ORIGINAL.

Original

C

ATTESTATION PAPER.

No. 8473.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Lernee Laqueux
2. In what Town, Township or Parish, and in what Country were you born? St Joseph de Beauce, Prov Quebec.
3. What is the name of your next-of-kin? St Joseph de Beauce, Comté Beauce PQ Can.
4. What is the address of your next-of-kin? Mr Laqueux.
5. What is the date of your birth? 1st April 1883.
6. What is your Trade or Calling? Soldier
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? If so, state particulars of former Service. Yes 3 yrs RCR.
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.

L Laqueux (Signature of Man).

H Bonnes (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ..., 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.

L. Laqueux (Signature of Recruit)

Date 22 · 8 · 15 191 . H Bonnes (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.

L. Laqueux (Signature of Recruit)

Date 22 · 8 · 15 191 . H Bonnes (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 Halifax this 22 day of August 191 5

(Signature of Justice)

J. P. for City and County of Halifax

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

.....(Approving Officer)

M. F. W. 23.
200 M.—5 15.
H. Q. 1772-39-841.

Description of Leonce Laqueux on Enlistment.

Apparent Age.....years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 4 ft. 7 ins.

Chest measurement.
- Girth when fully expanded ..... 36 1/2 ins.
- Range of expansion ..... 3 1/2 ins.

Complexion ..... Medium

Eyes ..... Hazel

Hair ..... Dark Brown

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

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).

Slightly bow legged

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 ..... AUG 24 1915 ..... 191 .

Place ..... No. .....

Capt. RAMC
Medical Officer.

ROYAL CANADIAN REGT. REGT'L HEADQUARTERS AUG 24 1915 No.

*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.

Leonce Laqueux 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.

ROYAL CANADIAN REGT. REGT'L HEADQUARTERS AUG 24 1915 No.

(Signature of Officer)

Date ..... 191 ..

REGIMENTAL DOCUMENTS

NAME Laqueux Leonce REGT. NO. 477502 UNIT RCR Rifl Regt H. Q. FILE NO.

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)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 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)				03126	
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)					
1 Casualty					12-9
1 R 122					18-9
					29-9

BOX 5308

M.X. 26/5/21

W. 2589
100M-11-19
1772-39-1377

SURNAME. Laqueux

CARD NO. ✓

CHRISTIAN NAMES Leonce

FOLL.

REGL. No. 477502 RANK Pte.

UNIT R. C. R.

FORMER CORPS R. C. R. (3 yrs.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Laqueux, Mrs.

RELATIONSHIP TO SOLDIER not stated.

ADDRESS St. Joseph De Beauce, P. Q.

COUNTRY OF BIRTH Canada, St. Joseph De Beauce, P.Q. DATE Apr. 1st. 1883

PLACE OF ATTESTATION Halifax, N. S. DATE Aug. 22d. 1915

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 177-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Soldier RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE Not stated YEARS MONTHS

HEIGHT 5 FEET 7 INCHES

CHEST MEASUREMENT 36 1/2 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Medium EYES Hazel HAIR Dk. Brown

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Not stated DATE Aug. 24th 1915.

Present address, not stated.

Laquerre

NAME ~~Laqueux~~, Leonce

H. Q. FILE No. 649-

REGT'L. No. 477502

RANK AND CORPS Pte. Royal Can Regt.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M5862	29-4-16	Died of wounds No. 17 Cas. Clear. Station. April 21st. GSW Thigh.

R C R Regt Depot

OK

L. L. Job 86907--M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 93	Died of Wounds. No 37 Cas. Cl. Stn.	21-4-16	G.S.W. Thigh Right

649-L-1488

Number 477502 Rank Pte

Surname Laqueux

Christian Name Leonce

Units R.C.R. Theatre of War France

Date of Service

Remarks

Latest Address Father Mr Evangeliste Laqueux
St Joseph de Beauce P.Q.

Roll No.

1m-5-23-M63 B 366

R. 149.

Name Lagueux L. *Rank* Pte. *Reg. No.* 477502

Unit Royal Canadian Regiment R.L.95.L.462.

Next of Kin Canada

1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21.4	Died of Wounds		G.S.W. Thigh Right	A162	M5862.5/5/16	
	Burial Report Sheet 89					

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

Elig for 1914-15 Star Pte. R.C.R.

649-L-1488

H.Q.

LAGUEUX, Leonce, Pte. No.477502, R.C.R.

Medals & Dec. (Father) Evangeliste Lagueux, St. Joseph de Beauce, P.Q.

10582

P.& S. (Father) (Same as above)

(Ser. #499456.)

Memorial Cross

(Mother deceased)

(Not married)

APR 1 4 1920

Scroll Desp. _____ Reqn. No. 235478

AUG 30 1921

Pl. Desp. _____ Reqn. No. P4703

D.M.S. 1800.

Surname: Laguena
Christian Name or Names: L.
Reg. No.: 47502

Rank: Pte.
Unit: Royal Can Regiment
Co.:
Troop:
Batty.:

Hospital:
Date of Admission:

Transferred: # 17 Can Clg Stat. Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis: G. S. W. Thigh R.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION: Died of Wounds
Date: 21. 4. 16

6 L. 1. 5. 16 493

REMARKS

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

RCR

R—122.

Rank Pte Name LAGUEUX Leonce Reg'l No. 477502

Unit Royal Can.Regt If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment 22nd Aug.1915 Place of Birth St Joseph.de Beauce, Prov.of Quebec.

Name and Address, Next-of-Kin Mr.Lagueux.

St Joseph de Beauce. Conte Beauce.Que Relationship

Assigned Pay Monthly $ Payable to

Relationship N.E R.B. 7

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Died of Wounds. Reason Character

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				
2 NOV 1915	"C"	Embarked for France.			
1.5.16.	R.b.R.	Died of Wounds.	17 Can Clg Stn.	21.4.16	6/a93 Gen Hosp O.N.
30.4.16	"	"	"	21.4.16	Pte II/8

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					

FORM OF WILL.

I, Leonce Laguerre (Name in full)
Regimental Number 477502 serving in Royal Canadian
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Evangeliste Laguerre
St Joseph de Beauce
P. Quebec

Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Arthur Lassville
St Joseph de Beauce
P. Quebec

Name & Address of person or persons to receive personal estate* *(see note).*

In Witness whereof I have hereunto set my hand
this 13th day of October A.D. 1915.
Leonce Laguerre Signature.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

Name of Witness W W Creighton
Address of Witness R C R
Occupation of Witness Soldier
Name of Witness G A Drydon
Address of Witness R C R
Occupation of Witness Soldier

FORM OF WILL

I, Lionce Laqueux. (Name in full)

Regimental Number 477502 serving in Royal Canadian.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I ~~devise~~ bequeath all my real estate unto

Evangeliste Laqueux.
St. Joseph de Beauce.
P. Quebec.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Arthur Sasseville.
St. Joseph De Beauce.
P. Quebec.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This ~~space for the appointment of Executor if necessary~~.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

In Witness whereof I have hereunto set my hand this 15th day of October A.D. 1915

Lionce Laqueux. Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness W.W. Creighton.

Address of Witness R.C.R.

Occupation of Witness Soldier.

Signature of Second Witness G.A. Dryden.

Address of Witness R.C.R.

Occupation of Witness Soldier.

M. F. W. 82.
300M.-12-16.
1772-39-983.

no card 117

MEDICAL HISTORY OF

Surname Laqueux *Christian Name* Leonce

Examined { on 9 day of July 1913
at Levis Camp

Birthplace { City or Town St Joseph
County Quebec

Apparent age 30 years

Trade or occupation Soldier

Height 5 Feet 7 Inches.

Weight 137 Lbs.

Chest measurement { Minimum ..... inches.
Maximum expansion ..... inches.

Physical Development Good.

Small-Pox Marks Nil

Vaccination Marks { Arm ~~Right~~ Left.
Number two

When Vaccinated last six months ago

(*a*) Marks indicating congenital peculiarities or previous disease Slightly bow-legged

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

Approved by

J. T. Clarke Major

(Rank) N. A. M. C.
Medical Officer.

Examined for re-engagement

..... day of ..... 191.....

*Considered .....

(Signature) .....
Medical Officer.

*If unfit, state disability.

Re-vaccinated on 4th day of April 1914

Arm Left Number one

Result Successful.

(Signature) [illegible]
Medical Officer.

2

Enlisted on 9th *day of* July 1913 *at* St Joseph de Levis P.Q.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment.	R.C.R.	~~5475~~		9.7.13.
Transferred to.....		477502		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

Mil. Form B. 313.

5m-9-10.
H. Q. 1772-39-439.

Surname Lapierre Christian Name Lewis

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day.	Month	Year.	Dates of Discharge from Hospital. Day.	Month	Year.	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.
Quebec, P.Q.	9.7.13										
Bermuda	14-9-14										
	14 7 15.	Examined			found	fit	for	Field Service		[illegible]	Captain RAMC

P—56

Rank Pte. Name LAGUEUX Leonce Reg'l No. 477502

Unit Royal Can.Regt If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment 22nd Aug.1915 Place of Birth St Joseph.de Beauce, Prov.of Quebec.

Name and Address, Next-of-Kin Mr.Lagueux.

St Joseph de Beauce. Conte Beauce.Que Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Died of Wounds 21/4/16 Casualty List No a93 RCR Character

Date From 1915	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
1 Sep.	30 Sep.	30	1.00	30 00	30	1c	3 00		33 00			33 00			33 00	—	
1 Oct.	31 Oct.	31	"	31 00	31	"	3 10		34 10			14 60			14 60	19 50	
1 Nov.	30 Nov.	30	"	30 00	30	"	3 00		33 00	Cas. 6 24 75 111 157 214 259 305 350 395 439		1 22 4 46 2 68 8 72 5 23 2 61 2 62 2 62 2 62 2 62 2 61			5 68	46 82	
1 Dec.	31 Dec.	31	"	31 00	31	"	3 10		34 10						16 63	64 29	
1 Jan. 1916	31 Jan.	31	"	31 00	31	"	3 10		34 10						5 23	93 16	
1 Feb.	29 Feb.	29	"	29 00	29	"	2 90		31 90						5 24	119 82	
1 Mar	31 Mar	31	"	31 00	31	"	3 10		34 10						5 23	148 69	
				213 00			21 30		234 30			85 61			85 61	148 69	To Attorney's settlement see ledger sheet

BALANCE TRANSFERRED TO NEW LEDGER.

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						

Married or Single: Single

Place of Birth: St Joseph de Beauce. Que.

Name and Address of Next of Kin: Mr Lagueux
St Joseph de Beauce. Comte Beauce. Que.

Relationship of Next of Kin:

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

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 447502 Rank: Private Name: Lagueux Leonce

If in Permt. Corps What Unit: Unit: ROYAL CAN. REGT.

Permanent Force Allowances

Place of Attestation: Halifax

Date of Attestation: August 22/1915.

Assigned Pay Monthly $: Nil 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: Died of Wounds 21/4/16. Reason and Authority: Can a93 & D.O. 18.

Account Transferred to Non-Effective Branch (Date): D 21/4/16

Account Transferred to Officers' Pay Branch (Date):

Transferred to / Date / Authority

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
															23430															85 61	14869				
Check to Acct.	1/4 21 30/4	21	1.00	21 00	21	10	210								2310	488								523						523	16656				
																								Bal on hand to N. E. Bch							166 56				
N. E. Branch	Sept 1/16.														166 56									166 56						166 56					To Ottawa for settlement 11/9/16.

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.				No.	Date	No.	Date	No.	Date	No.	Date												

Lagesant

ANTITYPHOID INOCULATION.

FIRST INOCULATION.

Place St. Georges Bla Date 15-7-15

Batch Number of inoculation material 466

Date of preparation of inoculation material

Dose given 1/2 c.c.

Signature of Inoculator [illegible]

SECOND INOCULATION.

Place Date

Batch No. of inoculation material

Date of preparation of inoculation material

Dose given

Signature of Inoculator

For insertion in Table of Medical History Sheet.

W 5050—2296 25,000 11/12 H W V G. 06/522
1376—585 35,000 6/13

FILE No. 477502 VOL.

SUBJECT Laguerre, L.

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
RM	E	15-6-23			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

FILE NO. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

M. & D. FORM O.S.S.S.
12265—50M—11-22.

(9179)—Wt. W12165—2146.—1,250,000.—2-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps Royal Canadian Regiment.

Regimental No. 477502. Rank Pte. Name LAGUEUX Leonce.

Enlisted (*a*) 22/8/15. Terms of Service (*a*) for 1 year or duration of War. Service reckons from (*a*) 22/8/15.

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				
		DISEMBARKED BOULOGNE 1 11 15			
24/4/16.	O.C. 17 C.C.S.	Died at 6.00 am. 21/4/16. from G.S.W.d Thigh R.	Field.	21/4/16.	A.A.G. Can Lee File C. 408. D.O. Pt. II cl. 18. of 30/4/16. B. Johnston Lieutenant for Lt Col. A. A. G.

(*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.

[P.T.O.

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				