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Title: PALMER AMBROSE HAROLD : Service Number - VX68317 : Date of birth - 10 Oct 1911 : Place of birth - YARRAVILLE VIC : Place of enlistment - CAULFIELD VIC : Next of Kin - PALMER EMMA

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ATTESTATION FORM.

FOR SPECIAL FORCES RAISED FOR SERVICE IN AUSTRALIA OR ABROAD.

M.F. L.I. Moore 16/12/41

Army No. Vx68317. Surname PALMETR (BLOCK CAPITALS) Other Names Ambrose Harold. Unit R. A. E. T. D. Enlisted for service at Vic. (State) 14. 12. 41. (Date)

A. Questions to be put to persons called out or presenting themselves for voluntary enlistment. 1. What is your name? PALMETR. 2. Where were you born? R.O. 2/14/1933. 3. Are you a natural born or a naturalized British Subject? If the latter, papers are to be produced. 4. What is your age and date of birth? 30 yr. 2nd. Date of Birth 10. 10. 1911. 5. What is your trade or occupation? Miner. 6. Are you married, single or widower? Married. 7. Give details of previous Military Service. 8. If now serving, give particulars. 9. Who is your actual next of kin? (Order of relationship:—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister.) 10. What is your permanent address? 11. What is your religious denomination? (Answer optional.) 12. Have you ever been convicted by a civil court? 13. Have you any of the following Educational Qualifications? If so, which? 1. Certificate for Entry to Secondary School. 2. Intermediate. 3. Leaving. 4. Leaving Honours. 5. Technical. 6. University Degrees. 7. Other Diplomas.

I, Ambrose Harold Palmer, do solemnly declare that the above answers made by me to the above questions are true and that I am willing to serve in the Australian Military Forces within or beyond the limits of the Commonwealth. Witnessed by [Signature] A. Palmer (Signature)

B MEDICAL EXAMINATION I certify the above-named person to be fit for Class. Temporarily unfit. Unfit. [Signature]

C OATH OF ENLISTMENT I, Ambrose Harold, Palmer swear that I will well and truly serve our Sovereign Lord, the King, in the Military Forces of the Commonwealth of Australia until the cessation of the present time of war and twelve months thereafter or until sooner lawfully discharged, dismissed or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law. So Help Me God Signature of Person Enlisted Ambrose Palmer. Subscribed at Caulfield in the State of Victoria this 14th day of December 1941 Before me [Signature] Signature of Attesting Officer

† Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialed by the Attesting Officer.

THE NATIONAL ARCHIVES OF AUSTRALIA



Labour

SERVICE AND CASUALTY FORM

Army No. VX66517

MAF 250 Completed

Rank..... Pte. (On Enlistment) Christian Names Ambrose Harold Surname PALMER (Block Capitals) Unit.....
 Date of Enlistment 16/12/41 Marital Condition Married
 Place Caulfield Next of Kin Emma May Palmer
 Date of Birth 10/10/1911 Address of Next of Kin Enrol St., Footscray.
 Place of Birth Yarraville
 Trade or Occupation Rigger
 Religion C. of E. Relationship Wife.

Medical Classification—Class I. (On Enlistment) Distinctive Marks
 Class II.

REPORT		Date of Casualty	Place of Casualty	Authority W.3011, B.2009, or other Document	Signature of Officer Certifying Correctness of Entries
Date	From whom received				
16/12/41	OC. A.I.F. DD	16/12/41	Caulfield	R.O. 2/41/337	-67
24.12.41	2 Tug Bu	24.12.41	Dunley	W 3011 729/41 R.O. 6/42/331 alt	
21.1.42	"	29.12.41	" W 3011. 5/42	R.O. 6/42/331	
24.1.42	115 Reg	31.1.42	Stirling	M303K 3/42	SH
25.2.42	"	23.2.42	"	" 54/42	#
	23700	23.2.42	Caulfield	W 3011 550/42/337/PA	
3-3-42	of A.I.F. Regts	27.2.42	Caulfield	W 3011 R.O. 6/42/337 144/42	

Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, & forfeitures of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).

Taken on strength A.I.F. D.D.
 1st Inf. Bn from Det. Depot.
 Det to 1 Group Somers
 Admit headache for investigation
 Discharged to M. S. D. Detail
 Group from 115th A.I.F. Regt
 Discharged A.M.R.O. 253 (VI)
 S. C. Authority 23001
 Date 18/2/42

NOTHING TO BE WRITTEN IN THIS SPACE.

NOTHING TO BE WRITTEN IN THIS SPACE.

REPORT		Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Signature of Officer Certifying Correctness of Entries
Date	From whom received				

Married

FORM A.1.
3 MAR 1942

HEADQUARTERS : SOUTHERN COMMAND.

PROCEEDINGS ON DISCHARGE.

(To be compiled by S.C. 3MD D.D. A.I.F. CAULFIELD and forwarded to D. S. on completion of Discharge.)

1. Sthrn. Comm. Authy. 23001 Date 18-2-42 A.M.R. & O. 253 Sec. 1
NAME full PALMER Ambrose Harold
No. 68317 Rank Pte Unit S/C (3MD) D.D. A.I.F.
Cort. of Discharge No. 21929 Widower, married, single (cross out as required.)
Discharged at Caulfield B.B. A.I.F. on 27-2-42 as at 27-2-42

2. MEDICAL PARTICULARS ON DISCHARGE (To be compiled by examining M.O.)
Age 30 1/2 Height 5'10" Complexion Dark
By Grey Hair Brown Distinctive Marks cut eyebrow

I certify that the Soldier name above, on the date of Discharge DID/DID NOT claim or reveal a disability caused or aggravated by War Service (strike out DID or DID NOT as applicable) Where such disability was claimed or revealed, the matter has been investigated by a medical Board.

SIGNATURE OF EXAMINING M.O.

In cases where the disability has not been investigated the Discharge will be deferred.

3. REASON FOR DISCHARGE Being medically unfit for service not occasioned by his own Defaults.
Total period of service towards completion of engagement 74 days.
Including service abroad of days.
Intended place of residence after Discharge to which D/C may be posted is: 10 Errol St Footscray M

4. UNIFORM RETURNED NO PLAIN CLOTHES ISSUED NO OR
DESPATCHED TO BY ON 25/2/42

5. CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE.
I hereby acknowledge that I have received all my pay, Allowance and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the reverse herewith.
PLACE Caulfield A. Palmer (Signature of Soldier)
DATE 27-2-42 [Signature] (Signature of Witness)

6. CONFIRMATION OF DISCHARGE.
I have impartially inquired into all matters brought before me in accordance with regulations and hereby confirm the Discharge.
Place Caulfield [Signature] (Signature of appointment of Confirming Officer)
27-2-42

Discharged in Absentia.
Certificate of Discharge placed in Personal file.
Certificate of Discharge posted to
Date of Embarkation
Date of Disembarkation on

POST TRAUMATIC HEADACHE

TELEPHONE

AUSTRALIAN MILITARY FORCES - SOUTHERN COMMAND

IN REPLY PLEASE QUOTE
No.

Serials, Comm. Unit, Data, A.M.F. No. 1111

Rank, Unit, No. 1111

Widower, married, single (or) as required
Discharged at Certificate No. A.I.F. on 22.02.52

1. MEDICAL PARTICULARS ON DISCHARGE (To be completed by examining M.O.)

Age, Height, Complexion, Distinctive Marks

In cases where the disability has not been investigated the disability will be deferred.

REASON FOR DISCHARGE
Total period of service towards completion of engagement including service abroad of ...
Intended place of residence after discharge to which D/O may be posted at last

PLAIN CLOTHES ISSUED
DEPORTED TO ...

ORDER TO BE SIGNED BY SOLDIER ON DISCHARGE
I hereby acknowledge that I have received my pay, allowances and clothing and all just demands up to the release date, subject to the reservations of the claims noted on the reverse hereof.

DATE

8. COMPLETION OF DISCHARGE
I have impartially inquired into all matters brought before me in connection with the discharge and hereby certify the discharge to be correct.

Place
(Signature of Approving Officer)
Approving Officer

Discharged in Absentia
Date of Discharge passed in Personal file
Date of Discharge passed to
Date of Discharge
Date of Discharge

O.I/c.
District Records Office,
S. COMBAND (3 M.D.)

I. Wild
4/12

I hereby acknowledge receipt of A.A.F. A.131 (Will Form)
completed by me whilst a member of the A.I.F.

58495

VX 68314 Palmer R.H.

Signature *A. Palmer*

18 FEB 1942

National Archives of Australia

NAA: B883, VX68317

AUSTRALIAN MILITARY FORCES

PRO-FORMA (C).

This form to be signed and Returned IMMEDIATELY to:-

District Records Office,
Southern Command (3 M.D.)
Swanston St., C.I.
MELBOURNE

RECEIVED from the Officer in Charge, District Records
Office.

Southern Command, 3rd Military District.

.....MEDICALLY-UNITED.....-Judge.

Numbered37186.....

Date3/3/42.....

.....A. Palmer.....
Signature.

National Archives of Australia

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