### SHORT SERVICE.

(For the Duration of the War.)

No. 51695	0	TTESTAT		F orps East Land	cashie 7
1. What is your	W-1	to be put to the		Enlistment.	
King was Alberta	at Parish or Town were	you born ? 2. ]		achens in or	r near the Town of
2. In or near win	at Parish or Town were	you born j	uchena.	in the Count	oot on Park
3. What is your	full Address !	A	34 400	130	- Sections
4. Are you a Brit	tish Subject ?	1 4.	Yes .		SOEC 192
5. What is your		1) / N.		s 6	, vel
6. What is your		V/1/0	Hoank &	olera	MOKE PRES
7. Are you Marr				Zac	ompleted
(i.e., if you he your regiment	r served in any byench or military? so, nov served in any of the hal number, regiment,	state particulars Military Forces date, and cause	Ио. —	7	
of discharge)  9. Have you true previous servi	uly sweed the whole,	if any, of your ) 9.	Yes	/ glis	VIOTORY MEN
. //	ng to be vaccinated or re	-vaccinated ? 10.			
	ng to be enlisted for Gene		Les	A. F. I	
12. Did you receiv meaning, and	ye a Notice, and do yo who gave it to you?	u understand its 12.	Les	Nam	aus.
		wing conditions provided	His Majesty sho	ould so long	9
speed. If em	tion of the War, at the en aployed with Hospitals, d	nd of which you will be lepots of Mounted Units, lities until your services ca	, and as Clerks, etc.	, you may b	· y
I, Red	Er Empedo	cles	do solemnly decl	lare that the above answe	ers made by me to
the above question	ons are true, and that	am willing to fulfil th	0 .	0	For the second section
**		Jeler y.	Empedo	signature	E OF RECRUIT.
- A			Ch. Das	ley Signature of	Witness.
that I will, as in and Dignity again	nd and bear true fileg	ly and faithfully defend ill observe and obey all	King George the		in Person, Crown
-	CERTIFICA	TE OF MAGISTRAT	E OR ATTEST	ING OFFICER.	-
	above named was caut	ioned by me that if he		answer to any of the a	bove questions h
NO.	to be punished as provi	ided in the Army Act.  Id to the Recruit in my	v presence.		
				to each question has been	en duly entered

† Certificate of Approving Officer.

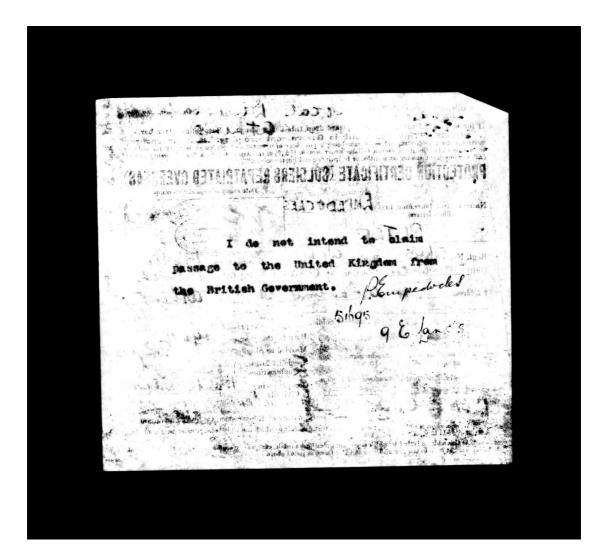
Salonika Ar

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the require a appear to have been complied with. I accordingly approve, and appoint him to the the things of the state of the confidence of th

# DESCRIPTIVE REPORT ON ENLISTMENT. Applicable to all ranks. (To correspond with Entered on the Medical History Sheet.)

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	. Jan 19		> ### - 4-49	N. v.	11	de.
Maria Maria		Particulars as	to Children.	-34	34.35	section .
Christian Nan	1		e and Place of Birth		7	(1)
Christian Nau	ies	Date	e and Face of Birth		-	(d)
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Army Form. Z. 10.

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## STATEMENT AS TO DISABILITY.

(This form is not applicable to Officers and Soldiers in Hospital or on leave therefrom who will be brought before a Medical Board.) On Demobilization every Officer and Soldier, whether remaining with the Colours or not, will be given an opportunity of filling in this Form. Should be not

wish to put forward any claim in respect of a 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. Unit 9 East lancis If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Royal Air Force, he will state:—

(a) Former Regiments or Corps with Regimental Numbers— Regtl. No. 5/695 Rank C/H (b) Dates of discharge. ent address 3Hacademy St. (c) Causes of discharge (d) Particulars of Pension or Gratuity receiv (if any)— Age last birthday... for duty (Date) 12. 10. Medical Category or Grade in which joined ... I do not claim to be suffering from a disability due to my military service. Signature of Office Signature of Of 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 must be clearly stated."

The claimant will answer the questions in his own words and after completing the form will sign it. The Officer will witness the signature. If the claimant will affix his mark, such act 1. (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 date upon which it started, and what in your opinion was the cause of it. cause of it. (If more space is required a sheet of foolscap should be used and attached firmly to this form). 3. Give the names of any Hospitals in which you have been treated for the above disabilities during this war. 4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it before joining the Army? If so, give details and dates. 5. Give the names and addresses (if you know them) of any

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Puntage . used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Form B. 178A to be used for Special Reserve recruits and Special Reservits enlisting into the Regular Army.

MEDICAL HISTORY of

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