

NAA: B883, VX34714

Series number: B883

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Title: HAWKING GEORGE WILLIAM : Service Number - VX34714 : Date of birth - 22 May 1902 : Place of birth - RUSHWORTH VIC : Place of enlistment - ROYAL PARK VIC : Next of Kin - HAWKING IRENE

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AUSTRALIAN AUSTRALIAN ATTESTATIO FOR SPECIAL FORCES RAISED FOR S	
Army No. VX 34714	2 0
Surname HAMPING Other N	Vames George William
Unit	Yen A IF recristo
Enlisted for service at ALL_MELBOURNE. (State)	10/1/10.10
A Questions to be put to persons called out or p	presenting themselves for voluntary enlistment.*
1. What is your name?	1. Surname HAWKING Other names Clarge Willigin
2. Where were you born?	2. In or near the town of Purphwarth in the state or country of
3. Are you a natural born or a naturalized British Subject? If the latter, papers are to be produced	3
4. What is your age and date of birth?	4. Age <u>38</u> Date of Birth <u>22/5/1902</u>
5. What is your trade or occupation?	5. Barian
 6. Are you married, single or widower?	6. Marricht 7. A.M.F. Carpining 3 years No. Rank Unit Other Military Service
8. If now serving, give particulars	No. Rank Unit
 Who is your actual next of kin? (Order of relation- ship:—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half- brother, eldest half-sister) 	9. Names rene auna Address 23 Cott Pt Clwood Relationship Weifa'
10. What is your permanent address?	10.23 Peot PE Churod
11. What is your religious denomination? (This ques- tion need not be answered if the man has a con- scientious objection to doing so)	11. Precluptonia
J. J. Ange Dillain Main Market A.	g Whawking . Signature. Signature.
National Archives of Australia	NAA: B883, VX34714

MEDICAL EXAMINATION

B

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is-*

1. Fit for Class I. 2. Temporarily unfit for Class It 3. Unfit for military service? Date. Place Signature of Examining Medical Officer... † Reasons for unfitness to be stated. * Classifications which are inapplicable to be struck out. C OATH OF ENLISTMENT # illiain Nawku 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. St Mauke Signature of Person Enlisted oyal Pars ichoyia in the State of Subscribed at. 19 40 day of this. Before me-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.



Wilke and Co. Pty. Ltd., Printers, 19-47 Jeffcott Street, Melbourne.

National Archives of Australia

1232 from to 2029 days, which included 2040 591 NAA: B883, VX34714 9751 Served on continuous Full Time War Service in the Borner PE Jah (Introduced July, 1945) ."Effective Period" means the period of service, less any consecutive 21 days 6 PL. take effect and discharge and Rec. 7.1 40 to 201 551. War Badge R.4.-5 L J U J L D Entered Redister L. 2. He Surname H P WNING Entered "Wills" Crecked by 9393 (b) Army Form A.131 purporting to contain my Will. 591 days and Rank 19393. Ech. (Block Letters) 9 .Register. or more for which the soldier was not entitled to pay. † Australia means the mainland ef Australia and Tasmonia. # Dees net include War Medals. Active Service O/S Australiat 59/ Decorations and Awardst during that Service: confirmed vide Schedule No. VVM/7/0 CUM PART E-To be signed by Soldier on discharge: Place Boyal Park Signature of Witness. Active Service in Australiat 1237 5. Details for Certificate of Discharge No. Army No. 1X34714 Date2 0 FEB 19 dignature of Soldier 1 FFB 1946 on and from / 20/FEB 1946 Entered Discharge Certificate Register Signature. from 3/ I hereby acknowledge receipt of: (a) Certificate of Discharge No. for a Total Effective Period" of FART D-Compiled by Ech. & Rec. Date 20 F/B Officer i/c. A.A.F. A.101 written by A.A.F. A.131 obtained by Ploce Rever PARK Discharged from the Details compiled by Walliam C PROCEEDINGS FOR DISCHARGE. 9 George Date commenced F. C.D. 3. / X. /#0.Date of Birth 22 / 5. / 1202 D.F.O No. of Dependants in respect of whom dependant's allowance is being paid:---tom 9 Madical Cases Only AMR & 0 253A(1)(d) Authenticating Signature Under 16 yrs. / 16 yrs. & over / 8 (Officer's signature and renk) or Echelen Use:--N N 6/10 boate Blo Other Names isability:-egree of sability Elwood Dofe 1. Home address 164 Sconnyson Sil Unit. PART B-Personal details-compiled by Unit 8/10/42 21/11/42 21 21 41 1 18 18 (North of Par. 144° Sth.) or Torres months Disembarked oth hours National Archives of Australia in Aust. 1-1-Blue 2 Hair . Erey PART C-Compiled by Ech. and Rec. 2. Present Description of Soldier:---54/0)/2 Marks/ Scars I'm Bareke ad Alberthions as plar B103. Embarked or widower all arried from Aust. Height 5 ft. // ins. Eyes AMR & O 253ANI 1 + 3110145 From aboutdue. 4. Non-effective Service:* Operational Service:---Age 1/3 - Yrs. Part B compiled by :--Compiled by Unit: The exercit 737 State whether:--Married, single, divorced, widow Group In which employed Complexion____ Ebred (a) Overseas area (b) NH, (Nor Trade Ground of service × HNG M addle Date SL Reason for Discharge Authority m Disch/ M

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SOURCE OF INFORMATION State Schedule No. NAA: B883, VX34 *DELETE THOSE NOT APPLICABLE · ADVICE FROM SOLICITOR DATE OF DEATH 2.5 1. E. ol · REPATRIATION DEPT -ADVICE FROM NOK PLACE OF DEATH NOTIFICATION OF DEATH * OTHER COMPLETED BY: DE Period of Service 1914/18. 1939/45, Post 194 NOK AT TIME OF DEATH *** *** National Archives of Australia 3.4.7 SURNAME H. Que DATE 27 FEB 1973 RELATIONSHIP OF NOK RANK . . Le . M. .. ARMY NO. GIVEN NAME(S) ADDRESS ****

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