

(FORMERLY BOOK 66)

ROYAL AIR FORCE

AIRMAN'S SERVICE

AND

PAY BOOK

THIS BOOK IS THE PROPERTY  
OF THE AIR MINISTRY, AND  
MUST BE SURRENDERED ON  
DEMAND

# ALL RANKS

**REMEMBER**—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

**BE ON YOUR GUARD** and report any suspicious individual.

Form 64  
(Formerly Form 64) (Part 1)

## ROYAL AIR FORCE AIRMAN'S SERVICE BOOK

### Instructions to Airmen.

1. You will be held personally responsible for the safe custody of this book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military, or air.
4. You must not alter or make any entry in the book, and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in Royal Air Force. Any change of name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.
6. If an airman wishes to make a short Will (see specimens see p. 9), he should do so on p. 10. It must be signed by him in the presence of two witnesses, both of whom must sign it in his and in one another's presence; but if the Will is made by an airman on active service, or under orders for active service, it does not require any witnesses' signatures. The full names and addresses of the persons whom he desires to benefit, and the sum of money or property which he desires to leave them, must be clearly stated.

It is also desirable that he should name a person to act as executor.

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1591984 2  
Official No. Service NUMBER  
Christian Names in full JACK  
Date of Birth 11.11.24 Region C of S.  
Occupation in Civil Life Goods Clerk  
Industrial Group A.C.  
Occupational Sub-Classification 193.31.  
Married or Widower (M) or Single (S) Single  
Date of (a) Attestation P. 3. 43.  
(M) Calling Up, Mobilisation, or Embedment  
Term of Service A.P.E.  
Signature of Airman J. Macdonald  
(Father)  
Name, Address, and Relationship of Person to be informed of casualties—  
60, F. H. Road  
New Cullinan  
West of London  
Signature and Rank of Officer at time of making entries Lt. Col.  
Date of making Entries 8.3.43

# BANK AND R.A.F. TRADE

Rank or Classification	Date of Effect	Authority	Signature and Rank of the Officer making the Entry.
DC/2	27.11.43	POR 25743	R. A. Finch - P/2

Trade	Date of Effect	Authority	Signature & Rank of the Officer making the Entry
DC/2	27.11.43	POR 25743	R. A. Finch - P/2

## Model, Clasp, Decorations, Mentions.

Particulars	Date and Authority	Signature and Rank of Officer

£667 B issued  
12<sup>12</sup>/<sub>13</sub> June

## Leave granted with Free Railway Warrant

From (date)	To (date)	Signature of Officer

[illegible]

### HIGHT VISUAL CAPACITY

- \*Exceptional.
- \*Above the average.
- \*Average.
- \*Below the average.

Shaw-Welsh and Hawk and 2001

1110

\* These items not applicable

### PROTECTIVE INOCULATION

[illegible]

## VACCINATION

Date	Rank	Signature and Rank of MJO
2 MAR 1943	1	H. M. CARSON S/LDR.

7  
**PRESCRIPTION FOR SPECTACLES.**

Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth. Centre	Date of Exam.
					Frame No. (or measurements)	Date of Issue
						Optician's Initials
Signature of M.O.						

**PARTICULARS OF ARTIFICIAL DENTURES.**

Particulars	Dental Centre	Date	Signature and Rank of D.O.

**BLOOD GROUP.**

Moss and International	Date	Signature and Rank of M.O.
23 MAR 1943	40	H. M. CARSON S/LDR.

**IDENTITY CARD AND PERMITS ISSUED**

Date of Issue	Form No.	Serial No.	Signature and Rank of Officer making Entry	Disposal
31 March 1944	1250	1599297	<i>Carson</i> No	

## Short Form of Will.

(See instruction 6 on page 1.)

An airman may make his will on the next page. He must sign it in the presence of two witnesses, both of whom must sign it in his and in one another's presence, unless he is on active service or under orders for active service, in which case, provided the will is in his own handwriting and signed by him and dated, it requires no witnesses. 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 :—

This is the last will and testament of Thomas Brown, A.C. 1, No. 1798, R.A.F. In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Brown, 949, High Street, Aldershot, and I appoint my father, Mr. W. Brown, as my executor. Dated this 1st day of August, 1918.

(Signed) THOMAS BROWN,

A.C. 1, No. 1798,

20th Squadron, Royal Air Force.

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

This is the last will and testament of Thomas Brown, A.C. 1, No. 1798, R.A.F. In the event of my death I give £30 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give £5 to my sister, Miss Sarah Brown, 949, High Street, Aldershot, and I give the remaining part of my property to my mother, Mrs. Mary Brown, 949, High Street, Aldershot; and I appoint my father, Mr. W. Brown, as my executor. Dated this 1st day of August, 1918.

(Signature) THOMAS BROWN,

A.C. 1, No. 1798,

20th Squadron, Royal Air Force.

## WILL

This is the last will and testament of

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Signed by the above named \_\_\_\_\_

as his last will and in the presence of us both being present at the same time, who in his presence and in the presence of each other have lawfully subscribed our names as witnesses.

(Airmen making Will to sign here.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Witnesses.

## SICKNESS WHILST ON LEAVE.

1. If when on leave or pass you are a contact of an infectious disease, you will notify your C.O. forthwith, and send a medical certificate showing the date of last exposure to infection. An individual on leave or pass, who requires medical aid, must if practicable, report to the nearest Naval, Military or Air Force Hospital or Sick Quarters, or other establishment where a Service Medical Officer is employed, or a Civil Hospital included under the Ministry of Health Emergency Scheme. If you should reside more than 2 miles from a Service Medical Establishment, and are unable, owing to your condition, to visit an Emergency Medical Service Hospital, although this may be within 2 miles, application may be made to a Civilian Medical Practitioner, to whom you will show this form; fees will then be allowed in accordance with the following scale.

## VISIT, MEDICINE AND CERTIFICATES.

	Visit to Surgery	If not more than 2 miles away	At Patient's Residence.
			Greater Distances.
Day .. ..	s. d.	s. d.	For each additional mile or part of a mile (in one direction only) night or day 6d. with a limit of £1 a visit.
Night 22.00 ..	3 0	4 6	
to 07.00 ..	..	6 0	

2. The "Distance Fee" is payable in one direction only and in respect only of the first case visited when more than one patient is attended in the neighbourhood on the same occasion. The fee shown in the third column will be allowable for each patient after the first, subject to the maximum limit of £1 17s. 6d. a day for all services.
3. You will report the employment of a Civilian Medical Practitioner at once to your C.O. enclosing the Practitioner's certificate. Claims for medical attendance will be submitted by the Medical Practitioner on form 1667 to your C.O.
4. In all cases where a Civilian Medical Practitioner does not certify that you are unfit to travel, you should return to your unit on the expiry of your leave, or report to the nearest Service Hospital.
5. The Civilian Medical Practitioner should in all certificates state whether or not the individual is fit to travel.
6. If you are unfit on account of sickness, to return to your unit, and are receiving treatment from a Service Medical Establishment, the C.O. of such Establishment will immediately communicate the fact to the C.O. of your unit.
7. You are warned that you are liable to make good the extra expense incurred by engaging the services of a Civilian Medical Practitioner at a distance from your residence, without reasonable cause.

