

FORM 64
PROBATION BOOK 64

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 so what immaterially he or she may believe.

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

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

BE ON YOUR GUARD and report any suspicious individual.

ROYAL AIR FORCE
AIRMAN'S SERVICE BOOK

Instructions to Airman.

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 in 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 (for specimens see p. 3) 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.

Wigton D 10

Official No. 1718320 Surname BROOKS
 Christian Names in full William Alfred
 Date of Birth 28/1/22 Religion R. of C.
 Occupation in Civil Life Clerk
 Industrial Group _____
 Occupational Sub-Classification _____
 Married or Widower (M.) or Single (S.) S
 Date of (a) Attestation 8/8/41
 (b) Calling Up, Mobilisation, or Embodiment 18/8/41
 Terms of Service R. of C.
 Signature of Airman W. A. Brooks

W. A. Brooks (Father)
 Name, Address, and Relationship of Person to be informed of casualties—

49 The Drive
North Harrow
Middx.

Signature and Rank of Officer at time of making entries E. D. Skilton 70

Date of making Entries 18 APR 1941

RANK AND R.A.F. TRADE

| Rank or Classification | Date of Effect | Authority | Signature and Rank of the Officer making the Entry |
|------------------------|----------------|------------|--|
| LAC | 22/11/41 | FOR 210/41 | <i>[Signature]</i> P/O. |
| T/SGT | 19.2.43 | 280 93/43 | <i>[Signature]</i> P/O. <i>[Signature]</i> |
| S/SGT | 16.2.44 | FOR 7/44 | |

| Trade | Date of Effect | Authority | Signature & Rank of the Officer making the Entry |
|---------------|----------------|------------|--|
| U/T Pilot (2) | 22/11/41 | FOR 210/41 | <i>[Signature]</i> P/O. |
| R/B. | 7.2.43 | 280 93/43 | <i>[Signature]</i> P/O. |

Medal, Clasp, Decorations, Mentions.

| Particulars | Date and Authority | Signature and Rank of Officer |
|-------------|--------------------|-------------------------------|
| | | |

Leave granted with Free Railway Warrant

| From (date) | To (date) | Signature of Officer |
|-------------|-----------|--|
| 1/11/41 | 6/11/41 | <i>[Signature]</i> P/O. <i>[Signature]</i> P/O. |
| 4.1.42 | 10.1.42 | |

MEDICAL CLASSIFICATION.

| Date | Category | Medical Board or Medical Exam. | Signature and Rank of M.O. |
|--------|-----------------|--------------------------------|----------------------------|
| 9-5-41 | FIT P/O/S/10 | ACSB DAFORD | SR S/L |
| 2-1-42 | EXCEL O.C. | EMSTY | J.H. Colman P/O |
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NIGHT VISUAL CAPACITY.

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

SR S/L
Signature and Rank of M.O.

Date 10-11-41

* Delete those not applicable.

PROTECTIVE INOCULATION.

| Date | Nature of | Signature and Rank of M.O. |
|----------|-----------|----------------------------|
| 26-9-41 | STAT | J.H. Colman P/O |
| 13-10-41 | 2ND STAT | SR S/L |
| " " | 2ND STAT | |
| 2-1-42 | TAA | J.H. Colman P/O |
| | | |
| | | |
| | | |
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| | | |
| | | |
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| | | |

VACCINATION.

| Date | Result | Signature and Rank of M.O. |
|---------|--------|----------------------------|
| 26-8-41 | + | SR S/L |
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| | | |
| | | |

7
PRESCRIPTION FOR SPECTACLES.

| Vision with Glasses | SPH | CYL | Axial Standard Notation | Vision with Glasses | Optical 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.

| Mean and International | Date | Signature and Rank of M.O. |
|------------------------|---------|----------------------------|
| 2A | 24/9/41 | SR S/L |

8
IDENTITY CARD AND PERMITS ISSUED

| Date of Issue | Form No. | Serial No. | Signature and Rank of Officer making Entry | Disposal |
|---------------|----------|------------|--|----------|
| 28/8/41 | 1250 | 1193360 | Baron | |
| | | | Hanson 4269 Ent 320 | |
| | | | Miss Dwell | |

9
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. 1793, R.A.F. In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Brown, 999, 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. 1793,
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. 1793, R.A.F. In the event of my death I give £10 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give 25 to my sister, Miss Sarah Brown, 999, High Street, Aldershot, and I give the remaining part of my property to my mother, Mrs. Mary Brown, 999, 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. 1793,
20th Squadron, Royal Air Force.

WILL.

This is the last will and testament of

William Alfred Brooks L.A.C No. 1318320
R.A.F. In the event of my death I
give the whole of my property & effects
to my mother, Mrs. Ethel Brooks,
43, The Drive, North Harrow, Middlesex, & I
appoint my father, Mr. A. H. Brooks, as
my executor.
Dated this 23rd day of November, 1918.

Signed by the above named.....

W. A. Brooks
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 hereunto
subscribed our names as witnesses.

W. G. Brooks

(Airman, making Will
to sign here.)

Name *J. G. East*

Address *40 Conisg FB
Glasgow S.W.S.*

Name *E. A. Evans*

Address *"Lanes" Green Hill*

*Marline Bridge Glasgow
Rambos S. Wales.*

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.
2. 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.

At Patient's Residence.

| | Visit to Surgery | If not more than 2 miles away | Greater Distances. |
|--------------------------------|---------------------|----------------------------------|---|
| Day | s. d. 3 0 | s. d. 4 6 | 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 to 07.00 | ... | ... 6 0 | |

3. 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.
4. 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.
5. 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.
6. The Civilian Medical Practitioner should in all certificates state whether or not the individual is fit to travel.
7. 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.
8. 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.

(*9997-8739) Wt. 18497-P861 500M 7/42 T.S. 700

