

FORM 84.
(Formerly Book 54)

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.

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. 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.

50-1375 W.L.33034/1225 60988 11/41 P.W.W. & Co. 25442

Official No. 1324708 Surname SAUNDERS
 Christian Names in full JOHN WALTER GIFFORD
 Date of Birth 6/7/22 Religion C of E
 Occupation in Civil Life Assistant Clerk
 Industrial Group _____
 Occupational Sub-Classification _____
 Married or Widower (M) or Single (S) S
 Date of (a) Attestation 11/9/41
 (b) Calling Up, Mobilisation, or Embodiment 21/12/42 11/9/41
 Terms of Service OPE
 Signature of Airman _____

 Name, Address, and Relationship of Person to be informed of casualties—
J.W. Saunders
3 The Grove
West Wickham, Kent.
 Signature and Rank of _____
 Officer at time of making entries _____
 Date of making Entries _____

RANK AND R.A.F. TRADE

Rank or Classification	Date of Effect	Authority	Signature and Rank of the Officer making the Entry
A.C.2	11/9/41		
L.A.C.	13/4/42	POR 67/42	THOMAS F10
Sgt	11/2/43	POR 34/43	THOMAS F10
Tp/O	11/2/45	POR 22/45	THOMAS F10

Trade	Date of Effect	Authority	Signature and Rank of the Officer making the Entry
Air fitter	22/4/42	POR 11/42	THOMAS F10

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

[illegible]

NIGHT VISUAL CAPACITY

- Is a registered
- Always the average
- Average
- Below the Average

Signature and Mark of M.D.

Response	Percentage
Yes	55%
No	45%

- **Debtors' Union and Application**

[illegible]

VACCINATION

Date	Result	Signature and Rank of M.O.

PRESCRIPTION FOR SPECTACLES.

Vision without 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.

Moss and International	Date	Signature and Rank of M.O.

IDENTITY CARD AND PERMITS ISSUED

Disposal	
Signature and Rank of Officer making Entry	
Serial No.	
Form No.	
Date of Issue	

Short Form of Will.

(See instruction 4 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 an 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, 26B, 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 £5 to my sister, Miss Sarah Brown, 26B, High Street, Aldershot, and I give the remaining part of my property to my mother, Mrs. Mary Brown, 26B, 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

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 hereunto 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	At Patient's Residence.	
		If not more than 2 miles away	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.