
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A²

17. (a) Vision. R. 40 L. 50
 (b) Hearing. R. OK L. OK

W. L. L... Member. W. L. L... President. A. B. H... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			<u>13/7/18</u>		<u>W. L. L... Capt.</u>

Joined 9th day of July 1918, 1918 at Montreal P.Q Canada

Joined on enlistment	CORPS	REGTL NUMBER	HABITS	DATE
	<u>2nd DEPOT BN.</u>	<u>2nd QUEBEC REGT.</u>		<u>9-7-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man W. L. L...



If raised in category, record category in a square. The M. O. will initial and date.

2nd DEPOT BN.
ORDERLY ROOM
2nd QUEBEC REGT.

This space to be for numbers.

13-2-19
51039

Proceedings on Discharge.

ENTERED
PART II
D.O. 77
ll

AL
(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	D 3165904
Rank	Private
Surname	FAILLIE
Christian name	Napoleon
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Depot Bn 2nd Quebec Regt
Date of discharge	8th Nov. 1918 D.O. 27 2/2/ Quebec Regt
Place of discharge	Montreal P.Q. Canada

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 25 years..... -- months.	Descriptive marks Nil
Height..... 5 feet 7 inches.	
Complexion..... Brown	
Eyes..... Brown	
Hair..... Brown	
Trade..... Farmer	
Intended place of residence (To be given as fully as practicable.)		Laprairie Co Laprairie P.Q. Canada

2. The above-named man is discharged in consequence of ~~DECEASED~~
 Authority for discharge..... DECEASED

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.
 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.)
 Farmer

M. F. B. 218.
290M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

Nil

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

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Montreal P.Q. Canada

Commanding Officer

(Date) 8th Oct 1918

2/2/ Quebec Regt
Commanding Coy " B "

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Montreal P.Q. Canada

(Signature of Soldier.)

(Date) 8th Oct 1918

(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.

(Signature of Soldier.)

10. Statement of Service.

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

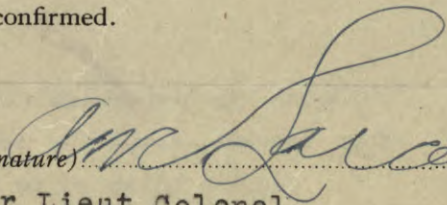
87 Days

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

11. Confirmation of Discharge.

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

(Place) Montreal P.Q. Canada

(Signature)  Capt.

(Date) 8th Oct 1918

For Lieut Colonel

2nd Depot Bn 2nd Quebec Regt

Reservations referred to at Para. 8.

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

List of Discharge Documents.

RESERVATIONS (NIL)

Medical History Sheet	W. 32	Medical Report for Invalids	H. 121
Form of Will	W. 31	Medical History Sheet	H. 102
Only if discharged "Medically unfit"		Last Pay Certificate	W. 44
Only if man has not been overseas		Duplicate Discharge Certificate	W. 30
		Casualty Form	W. 34
		Medical History Sheet	H. 102
		Copies of Certificates by C. P.	W. 35
		Field Conduct Sheet	W. 178
		Company	
		Battery	
		Regiment	
		Field Conduct Sheet	W. 178
		Medical History Sheet	H. 102
		Medical Report for Invalids	H. 121
		Casualty Form	W. 34
		Medical History Sheet	H. 102
		Last Pay Certificate	W. 44
		Duplicate Discharge Certificate	W. 30
		Form of Will	W. 31
		Only if discharged "Medically unfit"	
		Only if man has not been overseas	

I hereby certify that the following documents are unobtainable:

Officer Commanding

Para. 28 - In the case of a man discharged by purchase, the date and number of Special Receipt with amount of same is to be given below.

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

RESERVATIONS (III)

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

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

AL

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	D 3165904
Rank	Private
Surname	FAILLE
Christian name	Hapohhen
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Depot Bn 2nd Quebec Regt
Date of discharge	8th Nov. 1918 D.O. 2/2/ Quebec Regt
Place of discharge	Montreal P.Q Canada

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	25 years -- months.	Descriptive marks
Height	5 feet 7 inches.	
Complexion	Brown	Nil
Eyes	Brown	
Hair	Brown	
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	Laprairie Co Laprairie P.Q Canada	

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

DECEASED

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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.)

Farmer

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

Nil

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

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... Montreal .P.Q Canada

Commanding Officer.....

(Date)..... 8th Oct 1918

Commanding.....

2/2/

Quebec Regt
Coy " B "

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... Montreal .P.Q Canada

(Signature of Soldier.)

(Date)..... 8th Oct 1918

(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.

(Signature of Soldier.)

10. Statement of Service.

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

87 Days

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

11. Confirmation of Discharge.

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

(Place)..... Montreal .P.Q Canada

(Signature)

Am. Laroc Capt.

(Date)..... 8th Oct 1918

For Lieut Colonel

2nd Depot Bn 2nd Quebec Regt

Reservations referred to at Para. 8.

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

List of Discharge Documents.

RESERVATIONS (LINE)

Reg. Conduct Sheet	Minutes Form B. 203
Squadron Battery Company	Minutes Form B. 203
	Field Conduct Sheet
Field Conduct Sheet	Minutes Form B. 218
Copies of Convictions by C. P.	Minutes Form B. 218
Med. Hist. Sheet	Minutes Form B. 218
Caualty Form	Minutes Form B. 218
Medical Report for Invalidity	Minutes Form B. 218
Dental History Sheet	Minutes Form B. 218
Last Pay Certificate	Minutes Form B. 218
Duplicate Discharge Certificate	Minutes Form B. 218
Form of Will	Minutes Form B. 218
Only if discharged "Medically unfit"	Minutes Form B. 218
Only if man has not been overseas	Minutes Form B. 218
Documents not accompanying this form should be crossed out.	

I hereby certify that the following documents are unobtainable:

Officer Commanding

N.B.—In the case of a man discharged by purchase the date and number of deposit receipt with amount of same is to be noted hereon.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
Battery } Conduct Sheet, " B. 263a
Company }

or
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or
Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

*N.B.—In the case of a man discharged by purchase,
the date and number of Deposit Receipt with
amount of same is to be noted hereon.*

docs

8 ⁷/₂₁

CHANGE OF ADDRESS

No. _____ Rank _____ Surname _____ Christian Names _____

3165904. Pfc. Faille, N. (A)

Address Mrs. Arthur Faille (m)

Station Brosses,
Co. La Prairie, P.Q.

and
letter to 29/6/21
staff

+

D-19
ESM.

Section
Award.

201804

201804

201804

201804