

(1) SOLDIER'S NAME and DESCRIPTION on ATTESTATION

Army Number 5/1469042
 Surname (in capitals) THOMPSON
 Christian Names (in full) THOMAS GEORGE ALAN
 Date of Birth 6 JAN 1919
 Place of Birth: Parish COLERAINE
 In or near the town of COLERAINE
 In the county of LONDONDERRY, N. IRELAND
 Trade on Enlistment CLERK
 Nationality of Father at birth IRISH
 Nationality of Mother at birth IRISH
 Religious Denomination CHURCH OF IRELAND
 Approved Society
 Membership No.
 Enlisted at COLERAINE On 11 MAR 39
 For the: -
 * Regular Army. * Supplementary Reserve.
 * Territorial Army. * Army Reserve Section D.
 * Strike out those inapplicable.
 For years with the Colours and years in the Reserve.
 Signature of Soldier [Signature]
 Date 20/8/40

LP: 03. 81. 40. D

DESCRIPTION ON ENLISTMENT.

Height 5 ft. 9 3/4 ins. Weight 140 lbs.
 Maximum Chest 37 1/2 ins. Complexion FRESH
 Eyes BLUE Hair FAIR
 Distinctive Marks and Minor Defects
Embedded on 24.8.39
H/SGR. 26C (2/2) S LAZARUS CAPT RA.
6.5.45.
RE ENGAGED - 5 YRS CONVOY & 7 YRS RESERVE
29.6.48.
EXTENDED & COMPLETE 2 YRS
CONDITION OF TRANSFER TO RESERVE
EXTENDED TO COMPLETE 22 YRS.
4.3.57.
 Found fit for
 Defects or History of past illness which should be enquired into if called up for Service.
 Date 19
 Initials of M.O. i/c.

PARTICULARS OF TRAINING.

| Courses and Schools, Specialist Qualifications, Showing result. | Date. | Initials of Officer. |
|---|----------|----------------------|
| 4 YRS SERVICE CHEERONS | 31.3.44 | P |
| AWARDED ARICA STAR AND 8 th ARMY CLASP. | DEC 43 | P |
| AWARDED 1939-40 STAR | AUG 45 | P |
| 40 - FRANCE-GERMANY STAR | AUG 45 | P |
| 40 - TERRITORIAL EFFEC MEDAL | SEP 45 | P |
| 40 - DEFENCE MEDAL | --- | P |
| PASSED 1st CLASS CERT OF FOUR | MAR 50 | P |
| GLASGOW - S.C.O. 146A/50 | | |
| PASSED CLASS II 'C' DRIVING TEST - HADSFIELD GERMANY | 7 49 | |
| PASSED NO 1 DRILL CERTIFICATE AT GLASGOW - 28 DEC P III Omen | 14.12.50 | P |
| no 2 - 17/1/51 | | |
| ATTENDED SENIOR CHEER WAR COURSE - BLACKDOWN HANTS | 25.9.50 | P |
| (NO 2 TECH ON ROSE) - RESULT 'C' | 21.10.50 | P |
| 28 DEC P III Omen NO 2 - 17/1/51 | | |
| PASSED NO 2 DRILL CERTIFICATE AT GLASGOW - 28 DEC P III Omen | 24.6.51 | |
| no 6 dated 7 JUNE 51. | | |
| Cambridge GCE in English. | JUN 1955 | P |

RECORD OF EMPLOYMENT AS AN ARMY TRADESMAN. (For men in receipt of tradesman's rates of pay only.)

| Trade. | Group. | Class. | Remarks, e.g. On enlistment; Re-classified; Re-mustered, etc. | Date. | Initials of Officer. |
|-------------------|--------|--------|---|----------|----------------------|
| UNIT CLERK | C | III b. | MUSTERED | 10.11.42 | P |
| REMAINISHED TRADE | | | 29.6.44 | | |
| UNIT CLERK | C | III | MUSTERED | 26.8.46 | P |
| CLERK | C | II | PASSED TRADE TEST 23.2.51 | | |
| | | | (28 DEC P III Omen) | | |
| CLERK. | B. | I | NO 4 - 21/5/51 | 13.7.53 | P |
| | | | Passed Trade Test for C.I.I. | | |
| | | | (196.11.1953) | | |
| | | | (208.55.57.5.1954) | | |

dated and signed by him at the foot of the document. A soldier of Scottish domicile can dispose by Will of movable property, at any time, when of the age of 14 years or over, but heritable property situated in Scotland cannot be disposed of by Will by a soldier under 21 years of age, unless he is at the time on active service in the field or under orders for active service. Heritable property includes land and houses and rights in and to the same; movable property includes money, stocks, shares and certificates of money value, jewellery and other personal articles.

11. When any of the forms of Will on pages 15 to 20 have been completed by the soldier, it is in his interests to have the Will placed in safe custody, and Officers i/c Records have special facilities for doing this. The soldier should, therefore, on completing either of the Will forms, ask the Officer Commanding the Company, etc., to extract the Will from Army Book 64, and to arrange its despatch to the Officer i/c Records concerned, the counterfoil slip being completed by the Officer who extracts the Will.

Army Form B. 2089.
ON COMPLETION TO BE DESPATCHED TO
OFFICER IN CHARGE RECORDS BY
O.C. UNIT.

FORM OF WILL to be used by a soldier desirous of leaving the whole of his Property and Effects to one person.
(See page 17 for FORM OF WILL leaving legacies to more than one person.)

(a) Signature of soldier in full. I, (a) _____

(b) Rank and army number. (b) _____

(c) Regiment. (c) _____

hereby revoke all Wills heretofore made by me at any time, and declare this to be my last Will and Testament.

(d) Name and address of Executor. I appoint (d) _____

to be the Executor of this my Will. After payment of my just Debts and Funeral Expenses, I give all my Estate and Effects, and everything that I can give or dispose of to my (e) _____

(e) Insert "friend," or, if a relative, in what degree.

(f) Full name (f) _____ and address of person.

To whom sent

Date Will extracted
Signature of Officer

(g) Date. Signed this (g) _____ day of _____
19 _____

(h) Signature (h) _____ of soldier.

(i) Insert full name of soldier making Will. Signed and acknowledged by the said (i) _____

the same having been previously read over to him as and for his last Will, in the presence of us, present at the same time, who, in his presence, at his request, and in the presence of each other, have hereto subscribed our names as Witnesses.*

(j) Witnesses (j) _____ to sign here.

(k) Add ad- (k) _____ dresses in full.

(j) _____

(k) _____

* N.B.—Witnesses must NOT be persons intended to benefit under the Will, or husbands or wives of such persons.

To whom sent

Date Will extracted
Signature of Officer

Army Form B. 2089.

ON COMPLETION TO BE DESPATCHED TO
OFFICER IN CHARGE RECORDS BY
O.C. UNIT.

FORM OF WILL to be used by a soldier desirous of leaving legacies to some one or more persons, and the residue to another or others.

(See page 15 for FORM OF WILL leaving everything to one person.)

(a) Signature of soldier in full. I, (a) _____

(b) Rank and army number. (b) _____

(c) Regiment. (c) _____

hereby revoke all Wills heretofore made by me at any time, and declare this to be my last Will and Testament.

(d) Name and address of Executor. I appoint (d) _____

to be the Executor of this my Will.

After payment of my just Debts and Funeral Expenses I give to my (e) _____

(e) Insert "friend," or, if a relative, in what degree.

(f) Full name (f) _____
and address of
person. _____

(e) State arti- (e) _____
cles or money
intended to be
given. and I give to my (e) _____

(f) _____

(e) _____
All the rest of my Estate and Effects,
and everything that I can give or dispose
of, I give and bequeath absolutely to my

(e) _____

(f) _____

(h) Date. Signed this (h) _____ day of _____ 19____

(i) Signature (i) _____
of soldier. Signed and acknowledged by the said

(j) Full name (j) _____
of soldier making Will. the same having been previously read over
to him as and for his last Will, in the
presence of us, present at the same time,
who, in his presence, at his request, and in
the presence of each other, have hereunto
subscribed our names as Witnesses.*

(k) Witnesses (k) _____
to sign here. _____

(l) Add ad- (l) _____
dresses in full. _____

(k) _____

(l) _____

* See footnote, page 16.

SOLELY FOR USE ON ACTIVE SERVICE. The Will on
page 20 must **NOT** be used until you have been placed under
orders for Active Service.

SHORT FORM OF WILL.

(Write Will on next page.)

If a soldier on active service, or under orders for active service,
wishes to make a short Will, he may do so on the next page. It
**must be entirely in his own handwriting, and must be signed
by him and dated.** The full names and addresses of the persons
whom he desires to benefit, and the sum of money or the articles
of property which he desires to leave to them, must be clearly
stated. The mere entry of the name of an intended legatee on
the next page without any mention of what the legatee is to
receive is of no legal value.

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give the whole of my property and
effects to my mother, Mrs. Mary Bull, 999, High Street, Aldershot.
(Signature) GEORGE BULL,
 Fusilier, No. 1973, Royal Fusiliers.

Date 5th August, 1914.

The following is a specimen of a Will leaving legacies to more
than one person:—

In the event of my death I give £10 to my friend, Miss Rose
Smith, of No. 1, High Street, London, and I give £5 to my
sister, Miss Maud Bull, 999, High Street, Aldershot, and I give
the remaining part of my property to my mother, Mrs. Mary
Bull, 999, High Street, Aldershot.

(Signature) GEORGE BULL,
 Fusilier, No. 1973, Royal Fusiliers.

Date 5th August, 1914.

Soldiers are, however, recommended to make a formal Will before
embarkation on A.F.S. 2089, or one of the forms of formal Will
provided on p. 15 and p. 17, and to hand it to their Commanding
Officer for transmission to the Record Office for safe custody.

To whom sent

Date Will extracted
Signature of Officer

Instructions to a soldier if he/she is taken ill or requires urgent medical or dental treatment while absent from his/her unit.

1. Report in person to the nearest Service medical establishment or a unit at which a Service Medical Officer is posted for duty.

2. If unable, because of your illness, to report in person, you should send a message to the nearest military unit and ask for instructions.

3. If unable to do either (1) or (2) because of distance involved (over two miles) you may visit, or call in, the nearest civilian medical practitioner, to whom you will show your leave pass if you are on leave or sick leave, or show this book if you are properly absent from your unit for any other reason.

It is YOUR DUTY TO RETURN TO YOUR UNIT ON THE DATE ON WHICH YOUR LEAVE OR OTHER ABSENCE EXPIRES, UNLESS THE DOCTOR IN ATTENDANCE OR YOU CONSIDER THAT YOU ARE UNFIT TO TRAVEL TO YOUR UNIT AND GIVE YOU A CERTIFICATE TO THIS EFFECT.

If, through illness, you are unable to travel at the time you are due to return from any authorized absence and are under the care of a civilian doctor, you must obtain a certificate in that effect from the doctor and forward it at once to your Commanding Officer. The certificate must show clearly the name, address and telephone number of the doctor certifying your unfitness. The doctor will claim his fees direct from the Army. You will not have to pay them.

4. You may claim refund of payments made for the civilian medical practitioner's prescriptions on presentation of the receipt(s) to your Commanding Officer. Such receipt(s) should show your name and the chemist's dispensing number.

5. Emergency dental treatment should be obtained from the nearest Army Dental Centre if within two miles of your leave address. Failing this you may consult any civilian practitioner.

If the civilian practitioner is within the National Health Service he will, if you are over 21 years of age, ask you to pay for such treatment up to a maximum of £1 and will give you a receipt on Form E.C. 64. On production of this form to your Commanding Officer the amount paid by you will be refunded. If you are under 21 years of age, the civilian practitioner will make no charge.

If the civilian practitioner is outside the National Health Service you will be responsible for payment of his bill, for which you should obtain a receipt. The cost of emergency treatment at National Health Service rates up to a maximum of £1 will be refunded to you on presentation of the receipted bill to your Commanding Officer.

No other expenses incurred for dental treatment obtained from civilian sources will be met from Army funds.

Failure to comply with the above instructions may render you liable to bear the cost of medical or dental treatment yourself.

To the Civilian Practitioner

(a) When a soldier is sick at the time he is due to return to his unit from leave or any other authorized absence and a civilian medical practitioner is in attendance, the latter should be guided in the action he takes solely by the soldier's fitness or unfitness to travel.

(b) If the soldier is fit to travel he should be instructed to return to his unit and report sick to his medical officer. If he is considered unfit to travel, he should be furnished with a certificate to that effect to be forwarded to his Commanding Officer and at the same time be instructed to notify the nearest military medical establishment. The certificate should specify the date, time and show clearly the name, address and telephone number of the certifying practitioner. A certificate of unfitness for work, duty or employment would not be appropriate.

(c) If admission to hospital is necessary it is preferable that the soldier be admitted to a military or other service hospital. Failing this, admission should be to a National Health Service hospital.

(d) To obtain payment for attendance on a soldier, a civilian medical practitioner should satisfy himself that the foregoing instructions have been carried out. He should submit his claim on A.F. O 1667 (the scale of fees allowed is set out on the reverse of this form), which may be obtained from the local executive council of the Ministry of Health, to the Assistant Director of Medical Services of the area in which he is practising.

(e) Civilian dental practitioners:

(i) If you have accepted service under the National Health Service.—Service personnel requiring dental treatment while on leave may receive such treatment under normal N.H.S. arrangements. The statutory charges should be recovered from the patient, if over 21 years of age, who should be given a receipt on Form E.C. 64. The statutory charges for emergency treatment will be refunded to the patient but no other payment will be made by the War Department.

(ii) If you have not accepted service under the National Health Service.—Initial responsibility for payment of your bill will rest upon the patient. The Department will, however, refund to the patient the cost of emergency treatment at N.H.S. rates to a maximum of £1, and you are requested therefore to differentiate in your account between emergency and other treatment.

THE FOLLOWING DOCS ARE REPAINED IN CAMP OFFICE: Yes + YF Cards

Yes.

B 64 PT I

NSP ON

R.L. BOH

INITIALS

50 6-51

Routine