1	4	-	HISTOR	Y-SHEET.	(E.F. Fo	rm No. 3A.
	Unit	Rank.	Surname.		istian Name.	No.
200	Batt Oteco Regt		HAZLE	TT	Bunkord	01
D.	COY. OTH REIN	Porte a	Harlos	level	Residen	0/3623
	Occupation: January Occupation: Last employer: Name, relationship, and address of next-of-kin, relationship, and address. Casualty or reason for discharge: Logatee and address: Nominated next-of-kin, relationship, and address: Logatee and address: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Logatee and address: Decorations: Nominated next-of-kin, relationship, and address: Nominat	ess:				
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TEMENT of the SERV	ICES of Tha	slett		Joseph	Name. Cam	ford	No. 8/3623.
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MILITARY HISTORY SHEET.

	No. 8/3623	Name: 2	Haglett	Joseph	Ban	ford.	
		Country.	Fr	m To	Year	s. Days.	Initials of Officer making Entry.
1. Se	rvice record	New Zeals	and. 18/10	/15.			
2. Ce	rtificates						
t This	ssed classes of istruction† includes any authorized istruction.						
4. Ac	tive service		,				
5. W	ounded {	Wounded.	15.9.16.	- 11			The
6. Eff	ects of wounds	Now Rep	orled Ki	lled in c	yelim 1	15.9.16	6%.
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	1	Name of	Medal.	Clas	198-	Date of Grant.	
	dals and decora- ons	with .	. 10	10 467	reight.	orky or	
	uries in or by the service		*1				
10. Na	me and address of sext-of-kin	Samue Moneye Count	l Hay	lett. (fat was y.	ter) land.		
		irname of Woman to (c.)	Name of Officiatin	whether Spinster or W Minister or Registrar.	idow. (b.) Place as		
11. Particulars as to Marriage.	(a.)	9		b.) .		(c.)	
	Christian	Names -		Date and Place of Birth	h.	Where registered.	
12. Particulars as to Children.							

Norg.-These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

Intended place of residence on discharge: New Zealand.

STATEMENT OF THE SERVICES OF No.

NAME Hazlet Josephin

			0	
Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer certify Correctness of Entries.
& log of Rent	Perlea 32q.	pli.	ishofis.	D. Thomson Cap.
2 nd battalion	joined battalion + posted .	p	4/3/16	1 Rohards
	Wounded (36 157) clos Reported Killed in Action (40 164)		15.9.16 15.9.16	Th. E. Lees,

Army Fo	rm B. 103.	Casualty Form—Active Se	ervice. Regin	nental Nu	mber 93623
	O Regin	nent or Corps THE OTAGO RE	GIMENT 2"	BA	TTALION
Rank	The Surnam	e laglett Christi	an Name Jose	ph B	amford
Religion_		Age on En	listment	_years	months.
Enlisted (a) 18/10/15 T	erms of Service (a) of wa	Service reckons	from (a)_	18/10/15
	romotion to presen		pointment to land		
Eutondod	5	Q Q	ualification (b)		
Extended	(de la constant de l	Re-engaged or	Corps Trade and	Rate	
			Signature	of Officer	i/c Records.
	Report	Record of promotions, reductions, transfers, casualties,		Date of	Remarks Taken from Army Form
Date	From whom received	&c., 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 of Casualty	Casualty	B. 213, Army Form A. 36, or other official documents
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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.

	Report	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents	
Date	From whom received	The authority to be quoted in each case.			documents	
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THE NEW ZEAL AND GOVERNMENT,

Department) REPATRIATION DEPARTMENT. or Service :

Dr. to

Departmental No.

Date:

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No. of Lutbority.	Period of Allowance.	Particulars.	Reg. No.	Am	ount
	19	To allowance approved under the Department's scheme for training disabled soldiers in new trades—		£	s. d,
0		weeks atper week.			
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		OL ON	Canal Land		1

Army Forn 396.

I HEREZY ACKNOWLEDGE RECEIPT OF MEMORIAL PLAQUE ISSUED ON ACCOUNT OF

Next of kin on & O

Vamuel Hazlett

Moneydeg Garvagh

Co Derry

IMPORTANT:- This receipt must be signed only by person entitled to receive,

& resurred to office, 1/o War Accessa Records, Wellington.

Date:

R.D. Voucher No. 5.

5,000/1/22-385]

Gallipoli Lemnos, &c. England. 18-10-15

Service in N.Z. prior to entering camp!......

N.Z. service: 8 days

Army	Form	B.	103.
ALCOHOL: N	STATE OF THE PARTY		

Casualty Form-Active Service.

8th Care	0/3/12
Regimental Number	0/2000

Rank Religion Enlisted (a Date of pro		erms of Service (a) euch	Qualific	ent reckons from the transfer to lance cation (b) rade and	_years rom (a) e rank Rate	inonuis.
				Signature	or Officer	CHOICE THE RESIDENCE
	Report	Record of promotions, reductions, transfe &c., during active service, as reported on	n Army Form 1319	ace of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36,
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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 allstment will be entered-

⁽b) Signaller, Shoeing Smith, &c.



EW ZEALAND EXPEDITIONARY FORCE.

	14 818 Name: Hazless Joseph. Bamford Regiment or Unit: 94
	Questions to be put to the recruit before enlistment.
1.	What is your name? 1. Joseph . Bamford Hage
2.	Where were you born? 2 County Derry Lreland
3.	Are you a British subject? 3. Yes.
4.	What is the date of your birth 4. 22-10-37
5.	What is your trade or calling? 5. farming.
6.	Are you an indentured apprentice? If so, where, 6. No and to whom?
7.	What was the address at which you last resided? 7. Norte Irees . Y S Sm
	Have you passed the Fourth Educational Standard 8.
9.	What is the name and address of your present or 9. Mr. Smith forty to
0.	Are you married? 10. ho
	Have you ever been sentenced to imprisonment by 11 the Cwil power? If so, when and where?
2.	Do you now belong to any military or naval force? 12. To
3.	Have you ever served in any military or naval force? 13. Vo If so, state which and cause of discharge.
1.	Have you truly stated the whole (if any) of your 14.
5.	Have you been registered for compulsory military 15. Liable training under the Defence Act, 1909? If so, where?
5.	Have you ever been rejected as unfit for the military 16. or naval forces of the Crown? If so, on what grounds?
4	Are you willing to be vaccinated or reverginated? 17 Che 4
3.	Are you willing to serve in the Expeditionary Force in or beyond the Double of New Zealand under the following conditions, provided your services should so long be required: For the term of the present European war and for such further period as is necessary to bring the Expeditionary Force back to New Zealand and to disband it? 18. Yellow Samuel Hoyleth Moneydia Gawagh County Berry
0	Nors. Your discharge will not be granted before your return to New Zealand unless permission for discharge elsewhere a purchase of the New Zealand Expeditionary Force.
18	Tosefoh . Baufor Hagelf , do solemnly declare that the above answers made by me some questions are true, and that I am willing to fulfil the engagement made.
	while By a life
	Signature of Recruit To My squa OS Somme,
	- Signature of Wilness: To July 4914
20, 18	Onth to be taken by recruit on attestation. I Jose of Banford Haylett, do sincerely promise and swear that I will be faithful as the alleging to our Soverein Lord the King his Heirs and Successors, and that I will laithfully serve in the Ne and Mintary Forces, according to my liability under the Defence Act, and that I will observe and obey all orders Majesty, his Heirs and Successors, and of the Generals and Officers set over me, until I shall be lawfully discharge elp me, God.

Signature of Attesting Officer It Christian

the deciaration and taken the oath before me, at

Cetober 1915.

ent age:	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
t: 5 feet (Dinches.	
nt: 164 lb.	home
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rement: Maximum, 40 inches	
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rothair left tomon 100	
ous profession: Oresly land	
Eght eye, Left eye, ing: Right ear, Left ear, Left ear, unvision: us limbs well formed?	Is he free from hemia? Is he free from varicose vems Is he free from hæmorrhoids? Is he free from hæmorrhoids? Is he free from inveterate or contagious skin-disease? Is there a distinct mark of vaccination? Is he in good bodily and mental health and free from an

A fit la A serious illness

ER

Certificate of Medical Examination.

I have examined the above-named, and find he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

I consider him fit for service in the New Zealand Expeditionary Force.

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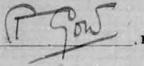
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NEW ZEALAND EXPEDITIONARY FORCE.

MEDICAL HISTORY

Surname: Salva Coll		Christian Name	Joseph B	Jumpar
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eight 16 Minimum, 26		* Considered :		
nest-measurement	in.			
(Maximum expansion,	40.	in.	aren sin	
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ecination marks: Arm, Number,		The Fractional Off	day of	191
nen vaccinated	1	Arm	Number :	
		Result:		
arks indicating congenital peculiarities or pr	revious disease:			
		Medi	ical Officer,	
inlisted on 18th	day of	letolessis.	as Trencho	m
	Cor	rps. Reg	imental No. Da	te.
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	Date of Arrival	Day	tes or		Number	REMARKS ON NATURE OF DISEASE: How induced, if mild or severe.	
Station or Troopship.	or of Embarkation.	Admission into Hospital.	Discharge from Hospital.	Disease.	of Days in Hospital.	REMARKS ON NATURE OF DISEASE: How induced, if mild or severe, if completely recovered from, whether any particular treatment was adopted. In venereal disease state nature of primary disease and whether mercury has been given. If an accident state whether it occurred on duty and whether a court of inquiry was held.	Signature of Medical Officer.
f. 1 1		Day. Mon. Year.	Day. Mon. Year.				
Jantherenken						Inoc Syphia 7/15	Belinow
in Action 167							

MILITARY HISTORY SHEET.

	No. 8/3623	Name: Ha	lett fose	ph B	amfo	rd.	
		New Jealand	1.18/10/15.	То	Years.	Days.	Initials of Officer making Entry.
1. Se	rvice record						
9 C.	rtificates						
3. Pa	ussed classes of instruction t includer any authorized						
	tive service						
5. W	ounded {	Wounded. 15	9.16.				TR.
6. Ef	fects of wounds	Now Peporle	d Killed	welcho	U 15.9.	16	6%.
- 8	ecial instances of allant or meritorious conduct						
		Name of Medal.		Clasps.	Date	of Grant.	
	edals and decora-						
	juries in or by the service						
10. Na	me and address of ext-of-kin	Samuel Moneyolig County	Haylet !	father)	/		
	(a.) Christian and Sc	rname of Woman to whom n	parried, and whether Spin of Officiating Minister or B	ter or Willow. (b.) P	lace and Date of	Marriaga.	
11. Particulars as to Marriage.	(a.)		(6.)		(c.)		
	Christian	Names	Date and Place	of Birth.	Where r	egistered.	
12. Particulars as to Children.							
_					33 54 75 75		

Note. These entries are to be made from time to time as they occur, and initialied by the officer making the entry.

Intended place of residence on discharge: New Zealand.

NAME Hazlet Josephia

Regiment or Corps.	Promotions, Reductions, Casualties, &c.	Rank.	Dates.	Signature of Officer cer Correctness of Entr
9 Renj	Perica 829.	Pli	Teliofis	D. Thomson
Editalin	joined battalion + posted .		4/2/10	1 Pohan
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				9