



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, N377456

Series number: B884

Control symbol: N377456

Barcode: 6161621

Number of pages: 11

ROBBIE JOSEPH EMANUEL : Service Number - N377456 : Date of birth - 05 Jan 1895 : Place of birth -
CHOTLEY BRIDGE ENGLAND : Place of enlistment - CROOKWELL NSW : Next of Kin - ROBBIE MIMIE



ORIGINAL
PASSED TO
AUSTRALIAN
R.S.



MILITARY FORCES.

A.A. Form Mob. 1.
(Revised Dec., 1941.)

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. N377456
Surname ROBBIE Christian Names Joseph Emanuel
(BLOCK CAPITALS.)
Unit
Enlisted for war service at Crookwell (Place)
N.S.W. (State) 26. 3. 42 (Date)

A

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

	CHECKED	DATE	INTL.
1. What is your name? ..	D. 1		
2. Where were you born?	M. 2	18/11	
3. Are you a British subject?	1. 103		
4. What is your age and date of Birth?	B 103 Card		

1. Surname ROBBIE
(BLOCK CAPITALS.)
Other names Joseph Emanuel

2. In or near the town of CHOTLEY BRIDGE
In the state or country of ENGLAND

3. Yes

4. Age 47 yrs 2 months
Date of Birth 5th January, 1895

5. (a)
(b) BREADCARTER

6. (a) Married
(b)

7. (a)
(b)

8. Name Mimie Melva Robbie,
Address Oram & Bray Sts,
CROOKWELL.
Relationship WIFE

9. Oram & Bray Sts,
CROOKWELL.

10.

1. Certificate for entry to Secondary School no
2. Intermediate no
3. Leaving no
4. Leaving Honours no
5. Technical no
6. University Degree no
7. Other Diplomas no

12. Have you ever been convicted by a Civil Court?
If so—(a) What Court?
(b) For what offence?

I, JOSEPH EMANUEL ROBBIE, do solemnly declare that the above answers made by me to the above questions are true.
Witnessed by [Signature] [Signature]
(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.

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.

2. Temporarily unfit for Class I.

3. Fit for Class II. *A. V. D. C.*

4. Temporarily unfit for Class II.

5. Unfit for military service.

Place *CROOKWELL*Date *26. 3. 42*Signature of Examining Medical Officer *H. J. L. Smith*

*Classifications which are inapplicable to be struck out.

Reasons for unfitness to be stated.

Tabanus 26. 3. 1942

C

OATH OF ENLISTMENT.†

For persons voluntarily 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, *JOSEPH EMANUEL ROBBIE* 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 *J. E. Robbie*Subscribed at *CROOKWELL*in the State of *N.S.W.*this *26th* day of *March* 19 *42*.

Before me—

Signature of Attesting Officer *Barry Duff*

† 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.

Can you—

(a) Drive a motor car? *no*(g) Write shorthand? *no*(b) Drive a motor lorry? *no*(h) Keep accounts? *no*(c) Ride a motor cycle? *no*(i) Undertake clerical duties? *no*(d) Make running repairs? *no*(j) Play band instrument? (state instrument) *no*(e) Cook? *no*(f) Use a typewriter? *no*

Have you any experience in—

(a) Signalling—Wireless? *no*(b) First Aid to injured? *no*,, Morse Code? *no*(c) Nursing? *no*(d) Butchering? *no*

Have you—

(a) Submitted a National Register Card? *yes*(c) Enrolled under Part IV D.A. for Universal Service? *yes*(b) Changed your address or occupation, since filling in National Register Card? *no*(d) If so in which Area? *3A V.D.C.*

NOTHING TO BE WRITTEN IN THIS SPACE.

[illegible]



COVER FOR PERSONAL DOCUMENTS.

Army No. N377456

Surname ROBBIE
(BLOCK CAPITALS.)

Other names Joseph Emanuel

Rank Unit V.D.C.P.I.D.

No 10

Army No.

Surname

(BLOCK CAPITALS.)

Other names

Rank

Unit



COMMONWEALTH



OF AUSTRALIA

A.A. Form, M.3A.
(Introduced December, 1940).

Enrolment Form for Military Service for Home Defence

(Defence Act 1903-1939—Part IV)

PERSONAL INFORMATION.

Name of Person { Surname (block letters) **ROBBIE**
to be Enrolled { Other Names (in full) **JOSEPH EMANUEL**
Date of Birth **JANUARY 5TH** day of **1895**
Town and Country of Birth **CHOTLEY BRIDGE ENGLAND**
Nationality **BRITISH**
Postal Address of Place of Abode **ORAM AND BRAY STS**
CROOKWELL State **N.S.W.**

(Any subsequent Change of Address should be at once notified to the Area Officer of the Area in which enrolled.)

Full particulars of any previous Naval, Military, or Air Force Service
3 1/2 years Infantry A.I.F.

Marital Condition (married, single, or widower) **MARRIED**
(Persons subsequently marrying should at once notify the Area Officer of the Area in which they are enrolled.)

Dependants (if any) **WIFE and DAUGHTER 12 yrs**

INFORMATION REGARDING EMPLOYMENT.

(Any subsequent change from or to a Reserved Occupation should be notified at once to the Area Officer of the Area in which enrolled.)

Trade (and Grade, if any)
Present Occupation **BREDCARTER**
Initials and Name of Employer **N.E. WAKELY**
Postal Address of Employer **GOULBURN ST CROOKWELL**

INFORMATION REGARDING NEXT OF KIN.

Name of Next of Kin { Surname (block letters) **ROBBIE**
Other Names (in full) **MIMIE. MELVA**

Nationality **BRITISH**

Relationship to Persons to be Enrolled **WIFE**

Occupation **DOMESTIC DUTIES**

Postal Address of Place of Abode **ORAM AND BRAY STS**
CROOKWELL N.S.W.

If exemption from military service is claimed, state the reason below :—

CERTIFICATE

I Certify that to the best of my knowledge and belief, the foregoing statements are true in every respect.

Dated **10./3./1942**

J.E. Robbie
(Signature of Person making the Enrolment.)

If you have any preference for any arm, or unit, state same.

(No guarantee can be given that allotment will be made to the arm or unit desired, but individual preferences will be considered, where possible.)

For address of Area Officer,
see notice at nearest Post
Office.

No. 3. Area Officer
Gouldburn

AREA OFFICER,

O.H.M.S.

Enrolment Form for Military
Service for Home Defence

STAMP

EXPLANATORY NOTES

1. The law requires every person liable to enrol to fill in an enrolment form and send it by post or deliver it to the area officer of the area in which he resides, or to the nearest area officer, or to a postmaster.

2 Refusal or neglect to give information required by any officer or person in order to enable him to comply with the provisions of the Defence Act relating to enrolment, or giving false information, is an offence. The penalty is imprisonment for three months or ten pounds for each item of information demanded and refused or neglected to be given, or falsely given.



Joseph Emanuel

TABLE I.

- †I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Date 26:3:42

Signature of Recruit

Examined on 26th day of march 1942

at CROOKWELL

Height 5 feet 8 inches.

Weight 140 lb.

Chest Measurement { Girth when full expanded.....30 3/4 inches.
Range of expansion.....3 1/2 inches.

Urine A-S

When vaccinated.

Blood Pressure, Systolic 160 Diastolic

Slight defects, but not sufficient to cause rejection.

(Details in Table VI.)

Examined by me and classified as follows:—

Classification: 11 11

Subsequent Medical Examinations:—

Classification:

Signature.....

Date 96.3.42

Signature Jabrun

Date Feb. 3. 1944

Signature.

Date _____

Signature.

Date _____

* Only to be answered if the recruit has had active service.

† The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act.

† In accordance with S.O. A.A.M.S., reason for unfitness to be stated.

[illegible][illegible]

Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

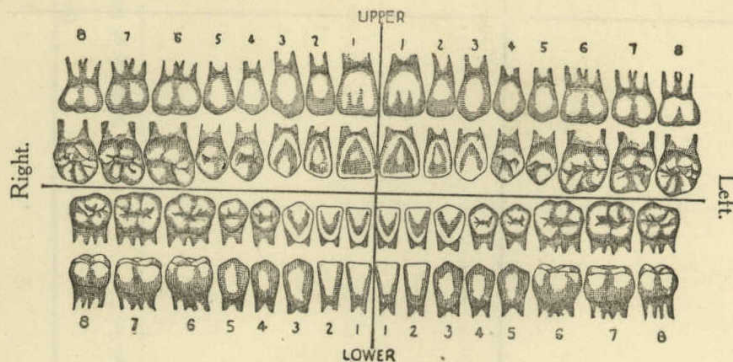
Signature of M.O. _____

377456

TABLE V.

(Not required to be filled in at time of Medical Examination on Mobilization.)

Dental condition on first examination:—



No alteration or addition will be made to this chart after the dental condition has been recorded.

Dental Requirements:—

Symbols to be used by Dental Officer.

Dentally fit .. Dentally fit	Gingivitis G
Missing .. M	Scaling required Sc.
Unerupted .. U	Dentures—Full Upper .. FU
Extraction required X	„ Full Lower .. FL
Filling required Y	„ Part Upper PU (No. of teeth.....)
Restored tooth R	„ Part Lower PL (No. of teeth.....)

In Situ Reqd.

NOTE.—Teeth replaced by a denture to be marked "D."

Place.....

Signature.....

Date..... Rank.....

Dental Officer.

TABLE VI.

Details of defects detected which are not such as to cause rejection.

TABLE VII.

Report of X-Ray Examination of Chest.

ATTESTED
(as per Attestation Form)