

NAA: B884, S43477

Series number: B884

Control symbol: S43477

Barcode: 6342209

Number of pages: 4

Title: GOODALL ROBERT COUSINS: Service Number - S43477: Date of birth - 01 Nov 1923: Place of

birth - AUBURN NSW: Place of enlistment - ALBERTON SA: Next of Kin - GOODALL ROBERT

naa.gov.au

These copies are provided for research or study purposes only. Before making use of the material for other purposes (for example publication) you should familiarise yourself with any copyright obligations on our website.

Fact sheet 7 - Citing archival records

Fact sheet 8 - Copyright

resent Occupation Assayer (Unemployed) mployer Yellowdine Gold Development.	NSR do - M.P.O.K.
mover Yellowdine Gold Development.	A.A. Form Mob. 1
aployer's Mr Palmer Iv. lus.	(Revised July, 1940).
dress AUSTRALIAN AUSTRALIAN	MILITARY FORCES.
	MOTOR DRIVER
	RUNNING BERAIRS 4
MOBILIZATION ATT	SC LAB TO FIRST
	N DATA EX DATE
To be filled in for all Persons at the Place of Asse	embly when called out under Parts III. or IV.
of the Defence Act, or when	voluntarily enlisted.
Army No. S.43477	1
Surname GOODALL Christia	n Names Robert Causins
Unit	
Enlisted for war service at ALBERTON SOUTH AUSTRALIA (State)	(Place)
SOUTH AUSTRALIA (State)	18 . Decem Ven (Date)
A	
Questions to be put to persons called out or presen	nting themselves for voluntary enlistment.*
	1. Surname COODALL
1. What is your name?	Other names Robert Cousins
2. Where were you born ?	2. In or near the town of Maburn
	in the state or country of hew South Wales
3. Are you a British Subject?	3. Gritish
4. What is your age and date of birth?	4. Age 18 Years / Wanth Date of Birth 1 how 1923
	Date of Birth 1723
5. What is your trade or occupation?	5.
6. Are you married, single or widower?	6. <u>Straightfall</u>
7. Have you previously served in any Armed Force either in peace or war? If so, where and in what arm?	7. ho.
	Commerce Balont Comin
8. Who is your actual next of kin? (Order of relationship.—	Address #14 hour st
wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister)	Quenotener
	Relationship Inther
	9. Hy Nelp Street
9. What is your permanent address?	Sween Carlo
10. What is your religious denomination? (This question need)	(
not be answered if the man has a conscientious objection to doing so)	10.
Robert Co. G.	4411
above answers made by the to the above questions are true.	do solemnly declare that the
Witnessed by And we Court Ly.	R Goodall
(Signature of Attesting or Witnessing Officer.)	, Signature.
* The person will be warned that should he give false answers to an the Defence	

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. Pemporarily unfit for Class II †
5. Unfit for military service †
5. Unfit for military service † Place MBERTON Date 18.12.01 Signature of Examining Medical Officer Columbia 6
Signature of Examining Medical Officer Polurboole
* Classifications which are inapplicable to be struck out. † Reasons for unfitness to be stated.
c in the same to t
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. **Example 1. **Example 1. **Example 2. **Exampl
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 R & Goodall
Subscribed at ALBERTON in the State of SOUTH AUSTRALIA this day of day of 1941
Signature of Attesting Officer The Court
‡ 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.
MUS- A TO T

Victorian Railways Printing Works, North Melbourne.

S Army Form B.103.—1 (Adapted). (Reptinted February, 1941. Army No. S. 4.3.4.7.7. Unit R.R.R.D (Blook Capitals.)	Cousins GOODALL, Street,	1r R forearm	Place of W.3011, Signature of Officer B.2069, Certifying or other of Entries.		58, - 1 . Wed " " " " " " " " " " " " " " " " " " "		
ORM.	1 1 01 1	Dark s 3" scar	Date of Casualty.	30-1-42	25.67.43 25.67.43 26.64.53 26.64.53		. 1
SERVICE AND CASUALTY FORM. Sames ROBERT COUSINS	Marital Condition Single Next of Kin Robert. Address of Next of Kin 44 Webl QUEENS' Relationship Father.	Indentification—Colour of Hair] Distinctive Marks	Record of all essnalties 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 furlough, etc.).	Modelade	1430 has 23/6/22 162359 flus 29/6/42. min. to AN. (xv.2) Eulew: RAN.	ER RAN	SCHARGED
7.8 m N	ALBERTON S.A. I Nov. 1923 AUBURN, S.A. Assayer C of E		Record of all essnalties regarding promoti appointments, transfers, postings, attachme admission to and discharge from Hospita disembarkation and embarkation from	MINUL TO THE STAINING CEFOT	Se est	TO BE ISSUME	DISCH
17946 CH		tion—Class I. Class-H. (On Enlistment).	Fr. From whom Received.	R.R.D.	NTFTD.		
GRATUITY CHECKED Rank Pre ALLIA: Christi	Date of Enlistment Place Date of Birth Trade or Occupation Religion	Medical Classification—	REPORT Date,	30-1-42	34.6.42 N 30.6.42 N 30.6.43		20x-12.41 1718
4	THIS SPACE.	NI N	MELLLE	NC TO BE	IHLON		

NOTHING TO BE WRITTEN IN THIS SPACE. Signature of Officer Certifying Correctness of Entries. Authority W.3011, B.2069, or other Document. Place of Casualty. Date of Casualty. Record of all casualties regarding promotions (acting, temporary, local, or substantive), appointments, transfers, poteings, attachments, etc., foreinne of pray, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, etc. Date of disembarkation and embarkation from a theatre of war (including furbough, etc.). From whom Received. REPORT. Date.