

FORM 24
PROPERTY BOOK 24

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.

Official No. 148224 Service MARCBRIGHT
Christian Name in full Robert Thomas Marcbright
Date of Birth 4/1/22 Religion CPA
Occupation in Civil Life Submarine Engineer

Industrial Group _____
Occupational Sub-Classification _____
Married or Widowed (M), or Single (S) S
Date of (a) Attestation 9/1/41
(b) Calling Up, Mobilisation, or Embarkment _____

Term of Service 2nd PE
Signature of airman R. T. Marcbright

Name, Address, and Relationship of Person to be Informed of Casualties—

W. Heath, 100, ...
W. Heath, 100, ...

Signature and Rank of Officer at time of making entries R. T. Marcbright

Date of making Entries 20.12.41

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RANK AND R.A.F. TRADE

Rank or Classification	Date of Effect	Authority	Signature and Rank of the Officer making the Entry
PLA.	9/1/41.	Yonon. 1580.	[Signature]
LAC	30/1/42	P.O.R. 58 Group	[Signature]
Sgt.	11/7/42		
F/Sgt	20/10/43	P.O.R. 3 GROUP	

Trade	Date of Effect	Authority	Signature & Rank of the Officer making the Entry
MS. II / BAR/LOG AIR BOMBER	9/1/41.	Yonon. 1580.	[Signature]

Medal, Claps, Decorations, Mentions.

Particulars	Date and Authority	Signature and Rank of Officer

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Leave granted with Free Railway Warrant

From (date)	To (date)	Signature of Officer

MEDICAL CLASSIFICATION.

Date	Category	Medical Board or Medical Examin.	Signature and Rank of M.O.
10-7-41	fit all.		Butts 76

NIGHT VISUAL CAPACITY.

*Exceptional.	Butts 76
*Above the average.	
*Average.	
*Below the average.	
Date 10-7-41	

* Delete those not applicable.

PROTECTIVE INOCULATION.

Date	Nature of Vaccine	Signature and Rank of M.O.
21-10-41	TAB	Butts 76
22-12-41	TAB	
21-5-42	TAB-5	Butts 76

VACCINATION.

Date	Result	Signature and Rank of M.O.
21-10-41		Butts 76

7
PRESCRIPTION FOR SPECTACLES.

Vision with best Glasses	SPE	CYL	Axis 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.

Home and International	Date	Signature and Rank of M.O.
A	26.10.41	P. Sults 7/10

IDENTITY CARD AND PERMITS ISSUED

Date of Issue	Form No.	Serial No.	Signature and Rank of Officer making Entry	Department
23/10/41	1250	1200066	<i>P. Sults</i>	

9

Short Form of Will.

(See instructions & 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, 909, 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 £10 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give £5 to my sister, Miss Sarah Brown, 909, High Street, Aldershot, and I give the remaining part of my property to my mother, Mrs. Mary Brown, 909, 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.....

a. 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.

No of 1250.

- 1280066.

FRIGATE
LONDON
BRIGHTON
SCARBOR'
READING
MANCHESTER
ISLE OF MAN
NIXON
WARRINGTON
Ayrton.
INGHAM.
STRATISHALL
LAKENBATH,
CHEDBURGH
MANSBY

946863

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SICKNESS WHILE ON LEAVE

1. If when on leave or grant you are a recipient of an Incentive Allowance, you will notify your C.O. verbally, and send a medical certificate showing the date of such receipt, to the Medical Officer in charge of the Hospital, or the Medical Officer in charge of the Station, or other establishment where a Service Medical Officer is attached. An Officer Hospital included under the Ministry of Health Department, however. If you absent more than 2 weeks from a Service Medical Establishment, and are unable, owing to your condition, to call at the Hospital, Medical Service Hospital, although this may be within 2 weeks, application may be made to a Christian Medical Practitioner, to whom you will show this form: same will then be allowed to communicate with the following form.

VISIT, MEDICINE AND CERTIFICATE.

At Parents' Residence.

	Visit to Parents	If not near them 2 miles away	Greater Distances.
Days	1 5	4 6	
Subject to	5 8		For each additional mile or part of a mile (in dependent order) eight pence per day (not with a limit of £1 a week).

1. The Christian Medical Practitioner is responsible to our attention only, and to report only of the first case visited when more than one is attended in the establishment on the same occasion. The fee shown in the third column will be allowable for each patient when the form, subject to the conditions stated at £1 10s. 0d. a day for all services.
2. You will report the employment of a Christian Medical Practitioner at once to your C.O. enclosing the Practitioner's certificate. Claims for medical attendance will be authorized by the Medical Representative on leave from his post (C.O.).
3. In all cases where a Christian Medical Practitioner does not certify that you are well, you shall return to your post in the Hospital or other establishment in which you were employed, or to the additional place to which you are transferred, on account of illness, in return to your rank, and any necessary arrangements from a Service Medical Establishment, the C.O. of such Establishment will immediately communicate the fact to the C.O. of your unit.
4. You are warned that you are liable to make good the entire expense incurred by engaging the services of a Christian Medical Practitioner at a distance from your residence, without reasonable cause.

149691 Wt. 3191-4111 Form 1644 T.S. 799

