

NAA: B884, S77378

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Title: CHAPMAN HAROLD GEORGE : Service Number - S77378 : Date of birth - 11 Nov 1911 : Place of birth - BEETANA SA : Place of enlistment - LYNDHURST SA : Next of Kin - CHAPMAN ELIZABETH

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Present Occupation Station Hand
Employer Beetana Pastoral Compy
Employer's Address Cunnie M Adelaide

M.P.O.K.
A.A. Form Mob. 1
(Revised July, 1940).

AUSTRALIAN



MILITARY FORCES.

DIV. II.

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, or when voluntarily enlisted.

Army No. S77378
Surname CHAPMAN (BLOCK CAPITALS) Christian Names Harold George
Unit _____
Enlisted for war service at _____ (Place)
SOUTH AUSTRALIA (State) 20 JUL 1942 (Date)

A

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

1. What is your name? ... { 1. Surname CHAPMAN (BLOCK LETTERS)
Other names Harold George
2. Where were you born? ... { 2. In or near the town of Beetana
in the state or country of 5th Dist
3. Are you a British Subject? ... { 3. British
4. What is your age and date of birth? ... { 4. Age _____
Date of Birth 11. 11. 1911
5. What is your trade or occupation? ... { 5. Station Hand
6. Are you married, single or widower? ... { 6. Single
7. Have you previously served in any Armed Force either in peace or war? If so, where and in what arm? ... { 7. No
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) { 8. Name Elizabeth Ann Chapman
Address Tarima
5th Dist
Relationship MOTHER
9. What is your permanent address? ... { 9. Tarima
5th Dist
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) ... { 10. _____

I, Harold George Chapman do solemnly declare that the above answers made by me of the above questions are true.

Witnessed by James Peret
(Signature of Attesting or Witnessing Officer.)

H G Chapman
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 Act.

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. *unfit*
2. Temporarily unfit for Class I † *no wound left*
3. Fit for Class II. *B Congenital fusion of radius & ulna (bilateral)*
4. Temporarily unfit for Class II †
5. Unfit for military service †

Place *Lynahurst* Date *20.5.42*
Signature of Examining Medical Officer *Mr. E. B. Capt.*

* 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.

I, *Harold George Chapman* 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.

So Help Me God!

Signature of Person Enlisted *H. G. Chapman*

Subscribed at *Lynahurst* in the State of *SOUTH AUSTRALIA*
this *20* day of *May* 19 *42*

Before me—

Signature of Attesting Officer *J. J. J. Lieut*

† 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 initialled by the Attesting Officer.

CHANGE OF ADDRESS
MUST BE NOTIFIED TO
AREA OFFICER.

15

FULL TIME DUTY

1577/42
9200

MP

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

SERVICE AND CASUALTY FORM

Army No. S 77378

Unit

Christian Names Harold George

Rank PTE.
(On Enlistment)

Surname CHAPMAN
(Block Capitals)

Date of Enlistment 20/5/42

Place LYNDHURST, S.A.

Date of Birth 11/11/11

Place of Birth BEETANA, S.A.

Trade or Occupation Station Hand

Religion Not stated

Marital Condition Single

Next of Kin Elizabeth Ann Chapman

Address of Next of Kin FARINA, S.A.

Relationship Mother

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

Identification—Colour of Hair

Eyes

Distinctive Marks

REPORT

Date From whom received

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 disembarkation and embarkation from a theatre of war (including furlough, &c.).

Date of Casualty

Place of Casualty

Authority W.3011, E.2069, or other Document

Signature of Officer Certifying Correctness of Entries

20.7.42 G.D.D.

22.7.42 do

26.1.43 L.H.G.

CALL UP AND COMMENCED F.T.D. 11 SUB.

Moved to Area 11 Sub as unfit

Dischd. AMB. O 277(xm) medically unfit

15.7.42

24.7.42

24.7.42

S.A. 2 of C.

do

r

Mob. 2.

W3011

G40 583

41/42

82/42

9m.8

NOTHING TO BE WRITTEN IN THIS SPACE

DISCHARGED

National Archives of Australia

NAA: B884, S77378

NOTHING TO BE WRITTEN IN THIS SPACE

REPORT		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 Station, &c., of all personnel 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
Date	From whom received					
<p>9 11 51 p. i.</p>						