

AUSTRALIAN



MILITARY FORCES.

M.F.

MOBILIZATION ATTESTATION FORM

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

Army No. VF 510218
Surname LYNCH (BLOCK CAPITALS) Christian Names MARIE MARGARET
Unit A.W.A.S.
Enlisted for war service at Melbourne (Place)
Victoria (State) 10/5/43 (Date)

A

Questions to be put to persons called out or presenting themselves for enlistment.*

- | | |
|--|--|
| <p>1. What is your name? _____</p> <p>2. Where were you born? _____</p> <p>3. Are you a British Subject? _____</p> <p>4. What is your age and date of birth? _____</p> <p>5. (a) What is your normal trade or occupation? Grade if any? _____
(b) Present occupation? _____</p> <p>6. (a) Are you married, single or widower? _____
(b) If married state date of marriage? _____</p> <p>7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm? _____
(b) What was the reason for your discharge? _____</p> <p>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) _____</p> <p>9. What is your permanent address? _____</p> <p>10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) _____</p> <p>11. Which, if any, of the following Educational Qualifications do you possess? _____</p> <p>12. Have you ever been convicted by a Civil Court? _____
If so—(a) What Court? _____
(b) for what offence? _____</p> | <p>1. Surname <u>LYNCH</u> (BLOCK CAPITALS)
Other names <u>MARIE MARGARET</u></p> <p>2. In or near the town of <u>Clyburn Hill</u>
In the state or country of <u>Victoria</u></p> <p>3. <u>Yes</u></p> <p>4. Age <u>20 yrs</u>
Date of Birth <u>2/4/23</u></p> <p>5. (a) <u>Machinist</u>
(b) <u>Unemployed</u></p> <p>6. (a) <u>Single</u>
(b) _____</p> <p>7. (a) <u>No</u>
(b) _____</p> <p>8. Name <u>Mrs B Ployya</u>
Address <u>84 Grey St</u>
<u>St Kilda</u>
Relationship <u>Mother</u></p> <p>9. <u>84 Grey St</u>
<u>St Kilda</u></p> <p>10. <u>R.C.</u></p> <p>1. Certificate for entry to Secondary School <u>Convent</u></p> <p>2. Intermediate _____</p> <p>3. Leaving _____</p> <p>4. Leaving Honours _____</p> <p>5. Technical _____</p> <p>6. University Degree _____</p> <p>7. Other Diplomas _____</p> <p>12. <u>No</u>
(a) _____
(b) _____</p> |
|--|--|

I, Marie Margaret Lynch do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by B. H. Woodycote M. Lynch
(Signature of Attesting or Witnessing Officer.) (Signature.)

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.

MEDICAL EXAMINATION

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 ‡

B. M. Goble

† Reasons for unfitness to be stated.

OATH OF ENLISTMENT‡

I, Marie Margaret Lynch swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration 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.

So Help Me God!

1963

gley about woody at heart.

† 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 initiated by the Arresting Officer.

PROCEEDINGS FOR DISCHARGE

A.A.F. A. 102
(Introduced July, 1945)

PART A—Compiled by Unit:

Discharge Authority <i>Vic. 1/10/1945</i>	Reason for Discharge <i>AMR & O 253A(1)(1) (a)</i>
State in which discharge desired— Normally, State in which member's home is situated <i>Vic.</i>	

Unit _____ Army No. *51218* Rank *Plt*
Other Names *James Lynch* Surname *LYNCH* (Block Letters)

PART B—Personal details—Compiled by Unit.

1. Home address _____
Date commenced F.T.D. *1/5/1945* Date of Birth *1/1/1913*
State whether —
Married, single, divorced, widow
or widower
2. Present Description of Soldier —
Age *28 1/2* yrs months
Height *5* ft ins. Eyes *Blue*
Complexion *Fair* Hair *Dark*
Marks/Scars *None*

No. of Dependents in respect of whom dependent's allowance is being paid:—
Under 16 yrs. 16 yrs. & over

Trade Group in which employed <i>16.2 Clerk</i>	Operational Service — (a) Overseas area of service <i>1/1/45</i> Embarked from Aust. <i>1/1/45</i> Disembarked in Aust. <i>1/1/45</i>
(b) NT, North of Par. 143° Sth. or Torres Strait — <i>AI</i>	From <i>1/1/45</i> To <i>1/1/45</i>

Part B compiled by: _____
Date *1/5/1945*

Medical Cases Only
AMR & O 253A(1)(d)
Disability:—

Degree of Disability _____ %
Authenticating Signature _____
Date *1/1/45*
For Echelon Use—
AI

PART C—Compiled by Ech. and Rec.

4. Non-effective Service.*

PART D—Compiled by Ech. & Rec.:

5. Details for Certificate of Discharge No. *504746*
Unit (for discharge purposes) *AWAS*
Served on continuous Full Time War Service in the *AWAS* from *29 5/43* to *1 APR 1946*
for a Total Effective Period* of *10 5/4* days, which included
Active Service in Australia *10 5/4* days and
Active Service O/S Australia *10 5/4* days and *10 4/8*
Decorations and Awards† during that Service: _____

War Badge _____ Entered _____
Class and No. _____ Badge Register _____
Discharged from the *AWAS* and discharge confirmed vide Schedule No. *WA/190* to take effect on and from *1/1/45* to *1/1/46*
Place _____ Signature _____ Ech. and Rec. _____
Date *1/1/45* Officer i/c _____
Details compiled by *DD* checked by _____
A.A.F. A. 101 written by _____
Entered Discharge Certificate Register _____
A.A.F. A. 131 obtained by _____ Entered "Wills" Register _____

PART E—To be signed by Soldier on discharge:

7. I hereby acknowledge receipt of:
(a) Certificate of Discharge No. *504746*
(b) Army Form A.131 purporting to contain my Will.
(c) War Badge No. _____
Date *1/5/45* Signature of Soldier *James Lynch*
Place *AWAS* Signature of Witness _____

* "Effective Period" means the period of service, less any consecutive 21 days or more for which the soldier was not entitled to pay.
† Australia means the mainland of Australia and Tasmania.
‡ Does not include War Medals

*Will
Agd.*

4 - APR 1946

DETERMINATION OF DEMOBILIZATION PRIORITY

DEMOBILIZATION INDICATOR	
1/F	N 89D

VA
A. ARMY NO. 570218 RANK 1st Lt
SURNAME LYNCH OTHER NAMES none
UNIT 3d ASLT BATTAL UNCL. DEPOT

Date of commencement of Full Time War Service 21 1 43 Age at commencement of Full Time War Service 20 years

B. ASSESSMENT OF NORMAL PRIORITY.

1. 12 months or more in months	X 2 (males) or X 3 (females)	Points
2. 6 months or more in months	X 2 (males) or X 3 (females)	22
3. 3 months or more in months	X 2 (males) or X 3 (females)	11
4. 1 month or more in months	X 2 (males) or X 3 (females)	5
5. 1 day or more in days	X 2 (males) or X 3 (females)	1
6. 1 hour or more in hours	X 2 (males) or X 3 (females)	1
Total (Normal Priority)		42
Class		1st

Date 25 3 46

Signature of Officer
Victoria

Date 27 3 46

Signature of Member
H. Lynch

C. DECISION OF COMMANDING OFFICER OR REPRESENTATIVE OF SERVICE ON FORMATION H.Q.T

Signature

*To be retained
*To be retained—(see instructions)

Signature

Date 28 MAR 1946

D. ALLOTMENT OF SPECIAL PRIORITY.

Date

Signature of Commanding Officer or Representative of Service

INSTRUCTIONS.

LENGTH OF SERVICE.—Months of service calculated from the date of commencement of full-time service to the date notified by L.H.Q.
AGE AT ENLISTMENT.—Completed years of age at date of date of commencement of full-time war service.
DEPENDANCY STATUS.—Assigned only to members in whose behalf an allowance is being paid by the Army for one or more dependants.
MARRIAGE.—By Army a member for discharge on account of marriage will not be recognised if such marriage has not been announced in the London Gazette.
REASON FOR ATTENTION.—To be inserted by appropriate authority.
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Authority

SERVICE AND CASUALTY FORM

Rank (On Enlistment) **M.M.** Christian Names **LYNCH** Surname
Unit **VF 510218**

Date of Enlistment **7.4.46** Marital Condition **Single**
Place **Confirmation** Next of Kin **Sheet**
Date and Place of Birth **Confirmation** Address of Next of Kin **Sheet**
Trade or Occupation **Confirmation** Relationship **Sheet**
Religion **Confirmation**

Medical Classification—Class I.
(On Enlistment) **Class II.**

REPORT		Distinctive Marks		Eyes	
Date	From whom received	Identification—Color of Hair	Date of Casualty	Place of Casualty	Authority W. 3011, B. 3066, or other Document
7.4.46	L.T.D.	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, etc., from the date of admission to and discharge from Hospital, Casualty, etc. Dates of disembarkation and embarkation from a theatre of war (including foreign, etc.).	2.4.46	Vic	59507 <i>9211</i>
			9.4.46	"	45252 <i>9211</i>
			9.4.46	Vic	V.V.A. <i>9211</i> 190 <i>9211</i>

Discharged A.R.M.O. 253 A. R. 184 (119)
9.4.46 AMF. D/D R/O A. 217/VVA/190
DATE 9-4-46
26 AUG 1946
RECONCILED *9211*

NOTHING TO BE WRITTEN IN THIS SPACE.

NOTHING TO BE WRITTEN IN THIS SPACE.

[illegible]

1005/1908/4
1005/1908/4
1005/1908/4
(A102 Received & completed 3/4/46)

Glenn
5801
DATE 24/10/42

A.F. B. 103-1 (Adapted)
Army No. VF 510218

SERVICE AND CASUALTY FORM

GENSUS
Gp. 2 blank

Unit A.H.A.S. 5th A.S.L. Bty.

Rank: 8th Gun Christian Names: Abner, Margaret

Surname: LYNCH

(Block Capitals)

Date of Enlistment 22.5.42

Place: Melbourne

Date and Place of Birth: 23.6.1908, Brighton, Ill.

Trade or Occupation: Bookbinder

Religion: R.C.

Marital Condition: Single

Next of Kin: Mrs. B. Plogga

Address of Next of Kin: 84 Grey Street

Relationship: Mother

Medical Classification: Class HI, Class II-
(On Enlistment)

Identification—Color of Hair: Brown
Distinctive Marks: Moles on face

Eyes: Blue

REPORT

Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, etc., for future of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, etc., Date of disembarkation and embarkation from a theatre of war (including furlough, etc.).

From whom received

Date

22.5.42

22.5.42

14.6.43

15.6.43

27.6.43

14.7.43

13.7.43

19.11.43

3.12.43

3.5.44

5.6.44

Quarrel

" " "

" " "

" " "

" " "

" " "

" " "

" " "

" " "

" " "

" " "

1001 Full time duty member 10.6.42/14.6.43

Granted leave 20 pay from 17.00 hrs 22.5.42 to 29.00 hrs 14.6.43

Received letter from 8th A.S.L. Bty 29.00 hrs 14.6.43

Transfer to 4th A.S.L. Bty 29.00 hrs 14.6.43

Trans to in from 17.00 hrs 15.6.43

Trans to 5th A.S.L. Bty 15.6.43

Trans in from 4th A.S.L. Bty 15.6.43

Trans to 6th A.S.L. Bty 15.6.43

Trans from 5th A.S.L. Bty 15.6.43

Trans to 6th A.S.L. Bty 15.6.43

Trans from 5th A.S.L. Bty 15.6.43

22.5.42

14.6.43

15.6.43

27.6.43

14.7.43

13.7.43

19.11.43

3.12.43

3.5.44

5.6.44

22.5.42

14.6.43

15.6.43

27.6.43

14.7.43

13.7.43

19.11.43

3.12.43

3.5.44

5.6.44

22.5.42

14.6.43

15.6.43

27.6.43

14.7.43

13.7.43

19.11.43

3.12.43

3.5.44

5.6.44

22.5.42

14.6.43

15.6.43

27.6.43

14.7.43

13.7.43

19.11.43

3.12.43

3.5.44

5.6.44

Authority of Officer Certifying or other Document

Place of Casualty

Date of Casualty

Initials of Officer Certifying or other Document

Place of Casualty

Date of Casualty

Initials of Officer Certifying or other Document

Place of Casualty

Date of Casualty

Initials of Officer Certifying or other Document

Place of Casualty

Date of Casualty

Initials of Officer Certifying or other Document

NOTHING TO BE WRITTEN IN THIS SPACE.

REPORT		Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, etc., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, etc., Date of disembarkation and embarkation from a theatre of war (including through, etc.).			Place of Casualty		Authority W 3011, B 2009, or other Document		Initials of Officer Certifying Correctness of Entries	
Date	From whom received			Date of Casualty						
29.5.44	100	Mica 4 cases	Relevant	25.5.44	✓	RP	563/1/44		H 71	
30.6.44	86 Stryker	Trans: in from Vic to G. area		16.4.44	✓	WA	202/1/44		5/1/44	
12.7.44	"	Adult rate of pay		12.5.44	✓	"	57/39		5/1/44	
29.8.44	"	Trans: 10.16 Sp. 10.44		22.8.44	✓	"	563/1/44		5/1/44	
"	"	Trans: in on 06 Sp. 10.44		22.8.44	✓	"	563/1/44		5/1/44	
20.10.44	"	RAAC 8 APR.		5.10.44	✓	"	1042/44		5/1/44	
23.5.44	"	M/1 on execution of death in 8 APR.		15.12.44	✓	"	1042/44		5/1/44	
6.12.44	"	Trans: 10.55 Sp. 10.44		24.11.44	✓	"	1042/44		5/1/44	
4.12.44	11/11/44	Trans: in from 06 Sp. 10.44		24.11.44	✓	"	1042/44		5/1/44	
25.5.45	"	10.5.45 RAAC 8 APR.		19.5.45	✓	WA	17/42/44		5/1/44	
23.5.45	4000	Reallotment 31 APR 45 10.5.45		23.5.45	✓	Vic	N/R 18212		5/1/44	
25/10/45	34800	Discharge 10.5.45 10.5.45		28/6/45	✓	"	1042/44		5/1/44	
4/7/45	"	M/10 10.5.45 10.5.45		28/6/45	✓	"	1042/44		5/1/44	
13.10.45	"	Trans: in from G. D. Vic to G. area		28/6/45	✓	"	1042/44		5/1/44	
14.10.45	"	Trans: in from G. D. Vic to G. area		28/6/45	✓	"	1042/44		5/1/44	
11.4.46	"	Trans: in from G. D. Vic to G. area		28/6/45	✓	"	1042/44		5/1/44	
		FOR DISCHARGE		28/6/45	✓	"	1042/44		5/1/44	