

M. D. **13.**

Depot Battalion

Regiment

Regtl. No. **4100703.**

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

ck

(Class **1.**)

1. Surname..... **Hendrickson,**
2. Christian name..... **Ole Henry.**
3. Present address..... **Phipps, Mont.**
4. Military Service Act letter and number..... **Defaulter**
5. Date of birth..... **Dec. 16th. 1885.**
6. Place of birth..... **Vinton, Big Stone County, Minn.**
(town, township or county and country)
7. Married, widower or single..... **Single.**
8. Religion..... **Luthan.**
9. Trade or calling..... **Farmer.**
10. Name of next-of-kin..... **G. Hendrickson.**
11. Relationship of next-of-kin..... **Father.**
12. Address of next-of-kin..... **Canrose, Alta.**
13. Whether at present a member of the Active Militia..... **No.**
14. Particulars of previous military or naval service, if any..... **No.**
15. Medical Examination under Military Service Act:—
 (a) Place..... **Lethbridge.** (b) Date..... **January 10/18** (c) Category..... **A2.**

DECLARATION OF RECRUIT

I, **Ole Henry Hendrickson,** do solemnly declare that the above particulars refer to me, and are true.

O. H. Hendrickson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... **32** yrs..... mths.
 Height..... **5** ft..... **9** ins.
 Chest measurement } fully expanded..... **36** ins.
 } range of expansion..... **3** ins.
 Complexion..... **Med.**
 Eyes..... **Blue.**
 Hair..... **L. Brown.**

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

Scar on right leg.

O. C. *P. Amundson* Depot Btl. Regt.
 Commanding 1st Depot Batt'n, Alta. Regt.
Jan. 21st./18.

Place..... **Calgary**

Date.....

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname

2. Christian name

3. Present address

4. Military Service (if any) and number

5. Date of birth

6. Place of birth

7. Married (if so, name of wife)

8. Religion

9. Trade or calling

10. Name of next of kin

11. Relationship of next of kin

12. Address of next of kin

13. Whether at present a member of the Armed Forces

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act

Number (a) Date (b) Category (c)

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age

Height

Chest

Range of expansion

Complexion

Build

Distinctive marks and marks indicating congenital peculiarities or previous disease

Date

Regt.

Depot Bn.



L.P.
13-9-18

DISCHARGE DOCUMENTS

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

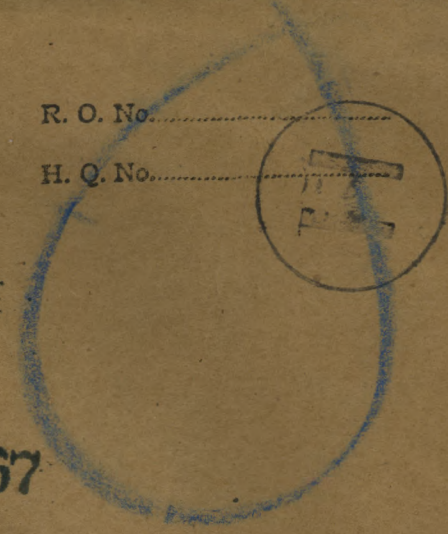
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 23
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1



Name HENDRICKSON OLE HENRY
 Regt. No. 4100703 Rank Pfc
 Corps 1st Depot Bn A. R.
American Citizen
Auth KRO 392



20267



2313122 — 1
 m2w67 — 2
 m2w82 — 1

Page — 1 ✓

406187

M.S.A.

SURNAME.

Hendrickson,

CHRISTIAN NAMES

Ole Henry

REGL. No.

4100703

RANK

Pte.

UNIT

Alta. Regt. 1st Depo. Bn.

FORMER CORPS

nil.

M. 10, 13

CARD NO.

4

S.O.S. Div. 21-6-18-13

FOLD

until 1748/23-6-18

Woni

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hendrickson, G.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Camrose, Alta.

COUNTRY OF BIRTH

U.S.A. Vinton Big Stone Co. Minn.

DATE

Dec. 16th 1885

PLACE OF ATTESTATION

Calgary, Alta.

DATE

Jan. 21st 1918.

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

No. 4100703. RANK *Plt.*

NAME *Hendrickson, D. H.*

T. O. S.

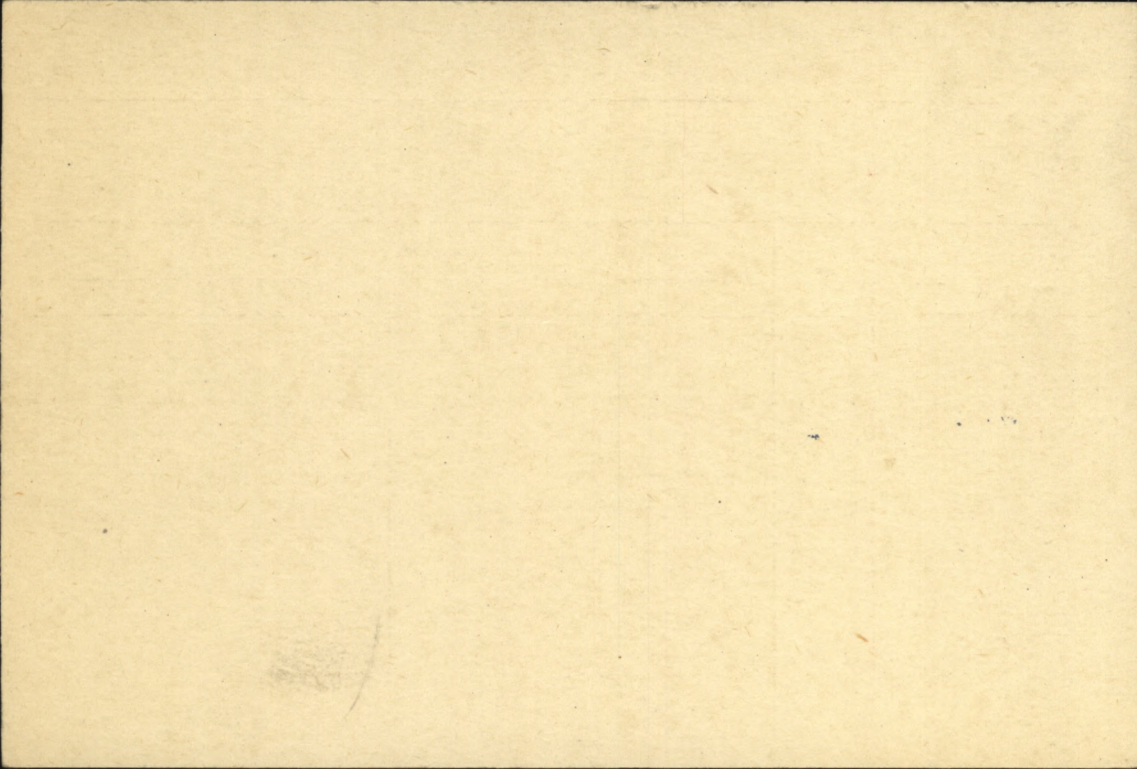
UNIT

No. 13 Special Service Coy.

M. D. *13.*

*Transf. from 1st D. B. A. Co.
4-7-18 (D.O. 6415-5-18)*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918 Mar. 5</i>	<i>1918 Mar. 31</i>	<i>✓</i>	<i>Transf. to 13th Bn. C. G. R. 30-4-18</i>	<i>D.O. 120130-4-18</i>
<i>April May</i>		<i>✓</i>	<i>Now shown on 13th Bn. C. G. R.</i>	<i>May Paylist</i>
<i>June 1</i>	<i>June 20</i>	<i>✓</i>	<i>Transf. to 1st Depot. Bn. A. R. 20-6-18</i>	<i>D.O. 171</i>



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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

FIRST DEPOT BATTALION, ALBERTA REG'T

Unit, Regiment or Corps

Regimental No. 4100703 Rank Pte Name Hendrickson Ole Henry 6K

Enlisted (a) 21/1/18 Terms of Service (a) H. of War. Service reckons from (a) 21/1/18

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) Yammer

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				
<u>4/3/18.</u>	<u>1st Depot Bn. A.R.</u>	<u>transferred to</u> 13TH SPECIAL SERVICE CO'Y, C. E. F.	<u>Calgary</u> <u>act.</u>	<u>4/3/18.</u>	<u>19063. 4/3/18. Canada.</u> <u>Wm Seaward</u> <u>WO 2</u> 13TH SPECIAL SERVICE CO'Y, C. E. F.
<u>30/4/18</u>	<u>13th S.S. Coy.</u>	<u>transferred to</u> 13TH BATTALION CANADIAN GARRISON REGIMENT, C. E. F.	<u>Calgary.</u>	<u>30/4/18.</u>	<u>D.O. Pt II No. 120.</u>
<u>20/6/18.</u>	<u>13th Coy. C. E. F.</u>	<u>Transferred to.</u> <u>1st Depot. 13th A.R.</u>	<u>Calgary.</u>	<u>20/6/18.</u>	<u>D.O. Pt II No. 171.</u> <u>Wm Seaward</u> <u>WO 2</u> Officer Commanding 13th Battalion Canadian Garrison Regiment, C. E. F.
<u>24/6/18</u>	<u>1st Depot Bn. A.R.</u>	<u>Sgt. Ammie an</u> <u>Citizen</u>	<u>"</u>	<u>21-6-18</u>	<u>WO 2</u> <u>Pt II No. 174</u> <u>D. Smith</u> <u>Capt for Klobb</u>

(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.]

Wm

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				

FORM OF WILL.

I, Ole Henry Hendrickson (Name in full)
Regimental Number 4100703 serving in First Depot Battalion
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

G. O. Hendrickson
Camrose,
Alta.

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

absolutely, and my personal estate I bequeath to
G/ O Hendrickson,
~~Ole Henry Hendrickson~~

Camrose

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

**IMPORTANT
NOTE**

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 21st day of Jan'y. A. D. 191 8

O. H. Hendrickson 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.

Signature of First Witness Harold R. L. Potho
Address of Witness Victoria Barracks
Occupation of Witness Calgary.
Signature of Second Witness S. M. McLaughlin
Address of Witness Victoria Barracks
Occupation of Witness Soldier

THE TWO
WITNESSES
MUST
SIGN HERE

FORM OF WILL

I hereby declare this to be my last will
of the County of _____ State of _____
and I hereby revoke all former wills

I bequeath all my real estate unto

Name and Address
of legatee or
beneficiary

Name and Address
of trustee or
executor
(if any)

_____ and my personal estate I bequeath to

Witness my hand and seal this _____ day of _____
A. D. 19____

Signature of Testator

Occupation of Testator

Address of Testator

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

ak

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins FIRST DEPOT BATTALION, ALBERTA REG'T

(2) Regimental Number 4100703

(3) Full Name of Soldier Hendrickson, Ole Henry

(4) Place of Birth Clinton, Big stone County Miss.

(5) Are you married, or not? single

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address Phipps, Mont

(7) Are you a widower? NO

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....**Yes**.....

If so, state name and address.....**Geo Hendrickson Gamrose Alta.**.....

(10) Is your Mother alive?.....**Yes . Martine Hendrickson.**.....

If so, state name and address.....**Gamrose Alta.**.....

(11) If your Mother is a widow.....**No.**.....

Are you her sole support, or not?.....**No.**.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....**Geo Hendrickson.**.....

.....**Gamrose Alta.**.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....**No.**.....

15) Are you insured?.....

Yes

If so, in what Company?.....

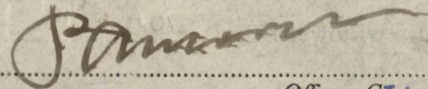
Mutual Life Insurance Co.

Have you made arrangements for payment of your Insurance premium.....

No.

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....**January 21st. 1918.**



.....**Officer Commanding.**.....

.....**Commanding 1st Depot Batt'n. Alta. Reg't**.....

No. 1 Coy.

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

4100703

MEDICAL HISTORY SHEET ORIGINAL

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Hendrickson. Christian name Ole Henry.
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the January 1 day of 1918 by the undersigned medical board sitting at Lethbridge, Alta.

- 5. Age as stated 32 Years 9 Months. 6. Apparent age..... Years..... Months
- 7. Height 5 Feet 9 Inches. 8. Weight..... Pounds.
- 9. Chest measurement { Minimum 33 1/2 Ins. 10. Complexion Med. { Eyes Blue.
Maximum 37 Ins. { Hair L. Brown
- 11. Physical development Good { Good Fair Poor 12. Smallpox marks Nil.
- 13. Number of vaccination marks { Right arm 1. 14. When vaccinated last Infancy.
Left arm.....
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar on right leg.

(SPECIALIST REPORT)

16. Slight defects but not sufficient to cause rejection Eyesight
The man denies having had { Rheumatism We find no evidence of past { Rheumatism R Eye Normal
Tuberculosis Syphilis { Tuberculosis L Eye.
Syphilis
(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 B2 Hearing good.

J. H. Egbert Captain C.A.M.C. Member. W. Renell Captain C.A.M.C. Member. P. P. ... President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
8/2/18	<u>W. Renell</u>		M.O.	<u>W. Renell</u>	<u>Capt. C.A.M.C.</u>
			M.O.	<u>W. Renell</u>	<u>Capt. C.A.M.C.</u>
			M.O.	<u>W. Renell</u>	<u>Capt. C.A.M.C.</u>

Joined 21st day of January 1918 at Calgary

	CORPS	REGTL NUMBER	HABITS	DATE
Joined on enlistment	<u>First Depot.</u>	<u>4100703</u>		<u>21/1/18</u>
Transferred to.....	<u>Battalion.</u>			

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 O. Hendrickson

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3212753 Rank Private Name O. H. Hendrickson

Corps 1st DEPOT BATT'N, ALBERTA REGIMENT who was* Discharged

On June 21st. 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.6.18 1918 to 21.6.18 1918, the inclusive date of ~~transfer~~ discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'tl Pay <u>21</u> days at \$ <u>1.00</u>	<u>21</u>	<u>00</u>
by } No.....			Field Allow. <u>21</u> days at \$ <u>.10</u>	<u>2</u>	<u>10</u>
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <u>L. P. C.</u>	<u>19</u>	<u>65</u>
Other charges			Other Credits* <u>change of number</u>	<u>25</u>	<u>30</u>
Payment on transfer or discharge No. <u>1720</u>	<u>68</u>	<u>05</u>	<u>Dr. cancelled in Jan. Pay L.</u>		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>68</u>	<u>05</u>	Total.....	<u>68</u>	<u>05</u>

*Give particulars.

A monthly stoppage of \$ N11 (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191..... } (to) Assignee.....
 and Sep'n Allice. for month of..... 191..... }
 (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.....

REMARKS:—

- State (1) date of enlistment 10.11.17
 (2) if married and if a Separation Allowance Card has been submitted..... NO NO
 (3) cause of discharge American Citizen..... authority D.O. Part 11 174 23.6.18
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date.....

Place Calgary, Alta. JUN 23 1918

[Signature]
 Paymaster First Depot Battalion, ~~Alta~~ Alberta

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LETTER BOOK

1914-15

1914

1915

1914

1914-15

1915

1915-16

1915

1915-16

1916

1916-17

1916

1916-17

1917

1917-18

1918-19

1919-20

1920-21

1921-22

1922-23

1923-24

1924-25

DEPARTMENT OF VETERANS' AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address Calgary

The Public Archives Records Centre,
Tunney's Pasture,
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section.

For Attention of:

Re: Hendrickson, Ole Henry Service No. 4100703
(Surname) (Christian Names)

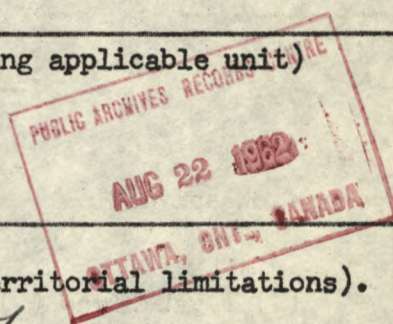
Veteran is stated to have served during S. African War () World War I (X)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his service:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:
- | | | |
|-----|------------------------------------|------------|
| (a) | <u>1 Depot Bn, AR</u> | <u>Pte</u> |
| (b) | <u>Special Service Coy - MD 13</u> | <u>Pte</u> |
| (c) | _____ | _____ |
| (d) | _____ | _____ |
| (e) | _____ | _____ |
| (f) | _____ | _____ |
- (If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE

- (a) South African War
Date and port of embarkation _____
- (b) World War I - (If Canada only, state if with territorial limitations).
CANADA only.
Date(s) embarked for U.K. _____
IF CANADA AND U.K. ONLY
Date(s) disembarked in Canada from U.K. _____
Period(s) of desertion in U.K. _____



3. Any other military service. No.
4. Date and place of all enlistments. 21 Jan 1918 - Calgary, Alta
5. Date of all discharges and reason. 21 June 1918 - Being American Citizen
6. Date and place of birth as per attestation paper. 16 Dec 1885 - Vinton, Big Stone Co, Minn, USA
7. Marital status; if married, name in full of wife. Single
8. Religion. Lutheran
9. Decorations, if any. Nil

DEPARTMENT OF VETERANS AFFAIRS
WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address

MARK YOUR RETURN

For Attention of

Service No.

(Christian Names)

Veteran is stated to have served during 2. African War () World War I ()

eligibility for the above named, will you kindly furnish the following particulars concerning the services

1. HIGHEST RANK IN UNIT (including that of discharge)

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

(If you have the following applicable unit)

2. (a) South African War
(b) World War I - (If Canada only, state if with territorial limitations)

U.K. C.A.M.
AND
U.K. C.A.M.
Period(s) of description in U.K.

- 3. Any other military services.
- 4. Date and place of all enlistments.
- 5. Date of all discharges and reasons.
- 6. Date and place of birth as per attestation papers.
- 7. Marital status; if married, name in full of wife.
- 8. Religion.
- 9. Occupations, if any.

This space to be for numbers.

00174

Proceedings on Discharge.

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

No. 411703 4100703	
Rank Private	
Name Hendrickson, G. H. <small>NOTE—The name must agree strictly with that on enlistment, unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 1st Depot Battalion A. R.	
Date of Discharge 21/6/18	
Place of Discharge Calgary Alberta	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 32 years..... 6 months.	Descriptive Marks
Height..... 5 feet..... 9 inches.	
Complexion Medium	
Eyes Blue	
Hair L. Brown	
Trade Farmer	
Intended place of residence Phipps Montana <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of Being an American citizen Auth K. R. C. 392	
<small>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.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. — Good —
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) — Farmer —

M. F. B. 218.

50m.—3-16.
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) *Calgary Alberta*.....

Bannon

(Date) *21/6/18*.....

Commanding Lt. Col.
Commanding 1st Depot Batt'n, Alta Regt

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.

(Place) *Calgary Alberta*..... *O.H. Hendrickson* (Signature of Soldier.)

(Date) *21/6/18*..... *Geo. P. Francis* (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.

..... *O.H. Hendrickson* (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) *Calgary Alberta*.....

Bannon

(Signature).....

(Date) *21/6/18*.....

Commanding Lt. Col.
Commanding 1st Depot Batt'n, Alta 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.)

O. H. Hendrickson

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)

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.