

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name?	(ANSWERS) Lefebvre, Hyancithe
2. In what Town, Township or Parish, and in what Country were you born?	St Hyancithe BC
3. What is the name of your next-of-kin?	Lefebvre, Donat
4. What is the address of your next-of-kin?	St Hyancithe P. Q.
5. What is the date of your birth?	18 th Feb. 1890.
6. What is your Trade or Calling?	Painter.
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? <small>If so, state particulars of former Service.</small>	no
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
	(Sgd) H. Lefebvre (Signature of Man).
	(Sgd) H. F. McLeod (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lefebvre Hyancithe, 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: 5th Dec 1914

(Sgd) H. Lefebvre (Signature of Recruit).
(Sgd) H. F. McLeod (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lefebvre Hyancithe, 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: 5th Dec 1914

(Sgd) H. Lefebvre (Signature of Recruit).
(Sgd) H. F. McLeod (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 Shing Plantation this 5th day of Dec 1914.

(Sgd) H. F. McLeod (Signature of Justice).

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

(Sgd) H. F. McLeod (Approving Officer).

St. Col.

Description of Hyacinthe Lefebvre on Enlistment.

Apparent Age 25 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. 10 ins.

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

Complexion..... Dark

Eyes..... Dark Brown

Hair..... Dark Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants (Denomination to be stated.).....
 Roman Catholic.....
 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..... Dec 5th 1914 (Sgd) R. H. Sutherland

Place..... Slings Plantation Capt. a m c
 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.

Hyacinthe Lefebvre..... 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.

(Sgd) H. Y. McLeod..... (Signature of Officer.)
Lt. Col.

Date..... 12/5/1914

APB 11-11-18

DISCHARGE DOCUMENTS

R. O. No. _____
H. Q. No. _____

(S)

- 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.....

10

Name Lefebvre Hyana the
 Regt. No. 23721 Rank Pte
 Corps 12th Bn

Died of wounds 4.6.16

19032

*BoP
5539*

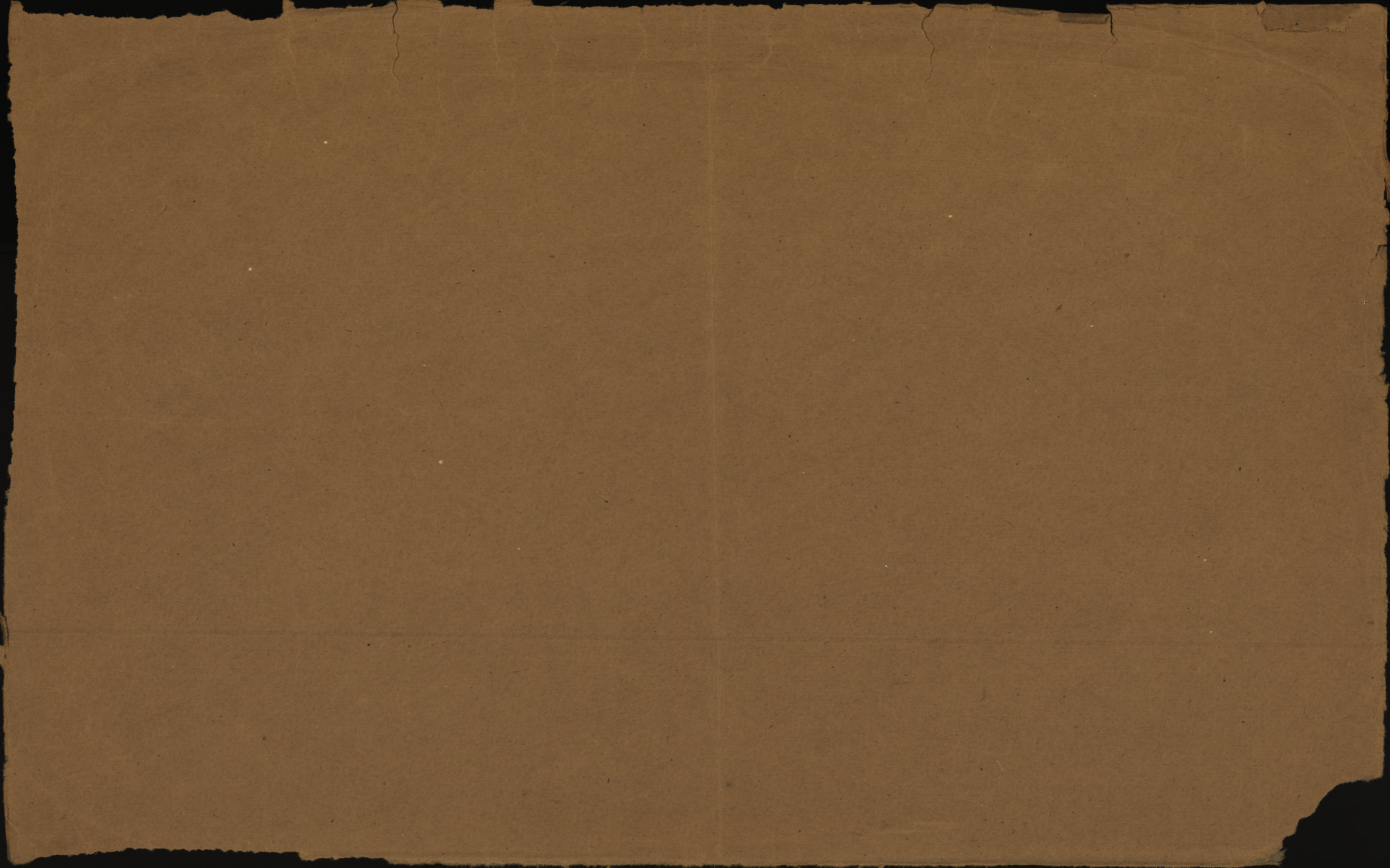
(H)

a 413 122-1
R. 149-1
cascard
plaid

MX

4.8.20

RAS.



23721

I.D. number

No. d'identification

LEFEBVRE

Surname

Nom de famille

HYANATHE

Given names

Prénoms

D.O.W. 4-6-16

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

5539

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

Surname

Christian Name or Names

Reg. No.

Seefebvre.
Rank *Pte.* Unit

H.
Co. *10th Bn.*

23721
Troop Batty.

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Died of lds. 4.6.16.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

62 10.6.16. A380

*Reported from
Base.*

A.M.D. 2 DEPT.

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

11

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ac
32
Number 23.721 Rank Lieut. B

Surname LEFEBVRE X

Christian Names Hyacinthe

Unit A. H. Co. Can. Inf. Theatre of War France

Dates of Service D

Remarks

Latest Address Mr. Utric Lefebvre "Brother"

Three Rivers, P. Q.

Roll No. B

Page 116

12/1/22 4488 1921

4. 5823

Recd

MAR 9 - 1921

NAME

Lefebvre Hyacinthe

H. Q. FILE No. 649-L-1881

REG'TL. No. 23721

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

~~Pvt. / pl.~~ 10th Batta

M. 7733	9-6-16	Died of wounds June 4 th
A. 1709	12-6-16	With reference to your telegram June 12 th "Died of wounds June 4 th "
A. F. B.	2090 a	Died of wounds received in
Rowen	7-6-16	action. (no. can f'd amb) 4 th June 1916.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A. 380 Reported from Base 14-6-16 Died of Wounds.

Name Lefebvre H. Rank Pte.

Reg. No. 23721.

Unit 10th Battalion.

25-R-541

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4/6/16.	Died of Wounds.			A380.		M. 7733.
Ex.base Casualty Sheet.No.314.						
<i>Jan 6</i>						

No. 23721

RANK Pte

NAME Lefebvre Hya

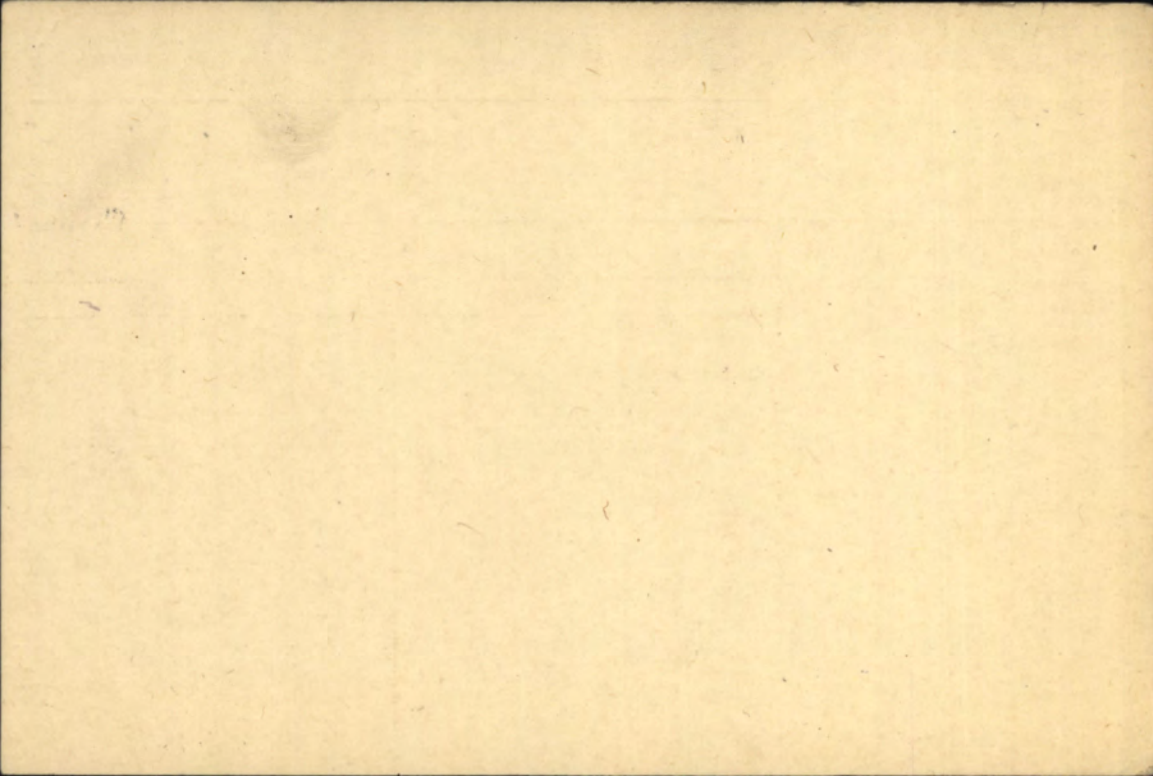
T. O. S.

UNIT 84th Regt. (H. Hyacinth)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug 13 th	1914 th Aug 23	✓	now on 12 th Bn. payroll	Sept. payroll
Aug. 30 th	Sept. 21 st	✓		
Sept 22	Oct 31	✓		

UNIT SAILED
OCT 3 1914



(649-L-1881)

SURNAME.

Lefebvre

CARD NO.

CHRISTIAN NAMES

A yacinthe

D
OLI

REGL. No.

23721

RANK

Plé.

UNIT 10th

Bn.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lefebvre, Domat

RELATIONSHIP TO SOLDIER

ADDRESS

Sté. A yacinthe, P. Q.

COUNTRY OF BIRTH

DATE

PLACE OF ATTESTATION

DATE

0.5.7.10.14 ^{12/}73

L. L. 94504. M. & D. 6512

Cable R 1709. June 12th 1916

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

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

Has.

1/cpl
Lefebvre, H. Pte*23721 10th Bn. 649-L-1881

Eligible for 14-15 Star, Pte. 10th Bn.
Medals & Decorations.

(Brother) Ulric Lefebvre, Esq.,
Three Rivers,
P.Q.

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

Ser. #803815

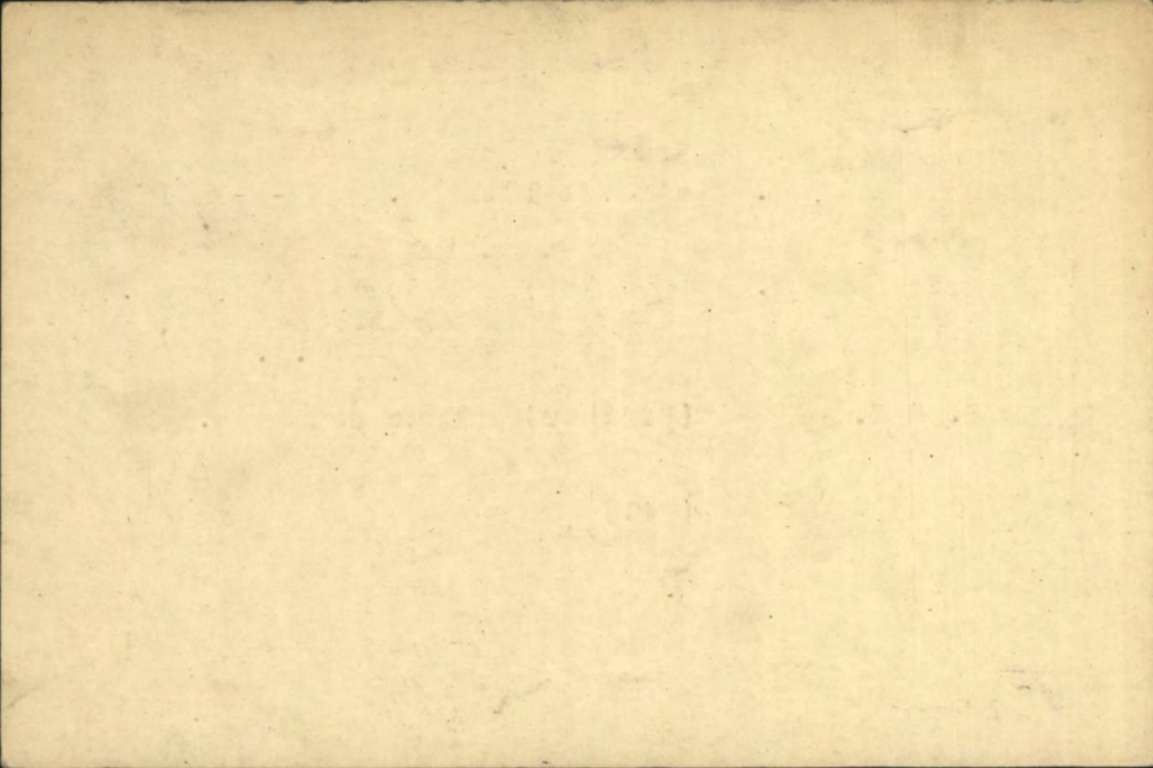
Memorial
Cross, (Nil)

APR 25 1921
Scroll Desp. _____ Reqn. No. *2.38649*

JUN 22 1922
Plague Desp. _____ Reqn. No. *140658*

17720

JAS. 4.5.20



ORIGINAL.

23721

MEDICAL HISTORY SHEET.

LEFEBVRE

Surname Lefebvre Christian Name Hayantre

Examined { on 26 day of Aug 1914 at Valcartier Approved by Alberta Reg.

Birthplace { City or Town LaSalle Rank _____ M.O. County Manitoba

Apparent age 23

Trade or occupation Painter M.O.

Height 5 Feet 7 1/2 Inches. M.O.

Weight 180 Lbs. M.O.

Chest Measurement { Minimum 37 inches. M.O.

{ Maximum expansion 2 inches. M.O.

Physical development Good M.O.

Small-Pox Marks _____ M.O.

Vaccination Marks { Arm Right Left 1 Date Result VACCINATIONS

When Vaccinated last 1905 M.O.

(a) Marks indicating congenital peculiarities or previous M.O.

disease M.O.

(b) Slight defects but not sufficient to cause rejection Date Result ANTI-TYPHOID INOCULATIONS, ETC.

_____ M.O.

_____ M.O.

_____ M.O.

Enlisted on 17 day of August 1914 at St. Hyacinthe

	CORPS.	REG'TL. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>84th Regt</u>			
Transferred to.....	<u>12th Battalion</u>	<u>23721</u>		
	<u>13 Batten</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

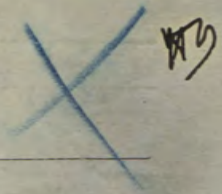
STATION.	DATE.	DISEASE.	RESULT.

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.

Casualty Form—Active Service.

Regiment or Corps 12th Battalion

Regimental No 23721 Rank Pte Name Lefebvre, H.



Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on }
present rank } to lance rank } 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. 33, 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				
9/5/15.	66. 10 th Batt.	<u>Arrived in France and taken on strength 10th Batt.</u>	<u>Field.</u>	<u>22/4/15.</u>	<u>a 4 B 213 Part II O. No. 13-1915</u>
18/12/15	oc. 10 th Batt.	<u>Granted 9 days leave</u>	<u>England</u>	<u>15/12/15</u>	<u>B 2 13</u>
4/6/16	"I.C.F.a	<u>Died of wounds at main dressing str</u>	<u>Field.</u>	<u>4/6/16</u>	<u>41. T. 3628. Part II Orders C.A. 314 "23-1916.</u>

Geo. R. Sinclair
LIEUT.
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				

627

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.
8

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

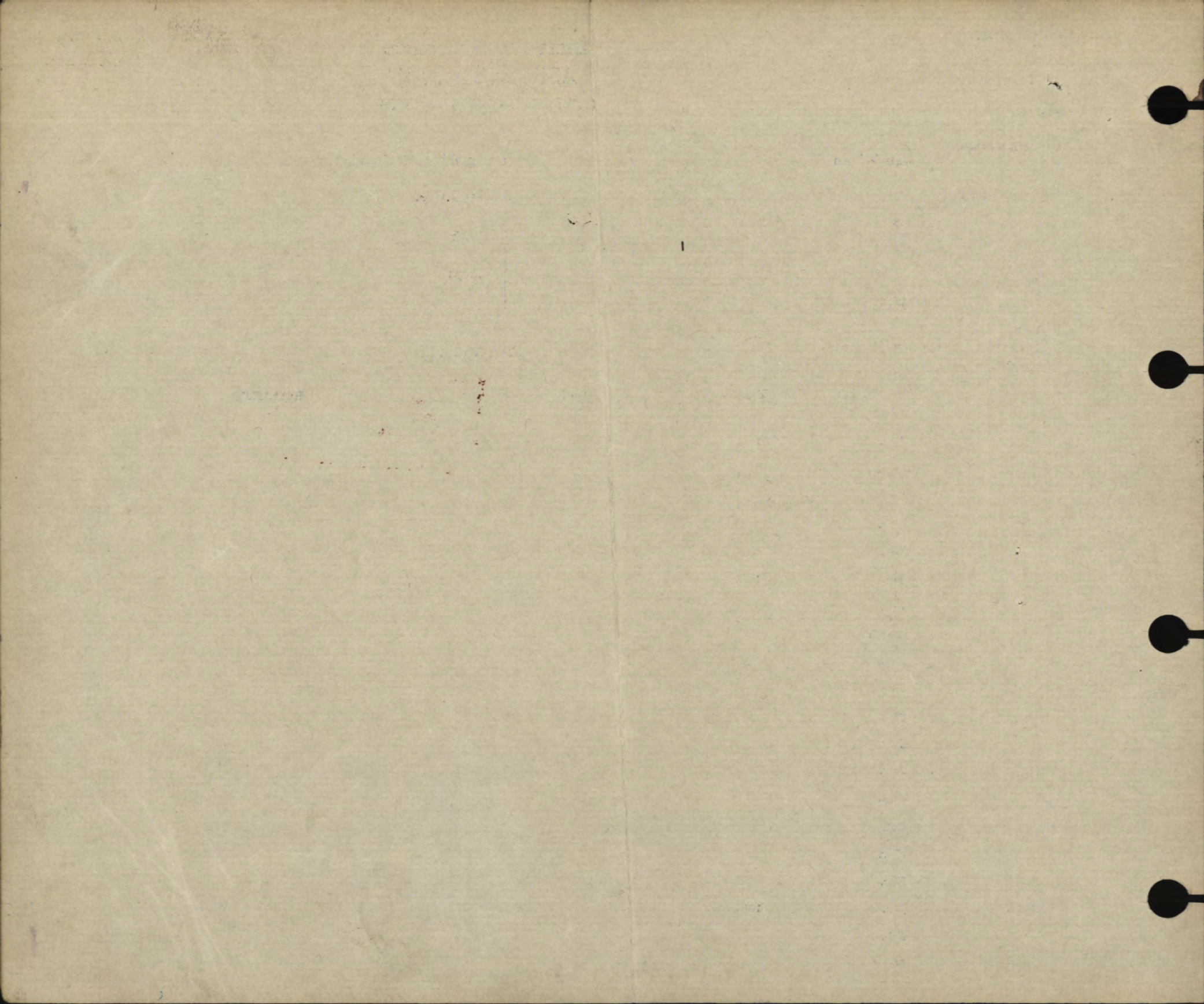
To Whom *Eugène Chenette*
Address *31 Notu Dame St.
St. Hyacinthe,
Que.*

By Whom Assigned *Lefebvre H.*
Regtl. No. *23721.*
Rank *PH.*
Corps *12th Batta
Z.M. 15/2/16.*

Rate *\$20⁰⁰ per mo. Feb 1/16.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 10px; display: inline-block;"> <i>Casualties</i> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<i>Stayed in hospital July 1/16 27th 13th 1/16 <u>Casual.</u></i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.		<i>D18637</i>	<i>20</i>	<i>Died of W wounds June 4th 1/16 C.D. 12th 1/16</i>
March		<i>\$17526</i>	<i>20</i>	



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

628 M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

Sheet No. 2.

Eugene Chenette -

PAYMENTS.

Name of Soldier

Lefebvre. H.

23721.

Pte.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>2000</i>
				<i>12th Battⁿ</i>
<i>AB</i>	1916	<i>8195</i>	<i>20</i>	<i>Died of Wounds June 4/16 C.I. 12th 6</i>
		<i>1349</i>	<i>20</i>	
				<i>FX 9/2/17 JG</i>
				Casualties
	1917			
	1918			

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.				

29247

NAME LEFEBVRE, HyacintheRegimental No. 23721

Name and address of next-of-kin

Unit 10th Battn.Donat Lefebvre
Ste. Hyacinthe, P.Q.Date of enlistment Dec. 5th, 1914Place of birth St. Hyacinthe, B.C.Married (yes or no) NoDate and place discharged 4/6/16Amount of pay assigned monthly \$ 20⁰⁰ Feb 1, 1916.Reason for discharge X D. of W.To whom payable Eugene Chenette,
St. Hyacinthe
31 Notre Dame St.Character on discharge B.O. 23
7/6/16

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					
22/9	31/10	40	1	40	40	10	4	44		44				
1/11	31/11	30		30	30		3	33		32 50			32 50	
11/12/14	31/12	31		31	31		3 10	50	34 60	34 60			34 60	
11/15	31/1	31		31	31		3 10		34 10	34 10			34 10	
1/2	28/2	28		28	28		2 80		30 80	30			30	
1/3	31/3	31		31	31		3 10	80	34 90	27 50			27 50	
1/4/15	30/4	30		30	30		3	7 40	40 40	25			25	L.P. 13 th Batt.
10 th 1.5.15	31.5	31		31	31		3 10	15 40	49 50	3			3	10 th
1.6.15	30.6	30		30	30		3	46 50	79 50	275			6.	
1.7.15	31.7	31		31	31		3 10	73 50	107 60	337			6.	
								101 60		365				
								6 48	Edgerton	442 70				
Aug 1	31	31		31	31		3 10	108 08	142 18	424			2 74	5 28
Sep 1	30	30		30	30		3	136 70	169 70	380			2 74	5 35
Oct 1	31	31		31	31		3 10	162 36	198 46	46			2 67	5 23
Nov 1	30	30		30	30		3	193 22	226 22	472			2 68	8 03
Dec 1, 1916	31	31		31	31		3 10	218 19	252 29	522			2 62	225 47
Jan 1	31	31		31	31		3 10	26 82	60 92	570			5 35	47 86
Feb 1	29	29		29	29		2 90	53 06	84 96	605			2 68	130 45
										116 80			97 33	Now assigned
										11 34			5 24	
										2 62			2 62	
										97 33			225 47	
										5 24			47 86	
										2 62			130 45	
										10 45			20 57	
										20 57			20 57	

Statement of
OCT 8 1916
Account rendered

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					
Mar	31	31		326	31		326			510.57			530.57	
				31	31		310			2.61	20		252.3	
							63.38			2.63	20			
				257			2570			515.80	20		315.80	
				337			3370			648.61	18		535.80	

62 \$6338

Diad of Wounds. 4/6/16 Bo 23 7/6/16

Checked C.D.B

BALANCE TRANSFERRED TO NEW LEDGER.

Cash found in effects CNR

MARRIED OR SINGLE *S*
 PLACE OF BIRTH *St Hyacinthe B.C.*
 NAME AND ADDRESS OF NEXT OF KIN *Donat Lafebvre.
St Hyacinthe P.Q.*
 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

ADJUSTMENT OF A.P. FROM OTTAWA
 Authority #2649-M-1881
 Amount \$20 Reason Credit
June 16 not paid.
 Statement # 20.

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Wound of Wounds</i>	<i>4/6/16</i>	<i>Bo 23 7/6/16</i>

REG'L. No. *23721* RANK *Pfc* NAME *Lafebvre Hyacinthe*
 IF IN PERM. CORPS | WHAT UNIT | *10th Bn* TRANSFERRED TO *7th Bn* DATE *4/6/16* AUTHORITY *Bo 23 7/6/16*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *5th Dec 1914* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *7 July 1st 1916*
 PAYABLE TO *Eugene Chenette* *St Hyacinthe* RELATIONSHIP
31 route same street Quebec Canada
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *13/6/16* EFFECTIVE *1st July 16* REASON *Wound of Wounds 4/6/16* AUTHORITY *Bo 23 7/6/16*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *Wound of Wounds 4/6/16* AUTHORITY *Bo 23 7/6/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				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	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	CREDIT	DEBIT								
			\$	C.			\$	C.			\$	C.																	No.				DATE	No.	DATE	No.

Checked *L. Stewart*

Amount of
 SET 3
 Account rendered
 Cash found in
 effects *RR*

PAY BOOK CHECKED
 Date *10-11-17*
Spine
 N.E. BRANCH

Promoted *Apr 12-4-16 10th Bn.*
100-71-7-5-16
To Canada for SE 26/1/17
64 97 credited to report
at Pay (\$20 see stamp)
84 67 paid by Ottawa.

Rank and Name LEFEBVRE, Hyacinthe

Regimental No. 23721

Name and Address of Next-of-kin

Unit 12 Batt

Donat Lefevre

Date of enlistment 5th Dec. 1914.

Ste Hyacinthe P.Q.

Place of birth B.C.

Married (Yes or No) No.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

N/E F. E. 4

Promotions or appointments

Died of Wounds

P.L. 25-1-54

P. 100-10

563 57
x 4

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				
		<i>6. 2. 15. With 12th Batt. draft.</i>			<i>Now roll.</i>
<i>31-7-15</i>	<i>D.C. 10th</i>	<i>In Nominal Roll</i>	<i>France</i>	<i>31-7-15</i>	
<i>25-12-15</i>	<i>"</i>	<i>Granted 9 days leave of absence</i>	<i>"</i>	<i>15-12-15</i>	<i>PL II O #44</i>
<i>7-4-16</i>	<i>10</i>	<i>App'd Lance Corporal</i>	<i>"</i>	<i>12.4.16</i>	<i>PL II O #29</i>
<i>10-6-16</i>	<i>"</i>	<i>Died of Wounds</i>	<i>"</i>	<i>4.6.16</i>	<i>S.D. A. 380. PL O #23</i>

DW 10/16

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Name and Address of Next of Kin

Regimental No.

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

Place of birth

Married (Yes or No)

If in Permanent Force

Promotions or appointments

Report

Record of promotions, reductions, transfers, casualties, etc, during active service. The authority to be quoted in each case.

From whom received

Date

Place

REMARKS

Taken from Official Documents

Date and place of discharge

Reason for discharge

Character on discharge