

NAA: B2455, SHANNON WILLIAM FRANCIS

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Title: SHANNON William Francis: Service Number - 2575: Place of Birth - Port Adelaide SA: Place of

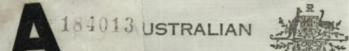
Enlistment - Melbourne VIC: Next of Kin - (Father) SHANNON Patrick

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Fact sheet 7 - Citing archival records

Fact sheet 8 - Copyright





MILITARY FORCES.

AUSIRALIAN IMPERIAL FORCE.

Vo. / 5 / 5	Name Surname	SHANNON
1 4	in full (Christian No	
69657	Unit /	3th Light Horse
1	Joined on	16 . 9 . 17
Oue	stions to be put to th	ne Person Enlisting before Attestation.
You are hereby warned	d that if after enlistment it is	found that you have given a wilfully false answer to any question set or, you will be liable to be tried for the offence.
1. What is your Name?		SHANNON William France
		2.
2. In or near what Town w	ara von horn ?	In or near the Town of PORT. ADELAIDE
. In or now while Iona w	ore you will?	In the State or Country of VICTORIA.
British Subject? (N	British Subject or a Nature B.B.—If the latter, papers	
shown.)		4. Is years 10 mths
. What is your Age? (Da	te of birth to be stated)	12 oct 1886
. What is your Trade or C	alling†	5. Butcher
. Are you, or have you be	en, an Apprentice? If so,	where, } 6. Ko
to whom, and for what. Are you married, single,		" ho Single
. In you marrou, amgre,	Fath	or 1 8 Mr Patrick Shannon
. Who is your next of kin's stated)	(Address and relationship	to be 160 William Street
The answer to this questio of a Will.	n shall not be construed as in the	
		, 160 William Street.
Whatia		NORWOOD, ADELAIDE
. What is your permanent	address in Australia 7	
		STH. AUSTRALIA
Majesty's Army, the Reserve, the Territoria	or have you ever served in Marines, the Militia, the Mal Force, Royal Navy, or Co which, and if not now se	dilitia 10. %
state cause of discharg	le, if any, of your previous se	mines 11. Hes
	jected as unfit for His Ma	
(For married men, widows are the sole support of u Do you understand tha in respect of yo	ers with children, and soldier ridowed mother)— t no separation allowance will be our service beyond an amount	issued 13.
together with pay	would reach ten shillings per da ergo inoculation against sma	y!
Mile	Francis St.	202
me to the above question	rances has s are true, and I am willi within or beyond the limite	ng and hereby voluntarily agree to serve in the Military Forces of the
		fifths of the pay payable to me from time to time during my service
	three children.	entine of the state of the stat
	and children.	W. 7 Showing
Date 10-9-1-	-	

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers and am of opinion that they are correct (This to be struck out except in the case of persons who are naturalized British Subjects.)

Date 10 - 9 - 17

Signature of Steeling Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.

well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 10-9-17, until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; 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.

William Francis Shannon

Signature of Person Enlisted.

Taken and subscribed at Melbourne in the State of Victoria
this enth day of September 19 17, before me

Signature of Attesting Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

3	. 4
Description of SHANNON Will	liam Francison Enlistment.
Age 31 years 10 months.	DISTINCTIVE MARKS.
Height 5 feet 75 inches.	Vacs 4 Laum.
Weight /27 lbs.	
Chest Measurement 32-35 inches.	
Complexion Fresh	
Eyes Brown	
Hair Black	
Religious Denomination Coff.	
	A TOTAL CONTRACTOR
CERTIFICATE OF MEDI	ICAL EXAMINATION.
I HAVE examined the above-named person, and following conditions, viz. :-	find that he does not present any of the
of vision, voice, or hearing; hernia; hæmorrhoid marked varicocele with unusually pendent testic ulcers; traces of corporal punishment; contract of spine; or any other disease or physical defe of a soldier.	ele; inveterate cutaneous disease; chronic ted or deformed chest; abnormal curvature
has the free use of his joints and limbs; and he	der eye; his heart and lungs are healthy; he declares he is not subject to fits of any
I consider him fit for active service.	1
Date 10 - 9 - 17	
	h
Place Melbourne	Mallen 2
many many first the Augustian	Cak
	Signature of Examining Medical Officer.
CERTIFICATE OF COMM	IANDING OFFICER
	,
I CERTIFY that this Attestation of the	above-named person is correct, and that
ne required forms have been complied with.	I accordingly approve, and appoint him
Date 8 10 . 17	B
0	Geofficey for the
Place Decemon	Complete to State of

OPKIRS	lo 2 - 2 1/6			
Statement of Ser	vice of No. 2575 Names	SHA	NN	ON W.F.
Unit in which served.	Promotions, Reductions, Casualties, &c.		rvice in each	Remarks.
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	"ARE" Enherked Welbour			11049
19"	Thosper hos Det bang.	10		L. 2 15 H. 9 Roge 18
	ex Still h. a Lass	Christian .	22,3.18	Li 645.
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5-8-18 RBAA. Nom Rel	Proceed Of sess to	71's"	Schampte	a a s tis , 19, 8 18
	from W. H. ea. Reinfts			20 24/ 1815.
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fost - has abord	Rept A.W.L. in error	1 Ends	5-7-19	2x 6417 (2184013) 20144/431
I have examine	the above details, and find them noting reed subsequent to	correct in	every respe	ct. 29.7.19.
				*

MILITARY FORCES. AUSTRALIAN Attestation Paper of Persons Enlisted for Service Abroad Name Surname in full (Christian Name Joined on Questions to be put to the Person Enlisting before Attestation. warned that if after enlistment it is found that you have given a wilfully false answer to any question set forth in this Attestation Paper, you will be liable to be tried for the offence.

SHANNON William Francis 1. What is your Name? In or near the Town of PORT ADELAIDE PAY BOOK NO. 2. In or near what Town were you born ? In the State or Country of STH. AUSTRALIA 3. Are you a natural born British Subject or a Naturalized Matural Born British Subject British Subject 1 (N.B.—If the latter, papers shown.) 31 years 10 months 4. What is your Age ! (Date of birth to be stated) 12 Oct 1880 Butches 5. What is your Trade or Calling? 6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? 7. Are you married, single, or widower? ... father Fatrick . 8. Who is your next of kin? (Address and relationship to be stated) Tto William The answer to this question shall not be construed as in the nature of a Will. NORWOOD ADELAIDE STHAUSTRALIA NORDOW 9. What is your permanent address in Australia? ... ADELAIDE STH. AUSTRALIA 10. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge ... 10.20 11. Have you stated the whole, if any, of your previous service \$ 12. Have you ever been rejected as unfit for His Majesty's Service! If so, on what grounds? ... 12. 13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—

Do you understand that no separation allowance will be issued in respect of your service beyond an amount which together with pay would reach ten shillings per day? 13. 14. Are you prepared to undergo inoculation against small pox and enteric fever? 14 yes 3, William Francis Shannon ...do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth. two-fifths And I further agree to allot not less three-fiths of the pay payable to me from time to time during my service

for the support of my wife.* †

Date 10-9-17

W. F. Shaunder Signature of Person Enlisted.

This clause should be struck out in the case of unmarried men or widowers without children under 16 years of age.
 Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

D.849/4.17.—C.2814.—204.

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

Thave examined his naturalization papers and am of opinion that they are correct. (This to be struck out except in the case of persons who are naturalized British Subjects.)

Date 10 - 9 - 17

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.

3, Welliam Francis Shannonswear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 10-9-17 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; 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.

William Francis Stamon

Signature of Person Enlisted.

Taken and subscribed at Melbourne in

the State of

this Venth

day

of

September 19/7, before me-

Man V. Regg

Ittesting Officer.

^{*}A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

Description of SHANNON, William Frances on Enlistment.

31 years 10 months. DISTINCTIVE MARKS. 5 feet 7. 2 inches. Height 47 lbs. Weight Chest Measurement 32-35 inches. Fresh Complexion Eves Hair Religious Denomination Co

CERTIFICATE OF MEDICAL EXAMINATION.

I HAVE examined the above-named person, and find that he does not present any of the following conditions, viz. :-

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties

He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any description.

I consider him fit for active service.

Date 10-9-17

Place Melbourne

Signature of Examining Medical Officer.

CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him

Date 8. 10.17
Place Seymon

Commanding Commanding

	16		10
Statement of Serv	vice of No. 2575 Name	SHANN	YON.WF.
	Promotions, Reductions, Casualties, &c.	Period of service in each rank.	Remarks.
Unit in which served.	All avincing	From— To—	× 1911 1011.
RECRUIT DEPOT Broadmeadows	offer SE	P 1 2 1917 1/10/17	ight work frigue
13t. L. H.	"	1.10.17	inustrated in
22/13th L. H. faralog Regt.	Emb MEL. 'UI	YSSE\$' 22	12 17
LH Details!	Ta	21-3-18	Jano BR132/19 1016
arty Details	the Int.	22.3.18 29.8.18	Frano. 18670 35/865
5th D. a. b	914 n	30.8.18 30 9 18	9441 BEHD 3918 IT
- 14 11 4	Arwer	21.918	
control of the state of the sta	and for each of that had been pre- tered of the colors of		
	Discharged M. D.		STATE OF
1 nave exami	ned the above details, and find the	an correct in every resp	504.

Station

18/8/19

AUSTRALIAN



A.M. Form D2.

MILITARY FORCES. (For use in Australia.)

Revised 1-10.18.

MEDICAL REPORT ON AN INVALID.

2575	IEDICAL KEP			VALID.	
1. Number 5 D.			SHANNON		-
	Mel hourne	6. Trade or	Occupation	20/0/2F	
7. Place of Enlistment	Melbourne t of which invaliding is propose			10 12/9/1/	
MED	ICAL OFFICER'S STATEM	MENT OF CASE.	(Soldier's own statement as such, and	t must be carefully recorded signed by him.)	
Date and place of origin of disability			Date of arrival	Pt. Melb.	18/8/19
The state of the s	here disability first caused ma	an to become a Casua	from overseas	,	
	Medical History (including cau				
с.о.н.	Now quite well.	(SGD)	W.F. Shanno	n.	
	1				
12. State whether disc	ability was (a) Due to Milita	ry Service (h) Aggr	avated by Milita	ry Sarvina on (a)	Indonandont of
Military Ser	vice; (d) Due to, or aggravat	ed by, want of prop	per care on man	's part, intemperan	ce, misconduct,
&c.					
13. What is his prese	nt condition and progress				
Heart J					
Lunes J					
Scars N	1				
4 If the disability	is an injury, state whether it		-ti /1\ C-1		4 (7) M 1 4
The second secon	and myry, state whether it	was caused (a) in a	ction, (o) on new	service, (c) on di	ity, (a) off duty
15. If a Court of Inqu	uiry was held, state place, date,	and opinion			
	performed ? If so, what				
	advised and declined?				
8. In the case of loss	or decay of teeth—Was it due				
	f any other disabilities existing				
Do you recommen	d discharge as permanently un	nfit for general service	M. F	.D.	
		d. C.H.Souter		D. Dawson Ca	nt.
1					
		THE PERSON NAMED IN		dical Officer in charg	e of case.
I, having satisfi	ed myself of the general accura	acy of this report, con-	cur therewith, exc	CN FIRMED	8/8/19
		-ва. н.н.	E-Russell	Lt/Col P.M.	Dir-

Date.

D.1471/11.18.—C.16202.—100m.

100		Dental Form "X."	
100	DISCHARGE FORM-	DENTAL RECORD CHART (To be filled in by Medical Board prior to discharge.)	
	Hospital No.	Name. Rank. Regimental Unit.	It.
Date a	7	Paramore 1) + 1000 2575 50	ac ac
Result. Vignati	DENTAL CONDITION ON	HRRANAND DANARRA	
	DISCHARGE.	HICH HANDING HICK	
	DATE OF ADMISS	NATION 9 78 1 C	3 -
the	D.M.U.	Remarks.	nt of n to
1. Sta		Filling	ident of luct, &c.
2. Is t		P. R. Devlingt	U.
	it what rate and to wh	100blks100—14.3.19 3920 nat degree do you anticipate improvement?	
		t should be stated whether further treatment is desirable in a (a) Sanatori	
Ins	in-patient or an out-p	cent Home, (d) Asylum, or (e) other institution. State whether further tatient, and for what period.	ium, (b) Orthopædic
Ins	in-patient or an out-p	cent Home, (d) Asylum, or (e) other institution. State whether further tatient, and for what period. mmended?	ium, (b) Orthopædie
Ins an 8. Is any s	in-patient or an out-p	cent Home, (d) Asylum, or (e) other institution. State whether further tatient, and for what period.	reatment should be President.
Ins an 3. Is any s	in-patient or an out-p	cent Home, (d) Asylum, or (e) other institution. State whether further to atient, and for what period.	um, (b) Orthopædie reatment should be
Ins an S. Is any s	in-patient or an out-p urgical appliance reco	cent Home, (d) Asylum, or (e) other institution. State whether further to atient, and for what period.	reatment should be President.
Ins an S. Is any s Station Date	in-patient or an out-p urgical appliance reco	cent Home, (d) Asylum, or (e) other institution. State whether further to atient, and for what period. mmended? Signatures	President. Members.
Ins an 88. Is any s Station	in-patient or an out-p urgical appliance reco	cent Home, (d) Asylum, or (e) other institution. State whether further to atient, and for what period. mmended? Signatures Director General Medical State whether further to atient, and for what period.	President. Members.
Ins an Station Date Station Date Date Date	in-patient or an out-p urgical appliance reco	cent Home, (d) Asylum, or (e) other institution. State whether further to atient, and for what period. mmended? Signatures Director General Media	President. Members.

This form will be used for the finalization of all invalids in Australia, and will embody (Question 11) all information contained on the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, thence to the S.O.I. and R.S., who will make necessary copies. This report is confidential.

Single copies only need be forwarded to Head-Quarters.

For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

Date and Station	Date and Station
Result	Result
Signatures	Signatures

	OF MEDICAL BOARD ON FINALIZATION.
Note.—Clear and definite answer the man being invalided, it is essential t enable him to decide upon the man's cla	s to the following questions are to be carefully filled in by the Board, as, in the event of hat the Minister for Pensions should be in possession of the most reliable information to im for pension.
21. State whether the disability is clearly Military Service; (d) Due to, o	(a) Due to Military Service, (b) Aggravated by Military Service, (c) Independent of r aggravated by, want of proper care on man's part, intemperance, misconduct, &c.
22. Is the present degree of disability per	manent ?
23. If not, at what rate and to what degr	ee do you anticipate improvement i
24. To what extent is his working capaci	y at present affected by his disability ? (a) In his pre-enlistment trade or occupation?
	f (Estimate as a percentage of full capacity.)
	ned, was the refusal unreasonable t
	s permanently unfit for General Service !
 If discharge is recommended, it shoul Institution. (c) Convalescent H 	d be stated whether further treatment is desirable in a (a) Sanatorium, (b) Orthopædic ome, (d) Asylum, or (e) other institution. State whether further treatment should be
	and for what period.
	ed 1
28. Is any surgical appliance recommend	90.1
Station	Signatures President.
Date	
Approved.	
Station	Director General Medical S
Date	
Notes by S.O.I. and R.S.	
	Date of discharge:- 7/9/19 Address:- 26, William St. Norwood, S.A.

This form will be used for the finalization of all invalids in Australia, and will embody (Question 11) all information contained on the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, thence to the S.O.I. and R.S., who will make necessary copies. This report is confidential.

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For discharge of members of services other than the permanent forces the District P.M.O. may approve for the D.G.M.S.

P.T.O.

(Signature)
(Rank)

D.295/1.16. - C.18009

Table II.—Only for Admissions to Hospital or to the Admitted to Hospital. Discharged from Hospital. Number of days in Hospital. Name of Hospital. Day. Month. Year. Day. Month. Year. MILITARY HOSPITAL TIDWORTH Part 1

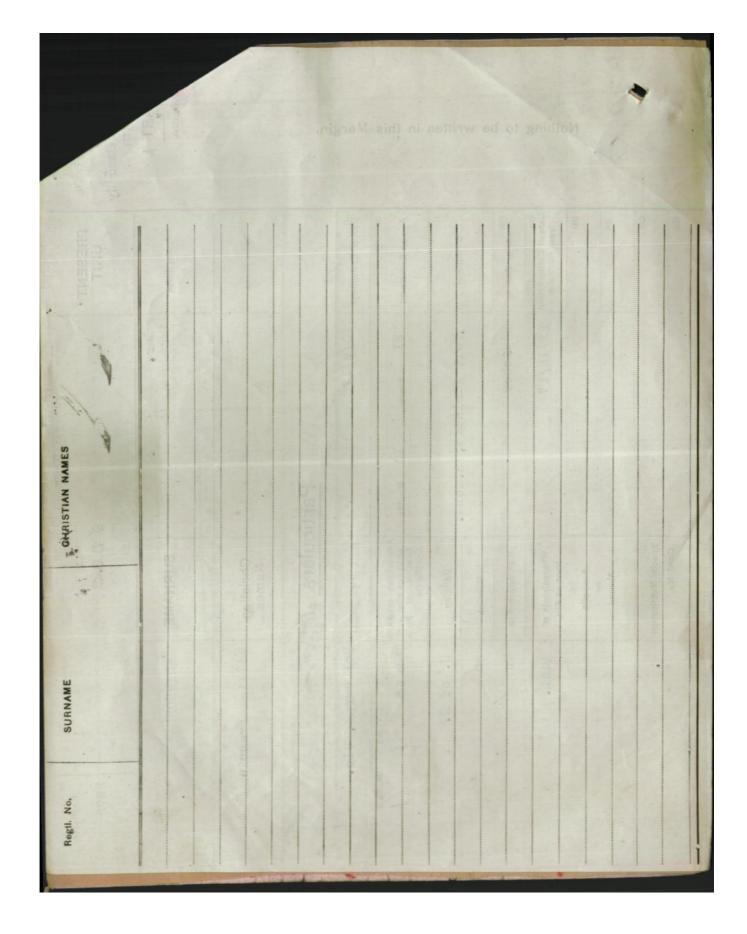
Sick List in the case of Warrant Officers treated in Qu	arters.
Remarks bearing on the Cause, Nature, or Treatment of the Case, likely to be of interest or of future use. In cases of Syphilis, admissions and re-admissions to hospital will be shown. If an accident, state whether it occurred on duty.	Signature of Medical Officer.
refildattack. fyrmia anday- Smiltoduty	J.a Retty Pruseus
Part 2	

Table III. Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Transfer or Service Abroad, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c. Date. Brief Details, and Signature. 1st Typhoid Inoc. 250 Mil. BROADMEADOWS GLEARING HOSPITAL Clearing Hospital Seymour DATE OF APPOINTMENT. --TREATMENT EXECUTED. TREATMENT REQUIRED. Right. Left. Right. No. of Teeth Natural .. Treatment Executed. Treatment Required. No. of Teeth to Extract Transferred to No. of Teeth to Fill .. Artificial Teeth Required DENTALLY FIT. Wearing Artifical Teeth Dental Officer. Treatment Executed (Dai Comp. Camp. Table IV .- Service Table Date of Date of Date of Date of Station. Station. Arrival. Departure. Arrival. Departure. **BROADMEADOWS**

SHANNON William Francis /6 Pte. 2575	22nd/13th,L.H.R
.e. Regimental No.	· Unit.
מרד	AUTHORITY.
Emb.per A38 "Ulysses" from Melbourne on 22/12/17	
22/2/18 Adm. to Hosp. Tidworth Milty. Influenza.	TB 428/41-18
2/3/48 Dis. from Hosp. Dis. to T n Influence	TB- 432/32-18
30/8/18 Ifd from Arty Dtla	Birno 2c Ao
7/8/18 0/seas to France SE	LDN 60/1/18
MFR	BEFO 39/1918
o 3 Dtls Camp P'hse	LDN 9/3-18
	TIN 10/4-18
L.H. Dils Tidworth and mustered	
	LDW 27/2-18
8.8.18 M/into AIBD Depot(Sts Arty Dils) SE	BEE 27/2-18
D.825/29/4.—C.202	

E E E	FURPORT.	\$2 02-E0	AUTHORITY.
5/5/19 Disch to C.T.D P'house No 20 D.	11.4.19 Adm 1st A.D.H. No20 (5, DAC)	(KF) II	8 716/22-19
	5/5/19 Disch to C.T.D P'house No 20	D.M.	IB 742/15-19

Place of Enlistment (10) Tears 10 Months as to age after verificate (12) Butcher (13) Butcher (13) Butcher (13) Butcher (13) If an Apprentice (13) If an Apprentice (14) Australia or Abroad Special Notification (21) Special Notification (22)	Date of Enlistment 10/9/17 [8] Place of Enlistment Melbourne, Vic.	Particulars. phoop ogs	Observations Christian William Francis Names.	Present Rank Steven SHANNON	PRESENT OF THE STATES OF D.O.C.
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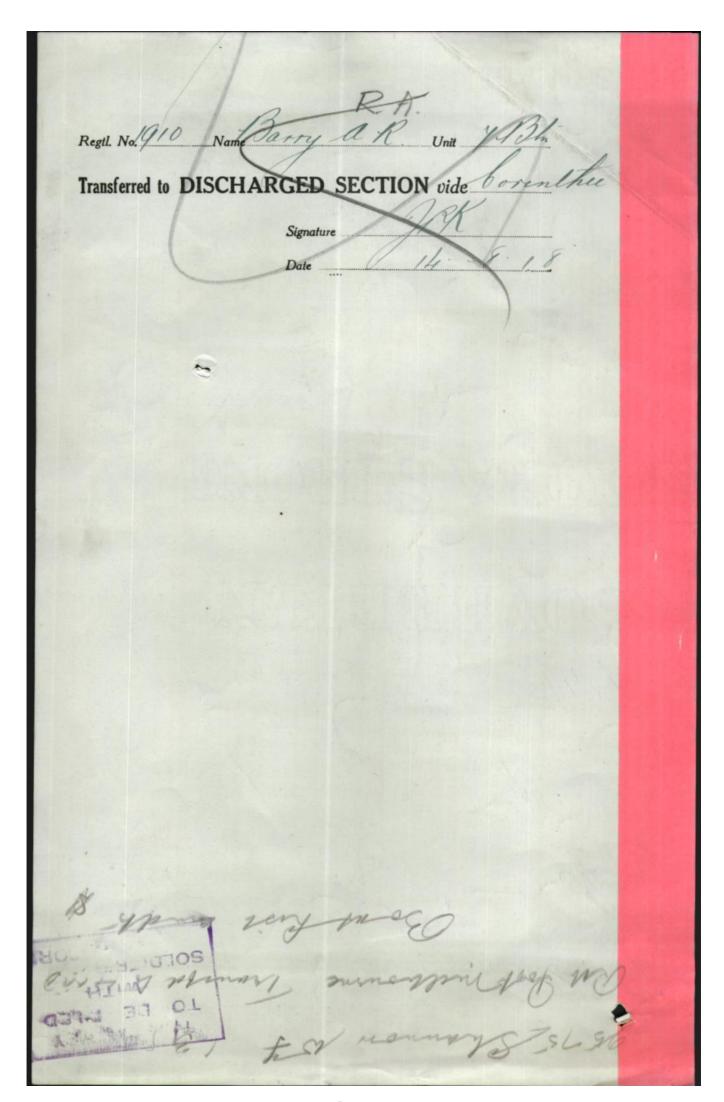


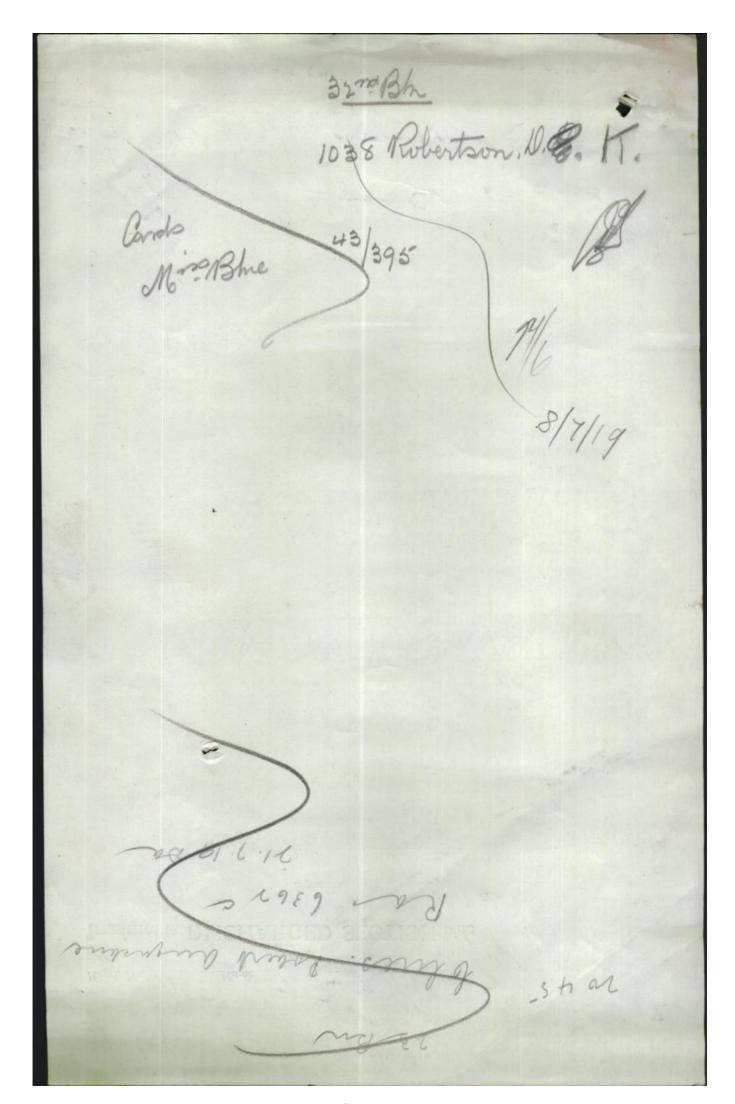
CASUALTY FORM—AGTIVE SERVICE. Significated No.2 3 7 5 Rank 47 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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Ä	202	Susiensing Comments of Comment	DO 10F, 80 343, 46	7 7 7	19.8.8 (1918 L	18016 18016 18038/100	(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Remarks taken from Army Form B. a	2	22.2.18 X.16 45.	23.8 8 7 1848. 4223 18 18 213 7 2443 Do 106	3027/8 8. 4. 18 80. 24 42 32	16659U	S. S.	of a sain that has an organization of the sain of the
Date.	the 10	Market British Co.	Dela Story 2318	8 Cong 28.8.18	4 87	Rouelles A.	A material control of the control of
Record of promotions, reductions, transfers,	reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. Thoughts the form the for	Thek to Del	Then from De	6. R 26 798 R DARS	Frence O'seas to	ed in ex England ed put to \$20 unit ren on other ght aggre o green.	name does to watered
1	1 4 7	great &	idnoour Lector	They keeping from a	RBAA. Pro	LG.B.B. F. March	The sid like discussifier to amounted
D son felte. Carite som Report.	15. 2 18 Beto.	10 24-2-18 go you	13 2 3 18 18 18 18 18 18 18 18 18 18 18 18 18	12 24 3 16 24.3.18.	3-8-18	16 8 ADU 1918 18 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	

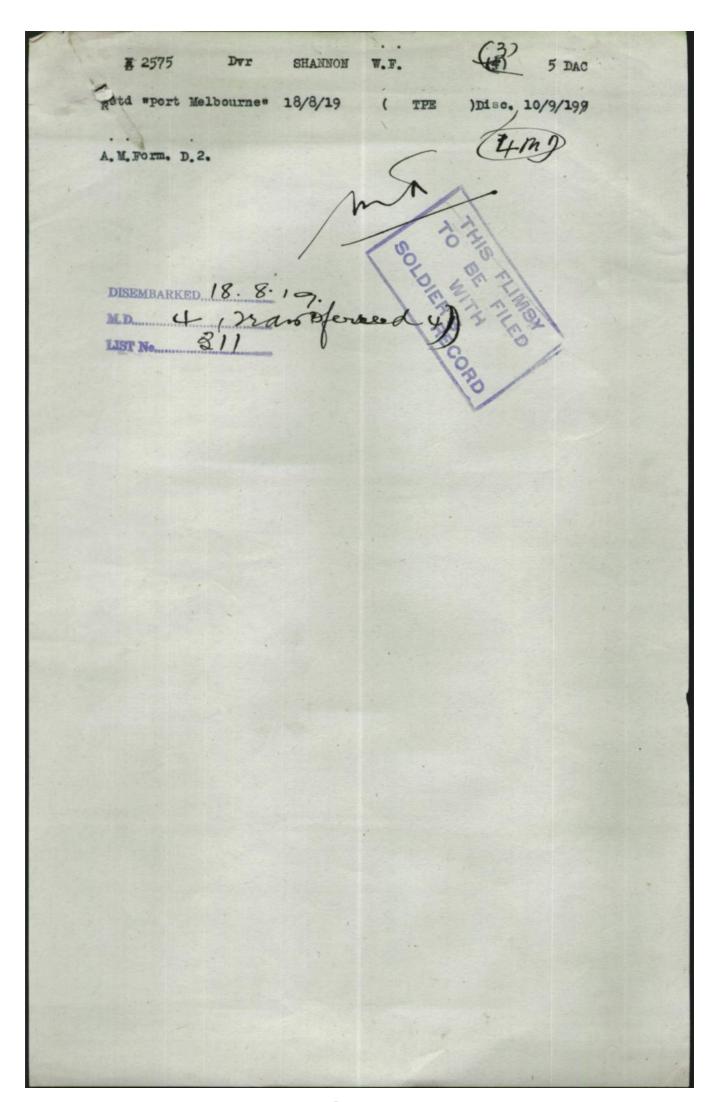
Army Form B. 103. Rapk Bert Lace Surname. C. Stended Bate of promotion to present rank. Extended Bate of promotion to present rank. Report Rep
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			Back	43				*	
Remarks	Taken from Army Form B.213, Army Form A.36, or other official documents	District of the second	Though of	0.44/74					
	Date of Casualty			94					
	Place of Casualty	1	Loudon.	6/19 in and.					
Document of moducines transfers resimilies	Record of promotions reductions, transfers, causaltos, &c., during active service, as reported on Army Form B 213, Army Form A 36, or in other official documents. The authority to be quoted in each case.	AND AS CONTROLLED TO SERVICE AND ASSESSMENT OF THE PARTY	Pyre for hellows	Deported 01. W. f. 11/6/19 in C.		*			
Report	whom rece		Jam.	6 Dry. 1					
	Date	Janes Land		34,00		1	1		The state of the s





Page 25



APPLICATION TO ENLIST IN THE AUSTRALIAN IMPERIAL FORCE.

To the Recruiting Officer		(OFFICIAL STAMP.)
at mell	man a	
	•	
I, wellian		Slannon
hereby offer myself for Enlistment Abroad, and undertake to enlist Military Authorities, within one m	in the manner prescribe onth from date hereof,	ed, if I am accepted by the
Postal Address.	7 Signature Will	an Francisch
Intonios Hotel	- 4	3.7.7.
Hinder Street	Occupation to	t10-1914.
cin	Date Sep	110-1917,
(For Identification purposes the ab	pove space should be filled in pe	ersonally by the Applicant.)
CONSENT OF PARENTS OR G	UARDIANS. (For Pers	ons under 21 years of age.)
I HEREBY CERTIFY that I approve of $my {son \atop ward}$ for Active Service Ab	f the above application, a	
Statement regarding Death or Absence of	Father's Signature	
either or both Parents.	Mother's Signature	
	or	
	Guardian's Signature	
PERSO	ONAL PARTICULARS.	
Age—yrs mos. Heig	ht— ft. ins.	Chest Measurement (fully expanded)—
Married. Widower. Single.		inches
	Y MEDICAL EXAMIN	inches
PRELIMINAR	Y MEDICAL EXAMIN	ATION.
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PRELIMINAR Decision of Medical Authority {FI UI Place I Concur Place CERTIFICATE I CERTIFY that I have this day pro	Signature of M. Signature of M.	inches ATION. reasons:— mature of Medical Authority. O. at Central Recruiting Depot. FFICER.

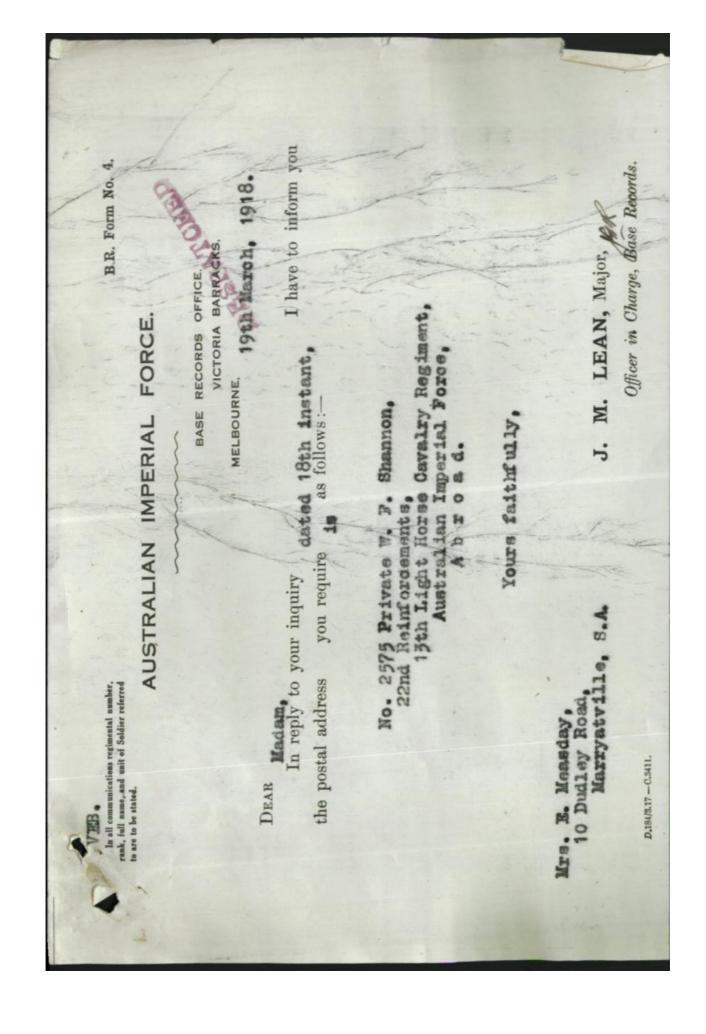
INSTRUCTIONS.

- (1) Application forms received by Recruiting Officers will not be handed back again to applicants, but will be passed direct to the Medical Practitioner, who will similarly return them to the Recruiting Officer, who will then forward them by post to the Officer in Charge of the Central Recruiting Depot to which recruits are instructed by them to report.
- (2) If an Applicant who has been rejected desires a copy of this certificate, it must be completed in duplicate at the time of Medical Examination, and the word "original" or "duplicate," as the case may be, will appear on top of the respective forms. Both copies will be forwarded to the Officer in Charge of the Central Recruiting Depot, where the duplicate will be impressed with the official stamp and then returned to the Applicant.
- (3) Copies will NOT be made of any certificates of acceptance. The word "Duplicate" will be struck out of such certificates, and they will be sent to the Officer in Charge of the Central Recruiting Depot by post.
- (4) Names of accepted applicants who do not report at Central Recruiting Depot within the prescribed time will be forwarded to the local Recruiting Officer for information.
- (5) When alternatives are shown on the front of the form such as:— Fit Unfit | Son Ward | Married Widower | Original Duplicate strike out the words which are not applicable.
- (6) Only those persons who fulfil the requirements in all other respects will be examined regarding medical fitness. These requirements may be ascertained by reference to daily newspapers and official posters.
- (7) The Central Recruiting Depot to which accepted applicants from various places will be sent for final medical examination will be determined by District Commandants. Recruiting Officers at outlying places will require to issue clear instructions to such applicants informing them where and when to report, and will forward the application forms in time to ensure that they will be in the hands of the Officer in Charge of the Central Recruiting Depot when the recruit reports for enlistment.

Spaces for identification by means of handwriting.

CERTIFICATE OF WILL.	SHANN GE	an) William Francis -4 13 # Right kerze	My Will is attached hereto.	W f Maune (Signature of Soldier.) (Verified) P. Camero S. (Signature of Soldier.)
	No. 757 NAMES (Surname)	Unit 22	My Will is a	C 7460.

10 Dudley Rd Marraboille South austalia Auch 18 41918 Officer Base Records Will you Mudley Lend me munder & address of Forse N. - Thannow 13 th Leger Aorse 22 nul Reinfreement Mrs aft medernine about 15th December, 1914 I have received a atte from how from alexander Foto as he minted ! hunter and addles I cannot reply. I growed like I be whee I do do he requests papers I letters hi he kent + are fire it is an over sight on her part as I Muro he is austred I hear, (M/20) E. Measday MAR 19 1918 RECEIVED.



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