

FORM 64.
(FORMERLY 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 BARRS.

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 in military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

Form 51
(Formerly Book 44) (Part 1)

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.

11-4624 W/5045/48644 488,000 S-42/W. D. & S.-449

1
Official No. 1483124 Service KERRRIGHT.
Christian Name in full ROBERT EDWARD MADGWALL
Date of Birth 1.6.20 Address C. & E.
Occupation in Civil Life STUDENT ENGINEER.
Industrial Group _____
Occupational Sub-Classification _____
Married or Widower (M) or Single (S) S.
Date of (a) Attestation 9.7.1941
(b) Calling Up, Mobilisation, or Embedment 9.7.1941
Term of Service _____
Signature of Airman R. E. Kerrright.

Name, Address, and Relationship of Person to be informed of casualties—

Signature and Rank of Officer at time of making entries R. E. Kerrright S/O
Date of making Entries 27/10/44.

3
BANK AND R.A.F. TRADE.

Rank or Classification	Date of Effect	Authority	Signature and Rank of the Officer making the Entry
R.A.F. 2	9-7-41	On Relinquishment	} <i>[Signature]</i> /s/
R.A.F. C	20-1-42	FOR 175/42.	
T/Sgt.	19-8-42	FOR F. 1580.	
T/Sgt.	20-10-42	FOR 22	
T/W/O.	20-10-42	FOR 22	

Trade	Date of Effect	Authority	Signature and Rank of the Officer making the Entry
Acting Pilot	9-7-41	On Relinquishment	} <i>[Signature]</i> /s/
W/O.	20-1-42	F. 1580	
Acting Bomber	19-8-42	FOR 175/42.	

Medal, Clasp, Decorations, Mentions.

Particulars	Date and Authority	Signature and Rank of Officer
Awarded 1 st Q.C.B.	11-10-45	<i>[Signature]</i> /s/

RECORD OF WOOLLEN "COMFORTS" SUPPLIED.
(Non-Service Issues).

Date	ITEM	Number	Initials of Issuing Officer	Date	ITEM	Number	Initials of Issuing Officer

LEAVE GRANTED WITH FREE RAILWAY WARRANT.

From (date)	To (date)	Signature of Officer

MEDICAL CLASSIFICATION.

Date	Category	Medical Board or Medical Exam.	Initials and Rank of M.O.
28.1.43	A30.	Med. Board.	<i>J. Mumt</i> Lt.
19.2.45	A3B	MS. for Comm.	<i>M. Mumt</i> Lt.

NIGHT VISUAL CAPACITY.

Score = _____

Date _____

Initials and Rank of M.O. _____

PROTECTIVE INOCULATION.

Date	Nature of Vaccine	Initials and Rank of M.O.
21/10/41	TAB - 25	<i>J. Mumt</i> Lt.
21/10/41	ATT. 100	
28/12/41	TAB - 5	
28/12/41	ATT 100	
7/1/45	TABC - 25	
7/1/45.	ATT 100	

VACCINATION.

Date	Result	Initials and Rank of M.O.
21/10/41	I.V.	<i>J. Mumt</i> Lt.

PRESCRIPTION FOR SPECTACLES

Vision without Glasses	SPH	CTL	Axial Standard Notation	Vision with Glasses	Optical Centre	Date of Exam
					Frame No. (or measurements)	Date of Issue
						Optician's Initials

In State and Rank of M.O. _____

PARTICULARS OF ARTIFICIAL DENTURES

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

BLOOD GROUP.

Name and International	Date	Initials 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	

9
Short Form of Will.

(See instruction & 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 article 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, 99, High Street, Aldershot, and I appoint my father, Mr. W. Brown, as my executor. Dated the 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, 99, High Street, Aldershot, and I give the remaining part of my property to my mother, Mrs. Mary Brown, 99, 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.

(Witness 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 CERTIFICATE.

	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.

