	10 9 Col	Aller si
	SHORT SERVICE.  (For Puration of the War, with the Colours and in the Army)	Reserve) Card No.
No	ATTESTATION OF	71260
-	Questions to be put to the Regruit before Enlistme	ent.
1. 3	What is your Name / 8.5 Main Ild 1, Alorman Ind What is your full Address? Class de act of the Start of the S	le Kl
	She she	fheld
	Are you a British Subject?	V 1
	What is your Age?	Mounts
h, 2	Are you Married? 6	
1. 1	Have you ever served in any branch of His Majesty's 7. 7. Forces, naval or military, if so*, which?	
	Are you willing to be vaccinated or re-vaccinated? 8	
9. 7	Are you willing to be enlisted for General Service? 9	110 10 177
0. 1	Did you receive a Notice, and do you understand its meaning, and who gave it to you?	(clink)
	For the duration of the War, at the end of which you will be discharged with all convenient speed. You will be required to serve for one day with the Colours and the remainder of the period in the Army Reserve, in accordance with the provisions of the Royal Warrant dated 20t. Oct., 1915, util such time as you may be called up by order of the Army Council. If employed with Hespitals, depots of Mounted Units, or as a Clerk, etc., you may be retained after the termination of hostilities until your services can be spared, but such retention	11. Yes
1.3	shall in no case exceed six months.	
-	shall in no case exceed six months.  1. Ahamao Pridmote do solemniy declare that the a	bove answers made by me to
- 1	Thomas Prismote do solemnly declare that the a slove questions are true, and that I am willing to fulfil the engagements made.	bove answers made by me to
- 1	Thomas Ordenses do solemnly declare that the a slowe questions are true, and that I am willing to fulfill the engagements made.	bove answers made by me to
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## DESCRIPTIVE REPORT ON ENLISTMENT. (To correspond with Tahries on the Medical History Sheet.) Applicable to all ranks.

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Phristian and Su	reasure of Woman to whom non- (c) Present address			date of corriane	-
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Res	servists enlisting into the Regular	Army.
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Surname Fredm	Ore Christian Name &	homas
- 12	TABLE IGENERAL TABLE.	97 /
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Forms B. 178 39

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P.T.O.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

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ation or Troopship	Date of arrival or embarkation	Date of departure or dissembarkation	Station or Troopship	Date of arrival or embarkation	-

## Table II.—Only for Admissions to Hospital or to the Sic List in the

Name of Hospital	Admit	ted to H	ospital	Disc	barged Hospita	from	Disease	Number of days	Reg	s bearing on the se. In cases of absequent pro- s given in the
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# the Sic List in the case of Warrant Officers treated in quarters. bearing on the case. It cases of synthesis in the case, likely to be of interest or of future suissions and re-admissions to hospital will be shown. The basequent progressy the particulars of treatment out of hospital, transfers, &c., will given in the speci. Signature of Medical Officer 1

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Place	Date of Offence	Rank	Cases of Dismbers ness	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Dure of gward, or of order dispessing with trial	By whom	Dure of Commence- ment	Dute of Explexition	REMARKS
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(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) Signaller, Shoeing-Smith, &c. (6228) W.1360/M1477 2.400.000 I/IF MeA & W. Ltd Forms B./103/6 (E. 4546)

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#### STATEMENT AS TO DISABILITY.

is not applicable to Officers and Soldiers in Hospital or on leadtherefrom who will be brought before a Medical Boardy.

On Demobilization every Officer and Soldier, whether remaining with the Colours or not, will be given an opportunity of filling in this Form. Should he not wish to pal forward any claim in respect of p Disability due to Military Service he must sign the Statement hereunder to this effect, in the presence of an Officer of the Unit with which he is serving, who will witness the Signature. Whether a claim is made or not, this Form will be forwarded by the Unit Commander, in the case of every Officer, direct to the Secretary. War Office; and in the case of every Soldier, to the Record Office of his Unit. If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Royal Air Force, he will state:— Regiment or Corps Regtl. No. 1 Rank k
Surname ROMORE
(Block Letters). (a) Former Regiments or Corps with Regimental Numbers :--Christian Names HOMAS (b) Dates of discharge\_\_\_\_ (c) Causes of discharge\_\_\_ (d) Particulars of Pension or Gratuity received (if any) :— Age lost birthday 26. first joined (Date) 1.1.1. Medical Category or Grada in which joined B I do not claim to be suffering under the property of the pro I do not claim to be suffering from a disability due to my military service. Signature of Officer or Soldier. Signature of Officer witnessing. Before the claimant answers questions 1—8 the following should be read by, or to, him:—
"Your statement will be checked by Official Records. In answering question 2, any special matters which in your ejainion caused or aggravated any unifiness from which you are suffering, must be clearly stated." are suffering, must be clearly stated.

The claimant will answer the questions in his own words and after completing the form will significant. The officer will witness the signature. If the claimant cannot write, he will after his mark, such act being witnessed. (a) In what countries have you served during this war and for what periods?

(b) In what capacity? 2. If you are suffering from any disease, wound or injury, state what it is, the area upon which it started, and what in your opinion was the cause of it.
If more spraying a sleet of foolemy should be used and attached firmly to this form). 2 Give the names of any Hospi-tals in which you have been treated for the above dis-abilities during this war. 2 d. Did you suffer from the disease or nighty mentioned in above answer to Question 2, or anything the it, before niming the Army? If so, give details and dates. Give the names and addresses, (if you know them) of any Hospitals you were in or Dectors who attended you before you joised the Army. Give the same of your National Health Approved Society and, if possible, your membership number.

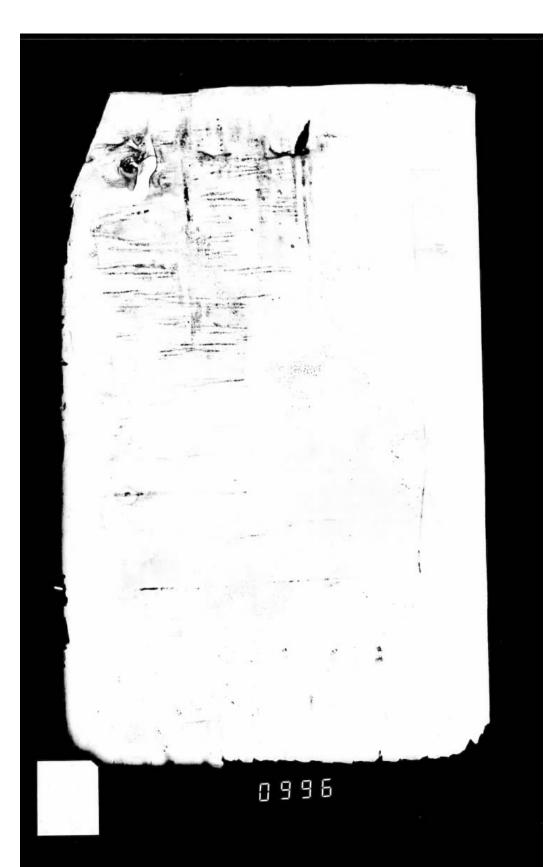
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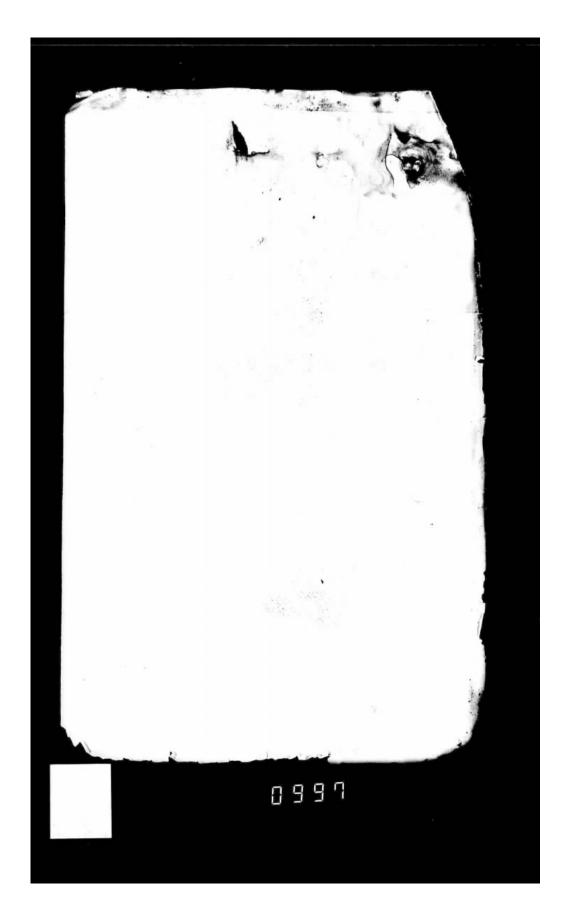
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The	above statement has been read over to m	e, and I agree to it and have not	hing to add to it.
lace of	Examination	Signed	(Claimant)
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	OPINION OF THE EXAM	INING MEDICAL OFFICER	
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2	(b) The present condition thereof.		
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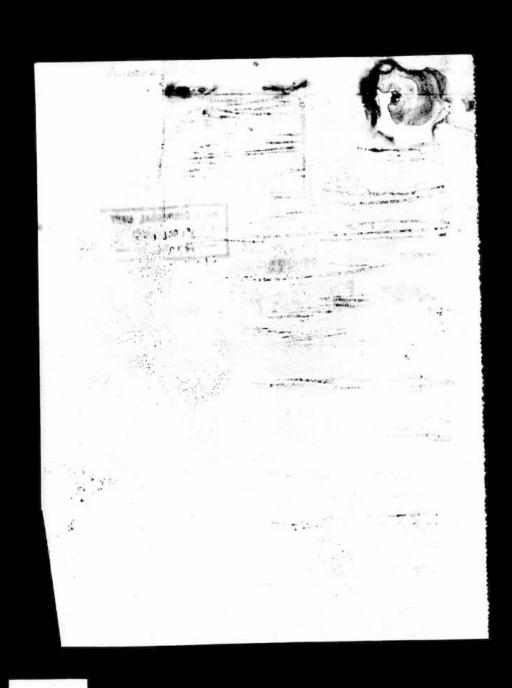


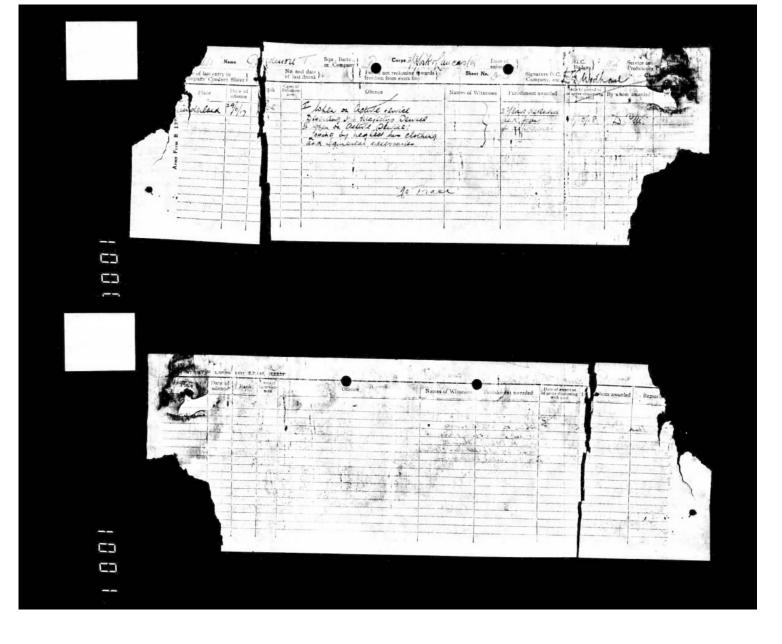
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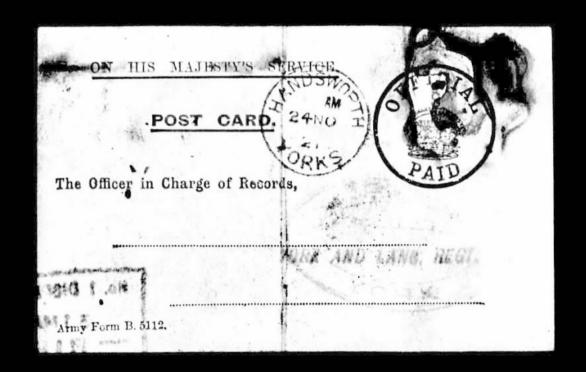
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### DISPERSAL CERTIFICATE (Soldier). This portion to be given to the Soldier.

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Sword, cavalry, and scabbard	now serv		1
lille - Uf:	Industrial	From No. 24. c	27.
Sword-bayenet and scalars			10
Implete equipment according to unit	‡Reason for	early release Con paramete c	1002
Entrenching implements	Born in the	e year (Year to be inserted in column for	1000
tree helmet	Place of rei		///
Great coat	in case of e		911
Barreniner at	Trade or C	alling Tarol Irande	111
Army Book 64		001	12.5
I certify that I carry no ammunition and	Medical Ca		
hat the above statement of equipment is		an be ase rtained he is for-	
correct. I also understand that if I lose any of the above articles I am liable to be charged.	100000000000000000000000000000000000000	sobilization (	
	Disembod		
Signature of Soldier-	Transfer t		
Pla I Potolmore	Service in	Regular Army	
11 -0 7 1 0 11	1	a Married	
Signed (Rank)		Single Marian	-
- 0,0, 40° Conten	Specialist 1	Military Qualifications—	
Commanding Brd West VORK & LANCE Ran		0 00	
11 6.444		Lillem and	
Date May 24 1919  The Officer combanding will delete the items not in possession twhen a Corps is composed of more than one part, the part to Stefanic O. A.S.C. H.T., 328 Cc.; A.S.C. M.T., 328 Cc.		Tu coman	- 1









Army Form B. 5112.

I am directed to forward the

RD OFFICE,

which has been awarded to you in respect of your services with the

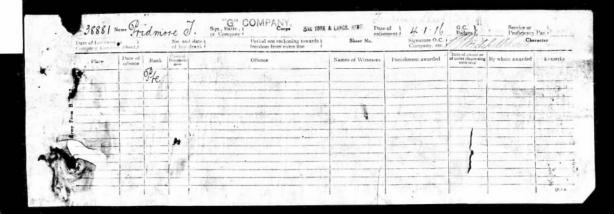
Please complete receipt and return this eard. No stamp is required.

i/c; Records.

I hereby acknowledge the receipt of the

Regtl. No.
Rank
Signature
Visit





	Place	offence	Rank	Cases of Dennitons these	N. Fegral	Offence	Sii	Names of Witnesses	Punishment awarded	Date of award of war of Elepenning 1	By whom awarded	
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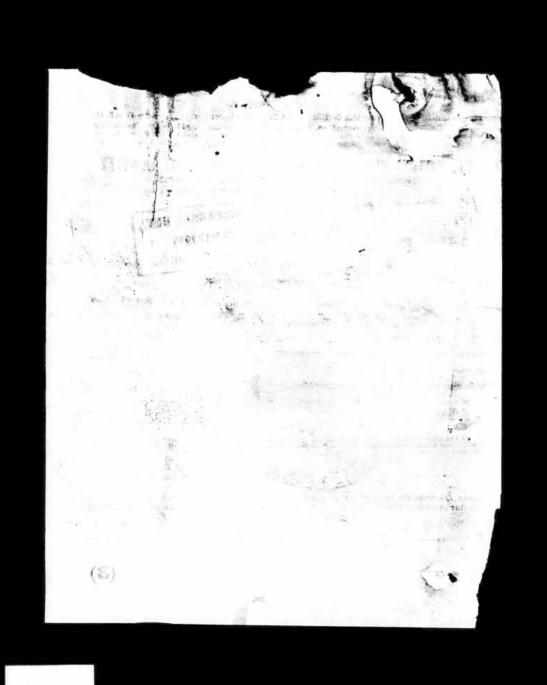
IF FOUND, pease drop this Certificate in a Post Office letter box. Army Form Z. 11.

NOTICE. This document is Government property. It is no security whatever for debt, and any Person being in possession of it, either as a pledge or security for debt, or without lawful authority or excuse, is liable under Section 156 (9) of the Army Act to a fine of twenty pounds (£20) or imprisonment for six menths, or to both fine and imprisonment." PROTECTION CERTIFICATE AND CERTIFICATE OF IDENTITY (SOLDIER NOT REMAINING WITH THE COLOURS). Dispersal Unit Stamp and (ate of dispersal 1 DISPERSAL UNIT, (Block letters) Christian Names 31 MAY 1919 Record Office RIPONE Alle Pry Office 19 Ymain Xd I have received an advance of £2. + Address for Ray 19 7 Main Kol (Signature of Soldier) The above-named soldier is granted 28 days furlough Theatre of War or from the date stamped hereon pending Command Born in the Year as can be ascertained) which will date from the last day Medical Category of furlough after which date uniform will not be worn except upon occasions authorized by Army Orders. \*If for First Demohilization insert.

Blasmb stiment insert 2.

Transfer to Reserve insert 3.

As this is the address to scaled pay and discharge decriments any change of address must be reported at once to the theory Office and sertlement will occur. Place of rejoining in case of emergency Specialist Military) Qualification YOR This Certificate must be produced when applying for an Unemployed Sallor's and Soldier's Donation Policy or, if demanded, whenever applying for Unemployment benefit. 5-19 Office of Issue Repolicy issued No 44028359 (3)



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WORLD WAR ONE SOLDIERS'
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Army Form W3997.

	Regtl. No. 2. 5500 Rank	1/5	
	Name	in full)	*****
2	Unit Boog Regt. or Corps	F. A	(Strname)
	Date of Discharge* Disembodiment* Transfer to the Reserve* Strike out whichever (napplicable.		191

Z 21 despatched

Army Reserve on Demobilization. Jate..... Oncer i.c Records. , 120e Jame Address.....

Scrial To 3374, COVER

FOR

#### DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F  $\,$  Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



(6414) Wt. W3906/P1607 2,500,000 7/18 McA & W Ltd (E 3591) Forms W3091/4.

Army Form W.3091.

#### Cover for Documents.

Nature of Enclosures.

Notes, or Letters written.

