

ARMY BOOK 64.

SOLDIER'S SERVICE

AND

PAY BOOK.

Number
A.F.W3084

Diagnosis
NOT to be filled in by Soldier

Name *LINDSAY J.*
Rank *SIGMN*
Religion *NONE*
Arm *R.*
Branch if R.A.; Regt. if Foot Guards or Infantry *SIGNALS*

Number *2372216* A.F.W3084
Name *LINDSAY J.*
Rank *SIGMN*
Religion *NONE*
Arm *R.*
Branch if R.A.; Regt. if Foot Guards or Infantry *SIGNALS*

Diagnosis
NOT to be filled in by Soldier

Space for Unit Stamp Form 578



MEDICAL CARD

ISSUED BY THE

LONDON INSURANCE COMMITTEE,
Insurance House, Insurance Street, W.C.1.

Society and Branch

NAVY, ARMY & AIR FORCE

To

Full Name (e)

Address (e)

No. on Record Card

2372216

Mr. J. W. J. Essex
14
St. Mary's

The above-named is on the list of :—
[Dr.]

In any correspondence with the Committee as to medical benefit the membership number and name of Approved Society should always be quoted by the insured person together with this reference:—

Ln.

Committee's Stamp

Number 2372216 A.F.W3084
 Name LINDSAY J.
 Rank SIGMN Religion NONE
 Arm R.SIGNBLS
 Branch if R.A.: Regt. if Foot Guards or Infantry
 NOT to be filled in by Soldier.
 Diagnosis
 Disposal

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 NOT to be filled in by Soldier.
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 Disposal



MEDICAL CARD

ISSUED BY THE
LONDON INSURANCE COMMITTEE,
 Insurance House, Insurance Street, W.C.1.

To
 Society and Branch

NAVY, ARMY & AIR FORCE

No. on Record Card

9122222

(Full Name)

(Address)

Mr. J. W. Jessenry
20 Maryborough Rd.
S.M. 2.

The above-named is on the list of:—
 [Dr.]

For Use of Insurance Committee only.

In any correspondence with the Committee as to medical benefit the membership number and name of Approved Society should always be quoted by the insured person together with this reference:—

Ln.

Committee's Stamp

DUPLICATE

1945

Responsibility for Notification

It is notified for information that the responsibility for notifying casualties affecting other ranks to their next-of-kin rests on the Officer i/c Records of the men concerned, and not on any department or branch of the War Office. All enquiries from next-of-kin or from any organization, etc., regarding casualties of other ranks should be addressed direct to Officers i/c Records, who will immediately take steps to furnish the required information.

The addresses of Record Offices and the units administered by them can be obtained at any Police Station.

Soldiers are, therefore, advised to notify their next-of-kin accordingly. There is no objection to this notice being handed to the next-of-kin.

Wt. 43345/1594. W.S. Ltd. (Y.P.W.) 3/41. 51-8785.

individual. and report by suspicious



MEDICAL CARD

ISSUED BY THE

LONDON INSURANCE COMMITTEE,
Insurance House, Insurance Street, W.C.1.

To Society and Branch

NAVY, ARMY & AIR FORCE

No. on Record Card

2372216

(Full Name)

Mr. J. LINDSEY

(Address)

14 Wellington Rd. N.W.8.

The above-named is on the list of:—
[Dr.]

For Use of Insurance Committee only.

In any correspondence with the Committee as to medical benefit the membership number and name of Approved Society should always be quoted by the insured person together with this reference:—

Ln.

Committee's Stamp

Dutch

12 DEC 1945

DOUGLAS

	B.	C.	SIZE No.
Anklets, Web			
Blouse, B.D., or Jackets, K.D. or S.D.			
Boots, ankle			
Cap, Bonnet or Helmet			
Drawers, cellular or woollen			
Gloves, knitted			
Greatcoat			
Jersey, pullover			
Overalls			
Shirts			
Shoes, canvas			
Socks, worsted			
Trousers, B.D., S.D. or Shorts, K.D.			
Vests, woollen			

ALL RANKS

REMEMBER—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

FORM 578

MEDICAL CARD

ISSUED BY THE
FINANCE COMMITTEE,
Finance Street, W.C.1.

No. on Record Card **2372216**

AIR FORCE

LINDSEY
Langham Rd.
N.W.8.

Committee's Stamp

list of:—

In any correspondence the Committee as to medical benefit the membership number and name of Approved Society should always be quoted by the insured person together with this reference:—

[Dr.]

Space for Unit Stamp

Form 578

This card is to be handed to the server at the N.A.A.F.I. Canteen, when purchasing your week's supply of Chocolate and Confectionery

F.I. RECD. NO. 400R.
LAURANT,
BARRACKS.

Dutch MEDICAL 1945



Dutch

15 DEC 1945

MEDICAL CARD

ISSUED BY THE

LONDON INSURANCE COMMITTEE.

Insurance House, Insurance Street, W.C.1.

Society
and
Branch

NAVY, ARMY & AIR FORCE

No. on
Record
Card

2372216

To

(Full Name) *Mr. J. LINDSEY*

(Address) *14 Wellington Rd.
N.W.8.*

00

For Use of Insurance Committee only.

The above-named is on the list of :—
[Dr.]

Committee's Stamp

In any correspondence with the Committee as to
medical benefit the membership number and name of
Approved Society should always be quoted by the
insured person together with this reference:—

} Ln.

INSTRUCTIONS. — Please read carefully.

1. (a) On receipt of this card if you have not chosen a doctor you should at once choose a doctor. You should fill up Part A opposite, and take the card to any insurance doctor you wish to choose.

(b) If you remove permanently to a new address where you cannot get treatment from the doctor you have chosen, you can change to another doctor. You should at once fill up Part B opposite, and take the card to any insurance doctor you wish to choose.

(c) If you are temporarily away from your usual address you can get treatment by taking your card to any insurance doctor, with Part D on page 4 filled in.

(d) If you have not removed permanently or temporarily and wish to change your doctor, either (i) you may transfer immediately with the consent of your present doctor, and of the new doctor. In this case Part C should be signed by you and by both doctors.

Or (ii) you may transfer at the end of March, June, September or December if you have first given notice that you wish to change your doctor to the Insurance Committee not later than the last day of February, May, August or November as the case may be. This card should be sent with such notice. The card will be returned to you with the necessary instructions.

(e) Change from a doctor to an Approved Institution or *vice versa*, otherwise than by consent, can only be made by giving notice to the Committee on or before the last day of May or November.

When accepted by a doctor leave the card with him. The Insurance Committee will return it.

2. A list of insurance doctors can be seen at local Post Offices. If you have difficulty in getting accepted write to the Insurance Committee at the address on the front page, enclosing this card.

3. If you do not produce this card, the doctor may charge a deposit for which he must give you a receipt on a form which will enable you to apply to the Insurance Committee for the return of the money.

4. Application for treatment should always be made to your own doctor, or to his deputy. If, in case of accident or other emergency, neither of these doctors is available, you can get necessary immediate treatment from any insurance doctor who is available. If you are away from home, see paragraphs 1 (b) and (c).

5. Any inquiry or complaint with regard to your medical benefit should be addressed to the Clerk to the Insurance Committee at the address on the front page. A complaint should, wherever possible, be made within six weeks of the incident complained of.

6. Postage must be prepaid on all letters to Insurance Committees.

This Card is the property of the Minister of Health, and must not be used by anyone other than the lawful holder, or by anyone not entitled to medical benefit. Misuse of the card may entail serious penalties.

44/214 P.595 8/42 250m. Elp.

Part A.

To be filled in when insured person is not on list of doctor or institution, and wishes to choose a doctor or institution.

For use if doctor is to supply drugs.

I wish to be placed on
the list of Dr.....

Signature of
insured person Date.....

Address

The above-named is accepted.

Signature
of doctor Date.....

For use if doctor claims mileage.

Part B.

To be filled in when insured person has removed altogether to a new address, and cannot therefore get treatment from doctor or institution named on front page.

For use if doctor is to supply drugs.

I wish to be placed on
the list of Dr.....

Signature of
insured person Date.....

Address

The above-named is accepted.

Signature
of doctor Date.....

For use if doctor claims mileage.

Part C.

To be filled in when insured person transfers with consent of both doctors.

For use if doctor is to supply drugs.

I wish to be placed on
the list of Dr.....

Signature of
insured person Date.....

Address

I agree to this transfer.

Signature of doctor

The above-named is accepted.

Signature
of doctor Date.....

For use if doctor claims mileage.

The Insured Person must sign here immediately he receives this Card.

Signature

NOTICE.

Lr.

The Committee require an insured person in receipt of Medical Benefit to comply with the following Rules as to conduct:—

- (a) He shall, when applying to a practitioner for treatment, produce his medical card if required by the practitioner to do so;
- (b) He shall obey the instructions of the practitioner attending him;
- (c) He shall not conduct himself in a manner which is likely to retard his recovery;
- (d) He shall not make unreasonable demands upon the professional services of the practitioner attending him;
- (e) He shall, whenever his condition permits, attend at the surgery or place of residence of the practitioner attending him on such days and at such hours as may be appointed by the practitioner;
- (f) He shall not summon the practitioner to visit him between the hours of 8 p.m. and 9 a.m. except in cases of urgency.
- (g) He shall, when his condition requires a home visit, give notice to the practitioner, if the circumstances of the case permit, before 10 a.m. on the day on which the visit is required.

The Rules of the Committee also provide that any complaint by an insured person which is adjudged by them to be frivolous or vexatious, shall be regarded as a breach of their Rules.

Any insured person who is guilty of a breach of any of the Committee's rules is liable to a fine not exceeding 10/-, or in the case of repeated breaches 20/-, or to be suspended from Medical Benefit for a period not exceeding one year.

These Rules are liable to alteration, due notice of which will be given in the public Press.

Part D. —FOR USE, IF DESIRED, DURING TEMPORARY RESIDENCE.

I hereby declare that I am only temporarily residing in the locality of the address which I have given below, and that I do not intend or expect to remain in the locality for as long as 3 months from the date of my arrival.

(Signature)

(Temporary Address)

..... (Date).....
Signature of doctor accepting.

For use if
doctor is to
supply drugs.

For use if
doctor claims
mileage.

Committee's
Stamp.

This Card can only be used for obtaining treatment during one period of absence from home not exceeding 3 months. When the above space has been used the Card should be forwarded by the insured person to the Insurance Committee at the address shown on the first page and a fresh Card applied for.

NOTICE.

The Committee require an insured person in receipt of Medical Benefit to comply with the following Rules as to conduct:—

- (a) He shall, when applying to a practitioner for treatment, produce his medical card if required by the practitioner to do so;
 - (b) He shall obey the instructions of the practitioner attending him;
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I hereby declare that I am only temporarily residing in the locality of the address which I have given below, and that I do not intend or expect to remain in the locality for as long as 3 months from the date of my arrival.

(Signature)
(Temporary Address)

..... (Date).....
Signature of doctor accepting.

This Card can only be used for obtaining treatment during one period of absence from home not exceeding 3 months. When the above space has been used the Card should be forwarded by the insured person to the Insurance Committee at the address shown on the first page and a fresh Card applied for.

For use if doctor is to supply drugs.
For use if doctor claims mileage.
Committee's Stamp.

ANTI-GAS

I. Personal Decontamination
C.O.F.C.D.O.

1. *Immediate action*—can be done on the move.
Cotton waste—Remove free liquid on exposed skin.
Ointment—Rub vigorously into exposed skin for at least ½ minute—using both hands.
Eyeshields—If contaminated, remove and renew.
 2. If possible to be done under cover or on "clean" ground.
Clothing—(Not necessary for a few small drops).
Swab off free liquid on cape.
Remove or cut away contaminated clothing.
Rub ointment into skin beneath these parts.
Detectors—Change individual detectors if required.
Decontaminate weapons.
Ointment—Wipe hands with clean swab.
Rub ointment into hands for ½ minute.
- Notes.—1. *Don't* put your rifle and equipment down on contaminated ground.
2. Swab free liquid off web equipment—apply ointment to both sides where contaminated. You can then wear it again.

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I. Personal Decontamination
C.O.F.C.D.O.

1. *Immediate action*—can be done on the move.
Cotton waste—Remove free liquid on exposed skin.
Ointment—Rub vigorously into exposed skin for at least $\frac{1}{2}$ minute—using both hands.
Eyeshields—If contaminated, remove and renew.
If possible to be done under cover or on "clean" ground.
 2. **Clothing**—(Not necessary for a few *small* drops).
Swab off free liquid on cape.
Remove or cut away contaminated clothing.
Rub ointment into skin beneath these parts.
Detectors—Change individual detectors if required.
Decontaminate weapons.
Ointment—Wipe hands with *clean* swab.
Rub ointment into hands for $\frac{1}{2}$ minute.
- Notes.—1. *Don't* put your rifle and equipment down on contaminated ground.
2. Swab free liquid off web equipment—apply ointment to both sides where contaminated. You can then wear it again.

II. Gas Alarm System

For United Kingdom and other places where syren cannot be used:—

1. ONE ALARM—Gas rattle.
ONE WARNING—"Spray"—by word of mouth.
2. RATTLE—means Gas—other than air spray.
Action. HOLD BREATH.
Adjust facepiece.
If *blister* gas—contaminated me
also carry out personal decontami
nation (see over) at first opport
3. "GAS CLEAR"
Action. TEST FOR GAS.
Remove facepiece.
4. "SPRAY" WARNING
Action. Personal decontamination a
required (see over).
5. SENTRIES—Provided with gas rattle.
Must know location of a Soldier's Will and insertion of the names of
detectors. (es) are to be made under the superintendence of an
icer.

Wt. 42011/1519 3,500,000 2/41 D.P.W. 51-8720.

Service Book.

Part II.

Book 64 (Part II), will be issued for active service.)

Instructions to Soldier.

1. You are held **personally responsible** for the safe custody of this book.
2. You will **always carry this book** on your person.
3. You must produce the book whenever called upon to do so by a competent military authority, viz., Officer, Warrant Officer, N.C.O. or Military Policeman.
4. You must not alter or make any entry in this book (except as regards your next-of-kin on pages 10 and 11 or your Will on pages 15 to 20).
5. Should you lose the book you will report the matter to your immediate military superior.
6. On your transfer to the Army Reserve this book will be handed into your Orderly Room for transmission, through the O. i/c Records, to place of rejoining on mobilization.
7. You will be permitted to retain this book after discharge, but should you lose the book after discharge it cannot be replaced.
8. If you are discharged from the Army Reserve, this book will be forwarded to you by the O. i/c Records.

(I) SOLDIER'S NAME and DESCRIPTION on ATTESTATION.

Army Number 2372216
 Surname (in capitals) LINDSAY
 Christian Names (in full) Jack
 Date of Birth 28-10-1900
 Place of Birth { Parish [redacted]
 In or near the town of [redacted]
 In the county of [redacted]
 Trade on Enlistment Author
 Nationality of Father at birth [redacted]
 Nationality of Mother at birth [redacted]
 Religious Denomination None
 Approved Society [redacted]
 Membership No. [redacted]
 Enlisted at Lawbridge On 11-9-1941
 For the :-
 * Regular Army. * Supplementary Reserve.
 * Territorial Army. * Army Reserve Section D.
 * Strike out those inapplicable.
 For 15 years with the Colours and 0 years in the Reserve
 Signature of Soldier Jack Lindsay
 Date 11-9-1941

DESCRIPTION ON ENLISTMENT.

Height 5 ft. 7 3/8 ins. Weight 1140 lbs.
 Maximum Chest 37 ins. Complexion Fresh
 Eyes Blue Hair turning grey
 Distinctive Marks and Minor Defects
Badly pitted face neck
and chest from chicken pox
A.S. 1910 - Ruckled down Cr

CONDITION ON TRANSFER TO RESERVE.

Found fit for
 Defects or History of past illness which should be
 enquired into if called up for Service

 Date 19.....
 Initials of M.O. i/c.....

PARTICULARS OF TRAINING.

Courses and Schools, Specialist Qualifications, showing result.	Date.	Initials of Officer.
<p><i>Dr. Lee</i> <i>Food, muddery course</i> <i>Attended W. J. Education</i> <i>Course No. 3 at Douglas from</i> <i>8-15 Sep. 43. & changed</i> <i>subst. R. 2. 15 Feb 1943 to 16 Oct 43.</i></p>	<p><i>16 Oct 43</i> <i>16 Oct 43</i></p>	<p><i>DL</i></p>

RECORD OF EMPLOYMENT AS AN ARMY TRADESMAN.

(For men in receipt of tradesmen's rates of pay only.)

Trade.	Group.	Class.	Remarks, e.g., On enlistment; Re-classified; Re-mastered, etc.	Date.	Initials of Officer.
<p><i>Clerk</i> <i>Clerk.</i></p>	<p><i>C</i> <i>C</i></p>	<p><i>III b</i> <i>III b</i></p>	<p><i>Food, muddery</i> <i>16 Oct 43</i> <i>16 Oct 43</i> <i>16 Oct 43</i> <i>16 Oct 43</i></p>	<p><i>16 Oct 43</i></p>	<p><i>DL</i> <i>DL</i> <i>DL</i> <i>DL</i></p>

RECORD OF SPECIALIST EMPLOYMENT WHILST SERVING.*

Period.		Nature of Employment.	Remarks and Initials of Officer.
From	To		
21/9/44		Placed - Nature	Specialist
27/11/45	62	2 wks leave	Yes
5/12/45	17	2 wks leave	Yes
2-9/11/42		1 wks leave	Yes
6-12/4/43		1 wks leave	Yes
15-22/3/43		9 days (priv. duty)	Yes
22-30/3/43		9 days (priv. duty)	Yes
8-11/4/43		4 days (priv. leave)	Yes
8-9/4/44	15-9/44	10 DAYS (priv. leave)	Yes
20/1/45	4/2/45		Yes

* To include (1) as Skilled Tradesman, (2) as Specialist, e.g., Signaller or M. Gunner.

MEDICAL CLASSIFICATION.

Date, 11.9.41 Category or Grade, A(1) Medical Examiner of Recruits, or other Medical Authority, C. Robinson Sp. Troop, 7th Initials of Medical Officer, desks. Sloman

29.4.41 A(2) Ref No 40 d/29/4/2 desks. Sloman
AFW 3149 completed. 26.X.45. Robinson
Extreme

PRESCRIPTION FOR GLASSES.

Vision without Glasses.	SPH	CYL	Axis Standard Notation.	Vision with Glasses.	Ophth. Centre:	Date of Exam.:

Frame No. (or measurements):

Date of Issue:

Optician's Initials:

Signature of M.O.

VACCINATION.

Date Vaccinated, 22 Sept 1941 Initials of Medical Officer, LSA

PROTECTIVE INOCULATIONS.

Nature of Vaccine, "T.A.B.", Cholera, Plague, etc.	Date.	Initials of Medical Officer.
<u>T.T. 100</u>	<u>15.9.41</u>	<u>LSA</u>
<u>T.A.B. 1</u>	<u>10.10.41</u>	<u>LSA</u>
<u>T.A.B. 3</u>	<u>24.X.41</u>	<u>LSA</u>
<u>T.T. 2</u>	<u>18.XI.41</u>	<u>LSA</u>
<u>T.T. TAB. Kenech.</u>	<u>8.6.43</u>	<u>LSM</u>

PARTICULARS OF NEW ARTIFICIAL DENTURES SUPPLIED.

Particulars.	Dental Centre.	Date.	Initials of Dental Officer.

NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal effect as a WILL (see

Nearest degree of relationship.	Names.	Date.
Wife.	Mary Janet Lindsay	
Children.		
Father.		
Mother.		
* Brothers and Sisters.		
Other Relations (stating relationship)		

* State whether brothers are older or younger.

NOW LIVING.

such change and reported by O.C. Unit to the Officer i/c Records. pages 12 to 14).

Latest known Address in full.

390 Dorchester Road
Broadway Weymouth

SOLDIERS' WILLS.

1. The soldier should always be careful to insert particulars of his relatives on pages 10 and 11 but it must be clearly understood that the entry of a name on those pages has not the legal effect of a Will and does not have any influence on the distribution of a soldier's estate. Unless a soldier duly makes a Will, his estate has to be distributed in accordance with the laws of Intestacy and the person whom he might intend to benefit may receive little or no share in the distribution.

2. The Soldier's Will should be made out either on the separate Form provided for that purpose, or on one of the Forms contained in this Book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years, with the exception that a Scotsman can always dispose of movable property (as distinguished from heritable property—see paragraph 10) when of the age of 14 years or over.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation and the general outline of the Will, as shown in the following Forms, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together; and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

6. In English law a Will may be revoked by the marriage of the testator, and therefore a new Will ought to be made after marriage if desired. By the law of Scotland, the Channel Islands and the Isle of Man, the rights of the widow or children to some part of the estate cannot be defeated by a Will.

7. If any alteration is made in the writing of a Will, the signatures of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will), executed and witnessed in the same way as the Will.

9. When on active service in the field, or when he has been placed under orders for active service, a soldier of English, Guernsey or Manx domicile is privileged to make his Will in writing without the attesting witnesses (see pages 19 and 20), or to declare the same by word of mouth in the presence of witnesses, and if the testator is of English domicile he can dispose of all his property, of whatever kind.

10. A soldier of Scottish, Jersey or Guernsey domicile can make a written Will without witnesses *at any time*, provided that it is entirely in his own handwriting and

dated and signed by him at the foot of the document. A soldier of Scottish domicile can dispose by Will of movable property, at any time, when of the age of 14 years or over, but heritable property situated in Scotland cannot be disposed of by Will by a soldier under 21 years of age, unless he is at the time on active service in the field or under orders for active service. Heritable property includes land and houses and rights in and to the same; movable property includes money, stocks, shares and certificates of money value, jewellery and other personal articles.

11. When any of the forms of Will on pages 15 to 20 have been completed by the soldier, it is in his interests to have the Will placed in safe custody, and Officers i/c Records have special facilities for doing this. The soldier should, therefore, on completing either of the Will forms, ask the Officer Commanding the Company, etc., to extract the Will from Army Book 64, and to arrange its despatch to the Officer i/c Records concerned, the counterfoil slip being completed by the Officer who extracts the Will.

Army Form B. 2089.

ON COMPLETION TO BE DESPATCHED TO
OFFICER IN CHARGE RECORDS BY
O.C. UNIT.

FORM OF WILL to be used by a
soldier desirous of leaving the whole of
his Property and Effects to one person.
(See page 17 for FORM OF WILL leaving
legacies to more than one person.)

(a) Signature of soldier in full. I, (a)

(b) Rank and (b)
army number.

(c) Regiment. (c)

hereby revoke all Wills heretofore made by
me at any time, and declare this to be my
last Will and Testament.

(d) Name and address of Executor. I appoint (d)

to be the Executor of this my Will.
After payment of my just Debts and
Funeral Expenses, I give all my Estate and
Effects, and everything that I can give or

(e) Insert "friend," or, if a relative, in what degree. dispose of to my (e)

(f) Full name and address of person. (f)

To whom sent.....

Date Will extracted.....
Signature of Officer.....

(g) Date. Signed this (g).....day of.....
19.....

(h) Signature of soldier. (h).....

(i) Insert full name of soldier making Will. Signed and acknowledged by the said (i)
.....

the same having been previously read over to him as and for his last will, in the presence of us, 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.*

(j) Witnesses (j).....
to sign here.

(k) Add ad-(k).....
dresses in full.

(j).....

(k).....

* N.B.—Witnesses must NOT be persons intended to benefit under the Will, or husbands or wives of such persons.

SIZE FITTING - GLOVES

- Greatcoat
- Blouse
- Trousers
- Denims
- Blouse
- Trousers
- Cock Trousers
- Shirt
- Vest
- Drawers, Woolen
- Drawers, Cellular
- Jerseys, Pullover
- Jenkins, Leather
- Socks
- Cap F.S.
- Steel helmet
- Boots
- Respirator

1000
5000
4444
3333
2222
1734
1000

Form B. 2089.

DISPATCHED TO RECORDS BY

to be used by a legacies to some the residue to

Will leaving person.)

before made by e this to be my

ty Will.
st Debts and my (e).....

(g) Date. Signed this (g).....day of.....
19....

(h) Signature of soldier. (h).....

(i) Insert full name of soldier making Will. Signed and acknowledged by the sa
.....

the same having been previously read to him as and for his last will, in the presence of us, present at the same time, who, in my presence, at his request, and in the presence of each other, have hereunto subscribed our names as Witnesses.*

(j) Witnesses (j)
to sign here.

(k) Add addresses in full (k)

(j)

(k)

* N.B.—Witnesses must NOT be persons intended to benefit under the Will, husbands or wives of such persons.

ON COMPLETION TO BE DESPATCHED TO OFFICER IN CHARGE RECORDS BY G.C. UNIT.

FORM OF WILL to be used by a soldier desirous of leaving legacies to some one or more persons, and the residue to another or others.

(See page 15 for FORM OF WILL leaving everything to one person.)

Signature of soldier in full. I, (a).....

Rank and number. (b)

Regiment. (c)

hereby revoke all Wills heretofore made by me at any time, and declare this to be my last Will and Testament.

Name and address of Executor. I appoint (d)

to be the Executor of this my Will.

After payment of my just Debts and Funeral Expenses I give to my (e).....

Insert "or, if none, in degree."

(f) Full name (f)
and address
of person.

(g) State articles or money intended to be given. (g)
and I give to my (e).....
.....
.....

(f)
.....
.....

(g)

All the rest of my Estate and Effects, and everything that I can give or dispose of, I give and bequeath absolutely to my (e)

(f)

(h) Date. Signed this (h).....day of19....

(i) Signature of soldier. (i)

(j) Full name of soldier making Will. Signed and acknowledged by the said (j)

the same having been previously read over to him as and for his last Will, in the presence of us, 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.*

(k) Witnesses to sign here. (k)

(l) Add addresses in full. (l)

(k)

(l)

* See footnote, page 16.

SOLELY FOR USE ON ACTIVE SERVICE. The Will on page 20 must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL.

(Write Will on next page.)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on the next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999, High Street, Aldershot,

(Signature) GEORGE BULL,
Fusilier, No. 1973, Royal Fusils.

Date 5th August, 1914.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death I give £10 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give £5 to my sister, Miss Maud Bull, 999, High Street, Aldershot, and I give the remaining part of my property to my mother, Mrs. Mary Bull, 999, High Street, Aldershot.

(Signature) GEORGE BULL,
Fusilier, No. 1973, Royal Fusils.

Date 5th August, 1914.

Soldiers are, however, recommended to make a formal Will before embarkation on A.F. B. 2089, or one of the forms of formal Will provided on p. 15 and p. 17, and to hand it to their Commanding Officer for transmission to the Record Office for safe custody.

SOLELY FOR USE ON ACTIVE SERVICE. This Will page must
NOT be used until you have been placed under orders for
 Active Service

WILL.

(For use if the soldier has not already made a Will or wishes to
 alter one already made. See instructions on previous page.)

ON COMPLETION TO BE DESPATCHED TO OFFICER IN
 CHARGE RECORDS BY O.C. UNIT.

Signature.....

Rank and Regiment.....

Army Number.....

Date.....

Books 64 (Part 1)/2,
 234949T. Wt. 24691 B434 800,000 bks. 2/10. W. & S. Ltd. 51-7

Signature

Signature

SOLELY FOR USE ON ACTIVE SERVICE. This Will page must NOT be used until you have been placed under orders for Active Service

WILL.

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on previous page.)

ON COMPLETION TO BE DESPATCHED TO OFFICER IN CHARGE RECORDS BY O.C. UNIT.

Signature.....

Rank and Regiment.....

Army Number.....

Date.....

Books 64 (Part 1)/2.
234949T. Wt. 24691/B434 800,000 bks. 9/10. W. & S. Ltd. 51-7

Max H., 1 Doughty St. ^{W.C.}

Marshall H., Swat F. ager, 5

Meyer E., 52 Parkland

Murray S., 81 Camped 6

Marta E., Edith Cottage.

Miners

Methuen, 36 Essex St. W.C. 2

MacKenzie N., 87, Fitz, 1/1ms

Mann K. } Old Bookhouse, 8.
} India League.

Manifold J., 29, Greenway, 6/1ms

Marr, Eden, 6, Southcroft 1

Martin A.L., Common Farm Cottage

Magnus, Paschal Cottages, ^{Brixley} 54, M

Marshall, Vance, 55, Frite St. 6

Miles B., Duff Hse, Acaua 1

McClellan, 240, Hope St.

Maclean J., Balt Hotel, B

M

- Maxwell H., 1 Doughty St. ^{WC1} HOL. 0894
- Marshall H. Soviet F. agent, 5 Kensington Palace Ct. W8 (BAY. 3214)
- Meyer E. 52 Parliament Hill, NW3. HAM. 1246
- Murray J. 81 Camped Gdns. NW6.
- Martin E. Edith Cottage. Black Tompton. Beaworthy.
- Miners WAT. 6071
- Methuen 36 Essex St. WC2. (JA. White) GEN. 1525
- MacKenzie N. 87 Fitzjames Ave. NW3. HAM. 0225
- Mason K 1 Old Bodhouse, 8. Gurnell St. WC2. TEM. 6426
- } India League. TEM 3689.
- Manifold J. 29. Greenroft Gdns. NW6. MAI. 9202
- Morr - Chen, 6. Southcroft Rd. Wallasey. Cheshire.
- Martin A.L. Common Farm Cottages, Leiston. Suffolk.
- Magno, Paschal Carlos. [Brazilian Embassy] 54, Mount St. W1.
- Marshall, Vance. 55. Fritk St. W1. GER. 7623
- Miles B. Duff Hse, Acacia Rd NW8 PRI. 0091.
- McClellan 240. Hope St. Glasgow C2
- Maclean J. Bait Hotel, Bait St. Glasgow C2

N

New Staton. 10 St Turstile. High Hill W. W. 3216.

Newell, F. Sandrift, alderley W. Hoyleke. Warral Chislen
HOYLEKE '2831
Newcombe P. T. Rye Hill. Newark.

N. Watson. 26 manbah Sq. W. WEL. 817E.

NBL.

Newberry J. 49. Frierin Barnet Lane W. (F. J. James)
P. 1.

Newman R. 8. new College Court. Finchley Rd.

McPole, P. 15. Arnos Grove Ct. N. 11. ENT. 2065

Nedden, H. 18. Chuters Grove, Epsom. { EPJOM. 9085
CEN. 6060.

Nasema. H. K. Lechard. Norway Hse. ²¹⁻²⁴ Crookspur St. SW. 1.

Naylor, Harry. 25 Helensden drive. NW 11 ABB. 4631

Neave, J. The Kennes, 63. Bentleys Rd. Oxford.

N. W. Doherty ^{CP} 3 Earl St. Carlisle H. G. Lee

O.T. 25/14 Sastington St. W2.

TEM 7103

Outputs. Howard
Sergeant. Meridian Press W.

27. Bragmore St.
Manchester, 2
BLA. 6532

(Square Gate; Blackfish

59. Orchard Avenue

Oleburg Theolora - see Barrow

J. B. Proffly, Billingham Manor, Chelton 1863
CHILBERTON 39

Light Park

PQ

Peck J. 17. Titam Lodge, Reckman Rd. W. Wollaston
3W. 20. WIM 1169

PEN (owl) Porch. Tring. Herts.

PAH, Paul (Roland Phillips, oca).

Pollner. S. Bathurst St. WZ PAD. 4710.

Penguin. Bant Rd. Harmondsworth. Middlesex / West Drayton 2666.

Poehly Flexmore Hudson. BOX. 1219 K. GPO Atlantic

Pringle BY. Albany. REC 6150

Patel F.J. 25 Cockspur St. SW1

Pelt Pru MUS. 2638

G. Paluzzi-Harratt, 7 Lansdown Rd W11 Italian Park

Parker C.

Petrie, Venkat. 94. Nepean Rd
Bentley

Review of Fossil Studies, 44 Museum St. W21.

marginic line.

(J.C. Stubs. Prof. E.R. Danks. 10. Bedford Sq. W11.

J.N. Rose. Et. Haverfield Lab. Ashburton Hill 1860

R

Rogel. 2 Bloomsbury Sq. WC1. HOE. 7528

Rust, Tamar. Waverley. 27 Bedford St. WC2.

Ridgway E. ~~8~~ ^{171. Muscle St. Deal.} ~~St. John St. NW3.~~ HAM. 4922.

Rutland J.

Rice, EV. 30, Stephen's Hill, Hygate NB. MOV. 4178

Ridman R.W. 7. Park Lane ^{Went} ~~122~~, P-Hill. NW3

Wand C3. St John Hosp. St John Hill. Battersea SW11.

Rolta P. 25. Catherine St. WC2. TEM. 5116

Risner, Mark. 8. Maddox St. W1. MAY. 3183.

Reavey, G. 43. Vicarage Court. Church St. W8 ^{WEST. P221}

Riverman. ^{ENT} ERS 1200. 139.

Rutledge. 57. Eaton Mans WC. SW1.

Ross, Mrs. 119. Kenton Town. Troonbridge

Swiff, Stella, Fleet 5/9: Newson W. East End SW5
FLA. 1139
10. Connaught Mansions SW5

Symonds, Helen: 16. St John PK SE3. Greenwich
1558

Swiff, Stella: 6. G. G. Mansions SW5
FLA. 2342

Swiff, Stella: 55. Throgmorton St. E7B. GRE
2109

Stevens, B.: 17. Draycott Avenue SW3 KEN
0428

Swiff, Stella: 1. Grosvenor Place

Swiff, G.: 62 Bt Gamba noisy le
Sec. Seine

Dorset Hulme Cottage Skercham
Sevenoaks Kent

Swiff, Stella: female

Seq 3886. 23. Avon

Durgeson

21. Langley Court NW3

HAM 6268

Silva, R. Fed. Foundry W 75. Hamilton St.
Albany N

4. Albany Drive

Burroughs
Rutten Glen - Lancaster La

S

Schell, E. Keneshaw Hall, R - Sheffield.

Shapiro MB. 7 Belsize PIC Wms. NW3. PR 2827.

St John IR. 3 Spencer Hse, Larkhall Estate Wandsworth
Rt, Clapham SW1

MVS. 7398

Scater, Mary, 12 Ridgmont Cres. Chennis St. WCI.

SCR. 98 Grove St. WCI. EVS 6272

WES. 6200

Saurat, D. 22 Queensgate Cres. SW1

Sunday
Saviles, J. { Alexander Archdale
54A. Warwick Cres. W14. WES. 1092.

PAD. 1358

Slater M. 2 Kent Terrace W1.

EVS 4321 376

Somerville 18 Belsize NW3 Cres. WMS 1785

Silver R. 29 Fairwater. Rogers Cross Pl. Long Ashton
W. Bristol

Smeets. { Ted Anley } 15 Hall Moss St.

Percy Jones } GRD. 4761

Stapleton J. 29 Sunningdale Field Gully. West Kirby. Wirral
HOYLAKS 1134

(Sampson Law & Mansel) W 25. Albert St. W1.
Miss Bensa.

A. Schiff. 4-25-70

Hogon Esth.
BAY. 2977

Tuechel Est. Theater
291. Westbourne Grove W 11.

2.15

Twynham, Fla. 29. Venula av. Wabitaunke E 17.

T

Touybee Hall

BIS. 5946.

Town & Tide. 32. Bloomsbury St. WC1

Tubone. 222 Strand WC2.

CEN. 2572

Tuck T. 37, Wilton Place, W.1

SLD. 4424

Thomson, G. 84. Oakfield Rd. 29. Birming.

SEL 1091

Tindal, R. Tilly Hill. St Dunmow. Essex.

Theatre de la Ville, 20. Buckingham St. WC2

Talbot

WES 2451

Tzara. Hotel Royal-Canté 10 Rue de la
5 Rue de Ville 7°

DAN.
91-62

~~View. C.H. Fris, El. Parker Tyler a.k. Fr.~~

1. East 53rd St. NY 22. NY.

Vittorini, Elis.

viale Tunisini 29. Milano.

Telefono
61-035

Uv

Leidy T. Goldfr. St. NW1. EVS. 5391
9 St. Napht. W2. TEM. 4818

Unge W. 4 Belsize Grove NW3. PRI. 6083.
(Union for Democratic Action) 260. Westminster Bridge Rd. SE1.
David C. Williams WAT. 4022.

Raymond Les Vergnes. 40 avc. du Parc. Montjourn.
GOB. 22-24

Voray Alani. 38. Leinster Sq. W2. RAY. 0258

Van Praag, Pegg 11A. Belsize Sq. NW3.

Van Baken D. Casa Voel, Poritceurnow, ^W Paganac.

Wright. Adults

12 - Brook Avenue. Edgware.

Ad.

8 Hartford St. W. 1.

HOVE. 36261.

S. J. HARRISON,
NOEL NURSING HOME,
24, YORK AVENUE,
HOVE. 3,
SUSSEX.

J. Lindsey Esq.

21.6.51.

Dear Sir.

Your wife Mrs Lindsey has

S. J. HARRISON

NOEL NURSING HOME

54 YORK AVENUE

with you for her requirements.

Thanking you for a reply.

Yours Truly

© 0 4

F

Freetwater. Pioneer Press, $\frac{2}{3}$ Farnivall St. EC4.

Fyvel, TL.

Fuse, Berkeg. 225 Russell Court, Woburn PL. WC1.

Fuller, Ry. 16 St. Johns Pk. SE3. GREENWICH
2334

F.G.L.C.

PRI. 5869.

Fly Centre, 34 Selsby Sq. W1 GER. 4253

Foote, P. Bricken Court, 2 Tailors Court, Broad St. Bury

Fried, En. 64B. ~~Balsam Pk. SE11~~

7. Hill NW NW8 CUN. 0941.

Freeman, Chev. 7 Wild Hatch NW11 SPE
2405

Fischer, H. Witellikerstr., 60, Zollikon, Zürich

James Andon. ^{Jan} D. 129 St. ^{Quai N.} ¹⁰² 5255

I. Grunberg. 36. Fitz John av. NW3.
3 bis Rue de Hancock HAM 2163
Bellevue Seine-et-Oise

Greenwood (J. @ L.) 102. 9596.

B. Bunn Place 101.

{ Hotel Cribillon, 4 Rue de C-
" Pavillon, 6 R. de Verneuil. br.
6c.

Garman D. CUN 1995.

Perkins
Grafton 1871.

All Year Row

Cornhill . i, vi.

Quincy . 1

All Year Row, 15, 20.

Shapiro 3, 4.

Alan Burgess
Tom Waldron

Langham 4411

I have.

Dante - Table Pung & Par.

Chaucer i (W.C.) man & R. 12.

Dim.	Vol ii	} Ling (Ev.) i
Thucyd.	B. M. ii	
an. st. pl.	" ii	
Plautus.	B. M. ii	

Carlyle, South; L-D. pulch; Harves; W. M.;
man. E. Sup. ~~...~~ Schiller

Wesley Evng i, ii, iv.

Live of James i, 2.

Ruskin; Strus; P. Scov; 7 books; Pours
- into his list.

Divine amant ii (start Pulla opinion).

Normally i

Rank ~~...~~ B. M. i

Hardy. 1795 ii, ii, iv

G. Bell. Letter 2

Haley

Timb. 2, 3, 4

C. North Mem. (1-2). Isle of Pales.

De G. ~~...~~ 2, 3, 6, 8, 11, 12, 13, 5

Collect. ...

Hand (all 2 B) start BK 5.

D. ...

Formal ...

M. ...

KINGSLEY. P. M. 1845. Sanctus.
Celt & Teuton.

M. Arnold. (1) Lit. & Dogma.

D

Dennis, Morley. 6. Kirklands Rd. Upperby. Carle.

D.W. Swinton Hse, ³²⁴ Grayson St. W. 1. TER 6444.

Dakens A. RICK. 3337.

Down G. 1 Bate Rd. Chowell wy. CHI. 6325

De la Mare, W. The Red Park. Penn

Dickinson, P. ~~162A~~ Havenside Hse LAN. 4411
et. 140

Dyson, Anne. 420. Wilmslow Rd. Manchester 14.

Daries, J.H. 95 Hamlet Rd. Cambuslang. Glasgow.

Dahen A. 42. ³⁹ ^{St. George St} ~~St. George St~~ W. 2. FEB MUS
7422

Darkey, L. 83 Trinity Court. Grayson St W. 1

Dobson. 12: Park Place. St James St SW1. REB. 6144

Duthuit (Georges) 96. rue de l'Université, Paris VII.

Dampart, J. 4. Rosetti Hse. Flor St. SW3
La Croix. Vermont.

FLA
0787

Erms. App. FLA 6530.

F 64. alum Anne W. Westbourne B. WEST-
Mr E. Bentley 63785

K

Kreymborg A. 54 Charles St. NYC 14.

Keene R. 1. Selwyn Place. Fulham R. SW7. ^{KEN} 4949.

Klingens F. ^{44. Roslyn Hill} ~~45~~ Downshire Hill. NW3. ⁵⁹⁶⁴ HAM. 2031.

Kisch, Richard. Aust. Consulate Gen. 85 Fleet ^{CEN} ⁵¹⁵³ _{EC4}

Klepper H. Bunce Court. Otford. Havering Kent

EASTLING 21211 (Cantley Box)

KALMER Josef

WEL1808

K. Kuntz

PRO. 0983

Kettle. avon. 36. Moor Road LEA 6.

Les Vergnes, R. 40 Avenue du Parc Montsouris^(vis)
GOB. 22-24. 14th Paris.

Lilo Linke, Lt. Secteur UNESCO. 19 avenue Kleber
Paris 16e.

Lambert, Helle Ph.D.
12A La Fontaine Rd. W11

Lubet Kun. B. The Penthouse. Highpoint Nb.

BRITISH NATIONALITY ACT, 1948

Form R.I: Amendment to Instructions

Paragraph 11 (2) Both copies of the form should be signed by the applicant, but *only the first copy* need be witnessed by the Justice of the Peace, Commissioner for Oaths or other authorised person.

HOME OFFICE.

June, 1950.

LONDON: HIS MAJESTY'S STATIONERY OFFICE

1950

A

Arundel, Hm

28. Belsze PK Glos.

PKI. 3350

Anand. of MARA. 25 Cuffe Parade. Colaba. Bombay

AIA. 84. Charlotte St. WI.

Adams Tony. 9. Dartmouth PK Rd. NW5.

~~75. Saffron Chertton Rd. Manchester 16~~ ^{Chr.} ~~Assabong~~

Allen, Hm. 25. Pring PK Rd. NW6.

Arts Council. 9. Belgrave Sq. SW1. SW1.

WHI. 9137
SWO. 0421

Adams Band. 191. Westbourne Terrace FLA. 6530.

Alexander, Mrs. 10. Blue Bell Yard. St. James St. SW1.
14. Covent St. W. 1.
of Gray Ceske Mladze
Havlickovo Mam. 24. Prague 2.

Aragon. La Bulle d'Opéra fr. 33. rue St. Andre as. 11.
Paris 6e. Opéra
= 5565

Arthur W. 40. Grimslay Pls.

6. Church Lane. Calcutta.

(10. Heathside. Hinchley Wood.)

and Mrs. Lee. 84. Drayton Glos. SW10

Austria . W. Hollitscher.

Wien IV. Favoritenstrasse 14/16. Austria

= Bruno Frei

chefredakteur des Osterreichischen
Tagebuch. Wien I. Fleischmarkt 5

Buch Bht 109 St. Nikola St.
WS. 0191

Bulgaria : Bw in Tenuw. Pass abrah
WCS. Began Lyaki Pass dunnu
9433 12 Gaus Gate Candan SW7

number of large letters 175 May 1919

(Ejz) - 9/10/1919

Michowski Witold

WARSZAWA Poland

O DOLAŃSKA 21, m. 19

Stefan Lwandowski

Warsaw - ~~Warsaw~~ Warszawa

Jaworzynska 9/2

Czytelnik

Prezes Borajsza

438 Pda Londi

Folliere VIII 47 mal

wel. Hiltberg

apokryphen - Good Day - pausz

noten. Rev. artist. 6^{te} S. XXVII

E. Will da. no. 47.

J. Oehler, senk et 115 dw. P. verlat

Traumerkrediti

Klammerte Typs Capax 1919 E. Casper
Cullini Capax S. T. McCloy 1933 -

J. Stewart Distribution gebildet in Gen.
Vereinigung Prognostik (Hilfswort), Ektul,
Kollidat - Adl.

F. Hiltberg, g. well Secht. 1920
shaples & Hiltberg in T. Fawster



This card is to be handed to
the server at the N.A.A.F.I.
Canteen, when purchasing
your week's supply of
Chocolate and Confectionery

N.A.A.F.I. REGD. NO. 400R.
RESTAURANT,
MELBA BARRACKS,

Space for Unit Stamp

Form 578

WELSH GUARDS



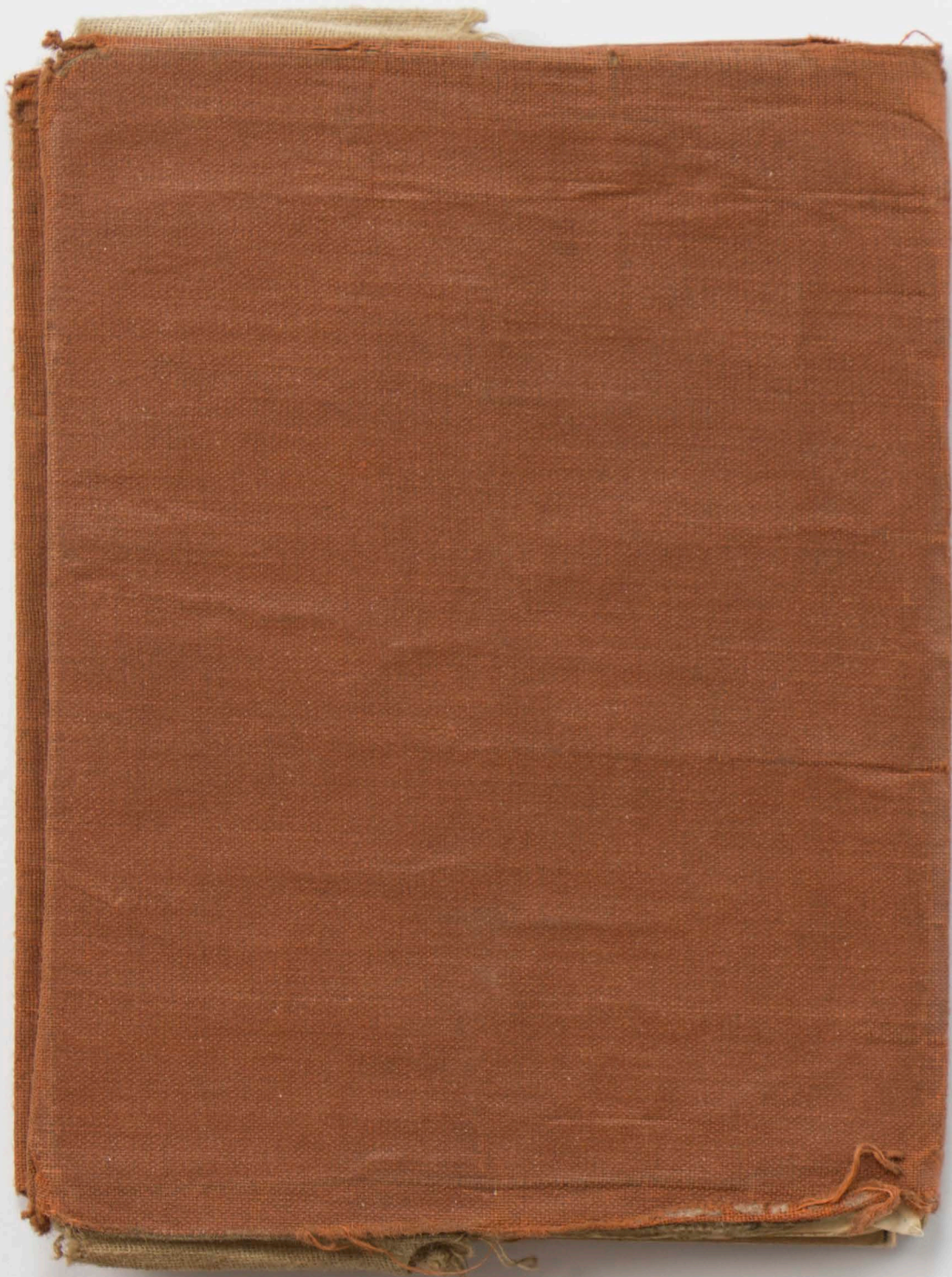
SOAP

N.A.A.



SOAP

N.A.A.



ARMY BOOK 64.

SOLDIER'S SERVICE
AND
PAY BOOK.