

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act, or when voluntarily enlisted.

the Defence Act, or when	voluntarily enlisted.
Army No. N77746	
Surname Douglas Chri Unit CBLOCK CAPITALS) RTD & Chri	stian Names Bruce Edward
Enlisted for war service at Page	in along (Blood)
Enlisted for war service at Faad	Place)
(State)	3.0 / 40 (Date)
A	
Questions to be put to persons called out or pre	senting themselves for voluntary enlistment.*
	1. Surname Oo 49 LAS Other names Druce Edward.
1. What is your name?	Other names Bruce Edward.
	2. In or near the town of Gosford
2. Where were you born?	2. In or near the town of Gosford in the state or country of N. S. WALES
	Ma.
1/11	1. Age 20 yrs 1 mouth
4. What is your are and date of birth?	
N.R. R.M.P.O. date	Date of Birth 30/0/20
5. What is your trade or occupation?	5. Se
6. Are you married, single or widower?	6. Sugge
7. Have you previously served on active service? If so, where and in what arm?	7. Thore
	8. Name Thatter VioleT. Douglas
8. Who is your actual next of kin? (Order of relationship:—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister)	Address 50 Railway St Gospord
would, eldest Han-sister)	Relationship Mather
	, 50 Railway St.
9. What is your permanent address?	I Gosford.
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so)	o. Methodist
1. Bruce Edward Nou	alas
above answers made by me to the above questions are true.	do solemnly declare that the
Witnessed by Aleston of Afterting or Witnessing Officer)	Bruce E. Douglas
*The person will be warned that should be give false answers to any o	of these questions he will be liable to heavy negative under the
Defence A	ct.

Defence Print, Sydney.

B

MEDICAL EXAMINATION

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—*
.1. Fit for Class I.
2. Temporarily unfit for Class I.†
3. Fit for Class II.
4. Temporarily unfit for Class II.†
5. Unfit for military service†
Place ladding for Date 30.7.40
Place Paddy for Date 30: 7: 40 Signature of Examining Medical Officer Addition
*Classifications which are inapplicable to be struck out. † Reasons for unfitness to be stated.
C
OATH OF ENLISTMENT‡
For persons voluntarily enlisted or called upon under Part III. or Part IV. of the Defence Act to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation. 1. Pruce August Douglas — swear that I will well and truly serve our Sovereign Lord, the King, in the Military Forces of the Commonwealth of Australia until the cessation of the present time of war or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.
50 help Me God!
Signature of Person, Enlisted Bruce & Douglas
Subscribed at fadding on in the State of Shu
Subscribed at ** Addington in the State of Shi this day of July 19
Before me—
Signature of Attesting Officer HA apsell Capt
‡Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialed by the Attesting Officer.



Army Form B. 103 1 (Adapted) (Reprinted, July, 1940.)

SERVICE AND CASUALTY FORM

Army No. ... N77746

	RankI	to. Alapl	Christian Names Bruce Edward			Surname DO	E.C. DUGLAS Block Capitals)			
	Date of Enlistment 30/7/40		Marital Condition		Single	Single				
	Place		Paddington	Next of Kin		Violet Douglas				
	Date of Birth 30/6/20			Address of Next of Kin 50 Railway St.,						
	Place of Birth Gosford, N.S.W.			Gosford.						
	Trade or Occupation Shop Assistant									
~	Religion Methodist.			Relationship Mother.						
	Medical Classification—Class I. (On Enlistment)				Identification—Colour of HairEyes					
	REP	ORT From whom received	Record of all casualties regarding promotions (acting, temporary, local appointments, transfers, postings, attachments, &c., forfeiture of pay, we admission to and discharge from Hospital, Casualty Clearing Stations disembarkation and embarkation from a theatre of war (including fu	ounds, accidents, Date of Casualty		Place of Casualty	Authority W.3011, B.2069, or other Document	Signature of Officer Certifying Correctness of Entries		
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5.8 a CO 21790

REPORT Date From whom	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of discmbarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Signature of Officer Certifying Correctness of Entries		
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