



Australian Government



NATIONAL  
ARCHIVES  
OF AUSTRALIA

# Your story, our history

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

**NAA: B884, QF269490**

Series number: B884

Control symbol: QF269490

Barcode: 4656428

Number of pages: 7

ORR JOYCE : Service Number - QF269490 : Date of birth - 06 Nov 1924 : Place of birth - CHARTERS  
TOWERS QLD : Place of enlistment - REDBANK QLD : Next of Kin - ORR ALEXANDER

AUSTRALIAN



MILITARY FORCES.

# 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. 269490  
 Surname ORR (BLOCK CAPITALS) Christian Names JOYCE  
 Unit awas  
 Enlisted for war service at Recruiting Depot, Redbank (Place)  
Plant (State) 9-2-43 (Date)

A

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

1. What is your name? .. .. .	1. Surname <u>ORR</u> (BLOCK CAPITALS)
	Other names <u>JOYCE</u>
2. Where were you born? .. .. .	2. In or near the town of <u>Charter Towers</u>
	In the state or country of <u>Queensland.</u>
3. Are you a British Subject? .. .. .	3. <u>N.B.S.</u>
4. What is your age and date of birth? .. .. .	4. Age <u>18 1/2 yrs.</u>
	Date of Birth <u>6 Nov '24.</u>
5. (a) What is your normal trade or occupation? Grade if any? ..	5. (a) <u>Domestic</u>
(b) Present occupation? .. .. .	(b) <u>Domestic</u>
6. (a) Are you married, single or widower? .. .. .	6. (a) <u>Single</u>
(b) If married state date of marriage? .. .. .	(b) <u>-</u>
7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm? ..	7. (a) <u>No.</u>
(b) What was the reason for your discharge? .. .. .	(b) <u>-</u>
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 <u>Alexander Orr.</u>
	Address <u>Duarunga, Q.</u>
	<u>Shingwe via Envald's Q.</u>
	Relationship <u>Father</u>
	9. <u>Duarunga, Q.</u>
9. What is your permanent address? .. .. .	10. <u>Methodist</u>
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) ..	1. Certificate for entry to Secondary School <u>State School 5th grade.</u>
	2. Intermediate .. .. .
11. Which, if any, of the following Educational Qualifications do you possess? .. .. .	3. Leaving .. .. .
	4. Leaving Honours .. .. .
	5. Technical .. .. .
	6. University Degree .. .. .
	7. Other Diplomas <u>-</u>
12. Have you ever been convicted by a Civil Court? .. .. .	12. <u>No. J.D.</u>
If so—(a) What Court? .. .. .	(a) <u>-</u>
(b) For what offence? .. .. .	(b) <u>-</u>

I, Joyce Orr. do solemnly declare that the above answers made by me to the above questions are true.  
 Witnessed by J.E. McKeekin Lieut. (Signature of Attesting or Witnessing Officer.) Joyce Orr (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.



B

MEDICAL EXAMINATION

0269490

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. *Class A. 1.*
- 2. Temporarily unfit for Class I †
- 3. Fit for Class II.
- 4. Temporarily unfit for Class II †
- 5. Unfit for military service †

Place *City R.D.* Date *3. 2. 43.*  
 Signature of Examining Medical Officer *Henry E. Brown (Lieut. Colonel)*

\* Classifications which are inapplicable to be struck out. † Reason for unfitness to be stated.

C

OATH OF ENLISTMENT †

For persons enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces 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 *Joyce Orr* 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!

Signature of Person Enlisted *Joyce Orr*  
 Subscribed at *Redbank* in the State of *Q. Land*  
 this *1st* day of *March* 19*43*

Before me—

Signature of Attesting Officer *Stephen Carr.*

† 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.

**DISCHARGED** *C.D.*  
*7. 2. 46.*  
*(J) Comp Grounds.*  
*D/C 356847*  
*Auth. AAF A102.*  
*1/3/43*



**PROCEEDINGS FOR DISCHARGE.**

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

**PART A—Compiled by Unit:**

Discharge Authority: <u>W.C. 7 A.A.C.S. Officers Club</u>	LT.
Reason for Discharge: <u>Comp. Discharge</u>	
State in which discharge desired—Normally State in which member's home is situated.	<u>Q</u>

**7 A.A.C.S. OFFICERS CLUB**

Unit AWAS Army No. Q.F. 269490 Rank Pfc

Other Names Joyce

Surname ORR  
(Block Letters)

**PART B—Personal details—compiled by Unit:**

1. Home address Springsure  
Date commenced F.T.D. 1/3/43 Date of Birth 6/11/24

State whether:—  
Married, single, divorced, widow or widower Single

2. Present Description of Soldier:—  
Age 20 yrs. 10 months  
Height 5 ft. 2 ins. Eyes Blue  
Complexion Med Hair Brown  
Marks/Scars L. Thumb

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

Medical Cases Only AMR & O 253A (1) (d)	Disability:— <u>A1</u>
Degree of Disability	.....%
Authenticating Signature	
Date	/ /
For Echelon Use:—	

3. Operational Service:—  
(a) Overseas area of service

Embarked from Aust.	/ /	Disembarked in Aust.	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

(b) N.T. (North of Par. 14½° Sth.) or Torres St. Is.:—  
At From To  
/ / / / / / / /

Part B compiled by:—  
Date / /

[Signature]  
(Officer's signature and rank)

**PART C—Compiled by Ech. and Rec.:**

4. Non-effective Service:\*

**PART D—Compiled by Ech. & Rec.:**

5. Details for Certificate of Discharge No. 356847  
Unit (for discharge purposes) AWAS  
Served on continuous Full Time War Service in the AWAS from 1/3/43 to 7/2/46  
from / / to / /  
for a Total Effective Period\* of 1075 days, which included  
Active Service in Australiat. 1075 days and  
Active Service O/S Australiat. — days  
Decorations and Awards† during that Service:

War Badge Class and No. — Entered Badge Register  
Discharged from the — and discharge confirmed vide Schedule No. 888888 to take effect on and from / /

6. Details compiled by [Signature] checked by [Signature]  
Entered Discharge Certificate Register  
Place — Signature — Ech. and Rec. —  
Date / / Officer i/c — Ech. and Rec. —  
A.A.F. A.101 written by [Signature] checked by [Signature]  
Entered Discharge Certificate Register  
Entered "Wills" Register. [Signature]

**PART E—To be signed by Soldier on discharge:**

7. I hereby acknowledge receipt of: 356847  
(a) Certificate of Discharge No. 356847  
(b) Army Form A.131 purporting to contain my Will.  
(c) War Badge No. —

Date — Signature of Soldier [Signature]  
Place — Signature of Witness [Signature]

\* "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.



**DETERMINATION OF DEMOBILIZATION PRIORITY**

DEMOB. INDICATOR	
Q.F.	N
	85

A. ARMY NO. Q.F. 269490 RANK Pfc UNIT 7 A.A.C.S. OFFICERS UB  
 SURNAME ORR  
 OTHER NAMES Joyse

Date of Commencement of Full Time War Service 1/3/43 Age at commencement of Full Time War Service 18 years.

**B. ASSESSMENT OF NORMAL PRIORITY.**

- |   |                                 |           |
|---|---------------------------------|-----------|
| 1. Length of Service in months  | X 2 (males) or 31 X 1 (females) | Points    |
| 2. Age at enlistment in years   | X 2 (males) or 18 X 3 (females) | 31        |
| 3. Dependency Status (males only)—one point for each month of Service |                                 | 54        |
| 4. Dependency Status (females only)—insert "A"                        |                                 |           |
| 5. Marriage (females only)  | —insert "B"                     |           |
| 6. Records and assessment checked.                                    |                                 |           |
| Total (Normal Priority)   |                                 | <u>85</u> |

Date 25/9/45 Signature of Officer [Signature]

I desire discharge in the State of Queensland O.C. 7 A.A.C.S. Officers Club

8. I intend to apply—  
 \* (i) For service in the Permanent Military Forces.  
 \* (ii) For service throughout the Demob. period.

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

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. ALLOTMENT OF SPECIAL PRIORITY.**

Reason and Authority \_\_\_\_\_  
 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 commencement of full-time war service.  
**DEPENDANCY STATUS.**—Accorded only to members on whose behalf an allowance is being paid by the Army for one or more dependants.  
**MARRIAGE.**—Claims by female members for discharge on account of marriage will not be recognised if such marriage has not been reported, and in consequence has not been entered in their personal records.  
**†PART C.—REASONS FOR RETENTION**—to be inserted as appropriate  
 (i) Member of Permanent Military Forces;  
 (ii) Applicant for Permanent Military Forces.  
 (iii) Service throughout Demob. period—voluntary.  
 (iv) Services essential—Retained until \_\_\_\_\_  
 Authority \_\_\_\_\_

\*Strike out where appropriate



CARTEEN MICH/PAINT.

A.F. B. 103-1 (Adapted)

# SERVICE AND CASUALTY FORM

Army No. **Q F 269190**

## A 102 CHECKED

Unit **A D C S**  
Surname **OKS**

Christian Names **Joyce**

Rank **1/c** (On Enlistment)

Date of Enlistment **1-3-43**

Place **Rebant. D.**

Date and Place of Birth **6-11-24 Charles Towns &**

Trade or Occupation **Domestic**

Religion **Method**

Marital Condition **Single**

Next of Kin **Alexander Orr**

Address of Next of Kin **~~Springure~~ SPRINGURE**

V.A. **EMERALD Island.**

Relationship **Father**

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

Identification—Colour of Hair **Brown** Eyes **Blue**  
Distinctive Marks **Scar 2 thumb (cut)**

Director-General District Recorder Office

CERTIFIED TRUE COPY

NOTHING TO BE WRITTEN IN THIS SPACE.

Date	REPORT	From whom received	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, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, etc.)	Date of Casualty	Place of Casualty	Authority of Officer Certifying Correctness of Entries
1-3-43	AWAS		T.O.S. Group 4 (M)	13/43	None	M/S/O W 3017
16-3-43	Mo/Ship		upon 6 Rts. 4x R.R.D	16/43	"	"
16-4-43			found a 6 A.D.C.S. Inlet	16/43		"
16-4-43	A.D.C.S.		T.O.S. from 1. AWAS. Ship 1st	12/43		"
1-7-43	"		Transferred to O.H. Tommerville at Herlin	21/43		"
1-7-43	O.H. at Herlin		Table on strength from A.D.C.S. L.H.Q. Port.	1/43		"
18-9-43	A.D.C.S.		Relinquished Group III (M) (M)	30/3754		"
20-5-44	3 A.D.C.S. Officers Club		Trans out to 2 A.D.C.S. Officers Club.	6/		30.1/44/44
20-5-44	7 A.D.C.S. Officers Club		Trans in from 3 A.D.C.S. Officers Club.	6/		30.1/44/44
23-3-45	✓ 3 A.D.C.S. Officers Club		S/D 7/5 6 3 A.D.C.S. Officers Club.	4/45		30.1/45/45
31-3-45	3 A.D.C.S. Officers Club		S/1 down 7 A.D.C.S. Officers Club.	5/45		30.1/45/45

W/V 1/1/44



NOTHING TO BE WRITTEN IN THIS SPACE.

Date	REPORT From whom received	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 furrough, etc.).	Date of Casualty	Place of Casualty	Authority W 3011, B 2092 or other Document	Initials of Officer Certifying Correctness of Entries
25-8-45	7AHWS	MIA out to 7AHWS Club 3/4/45	20-8-45		3013/22	JH
24-8-45	7AHWS Club	Trans in from 7AHWS Club Det	20-8-45	-	3014/243	JH
8-9-45	7AHWS Club	N.O.K. Change of Address from Springfield via Emerald Island 13/45 5-9-45	5-9-45	Orland	3014/245	JH
7-2-46	J	S/D trans out to 1AW AS Cont Unit for discharge 3/46	7-2-46		MEMO	JH
19-2-46	1 A.W.S. Comp Unit	MIA for discharge from 7 A.A.C.S. Off. Club 5/46	7-2-46		MEMO	JH

102 CHECKED

DISPATCHES REASON AND C. O. 2053, 211, 212  
Authority: A.M.R. 5.0.255, Cal. 261, 11.11  
R/O 7/2/46

7/2/46  
Frager  
Rudoloff



