ATTESTATION PAPER.

Folio.

5453 canadian over-seas expeditionary force.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS).					
1.	What is your name?	John Redden					
2.	In what Town, Township or Parish, and in what Country were you born?	Southamoston England					
3.	What is the name of your next-of-kin?	Southamplow, England mrs. m. Redden I moth					
4.	What is the address of your next-of-kin?	37 Pin rd. Jersey, C. I. En					
5.	What is the date of your birth?	Dec 28, 1890					
		Carpenter					
	Are you married?						
	Are you willing to be vaccinated or re-						
	vaccinated?	Mar.					
9.	Do you now belong to the Active Militia?	Y					
	Have you ever served in any Military Force? If so, state particulars of former Service.	fortrans Co. R. E. Southamphis					
1.	Do you understand the nature and terms of your engagement?	- Jan					
2,	Are you willing to be attested to serve in the)	ue.					
	Canadian Over-Seas Expeditionary Force?	Rfaella (Signature of Man).					
o b etv he lisc	se attached to any arm of the service therein, for ween Great Britain and Germany should that was termination of that war provided His Majes charged.	the Canadian Over-Seas Expeditionary Force, and the term of one year, or during the war now existing a last longer than one year, and for six months after sty should so long require my services, or until legally (Signature of Recruit)					
n đ Dig vid	r true Allegiance to His Majesty King George t luty bound honestly and faithfully defend His M	MAN ON ATTESTATION. do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as ajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, in help me God. (Signature of Recruit)					
	CERTIFICATE (OF MAGISTRATE.					
lul	stions he would be liable to be punished as providing The above questions were then read to the Real have taken care that he understands each questions are market as replied to, and the said Recruit has	ecruit in my presence. nestion, and that his answer to each question has been made and signed the declaration and taken the oath					
I certify that the above is a true copy of the Attestation of the above-named Recruit.							
	***************************************	(Approving Officer)					
100 l I.Q.	M.—8-14. 1772-1-13.	respond					

				20	or these boy			
		\$	1		Singineer			
	Description of,	Wedden.	John	on	Enlistment.			
			/					
	· ·	rears months.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.					
(To be determined according to the instructions given in the Regulations for Army Medical Services.)			(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous					
			service, attach Approving Office	a sup to that en	ect, for the information of the			
			1/0-	let	of ann			
Height 5 ft. ins.			18 Chank					
			Jan	1	202			
iest Isure- ent	Girth when fully ex- panded	36 ins.						
e e	panded Range of expansion Dexion	ins.						
Com	plexion	Dark			* *.			
Eyes	-	Light brown			- 3			
•	* ************************************	Dock brown						
H								
	Church of England							
	Presbyterian	,			هفہ			
Religious denominations	Wesleyan	***************************************						
igior inat	Baptist or Congregati	onalist						
Reli	}	***************************************						
den	(Denomination to be stated.)							
	1	*******************************						
	\Jewish							
	jection specified in the He can see at the re- use of his joints and lis I consider him*	بریم 1914. معاری	edical Services. er eye ; his heart s	and lungs are fits of any d	e healthy; he has the escription.			
рееп а	Norg.—Should the Medical ttested, and will briefly state	Officer consider the Recruit unfit, lead on the cause of unfitness:—	he will fill in the foregoin	g Certificate only	in the case of those who have			
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	CERTII	FICATE OF OFFIC	ER COMMAN	IDING UN	NIT.			
having been finally approved and								
	- jan lash Short	Elinania.	3 /	having beer	finally approved and			
inspę	ected by me this day, a	nd his Name, Age, Date o	of Attestation, and	every prescri	bed particular having			
been	recorded, I certify the	t I am satisfied with the	correctness of this	Attestation.				
			118 (und	eary	(Signature of Officer)			
	1 1-6		Lis	y Res				
Date	14/2/1-5	t I am satisfied with the c		-				