Private James Celestine CURRIN

9th .Victorian General Rienforcements. 23/10/18 Influenza Mr. Wm. Currin ( Father.)

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Particulars Required for the Roll of Honour of Australia in the Memorial War Museum.  2. Unit and Number (if known)   1. War (in full) of Fallen Soldier famus beliefine for Museum.	- ~
1. Name (in full) of Fallen Soldier fames beliefine bettering burning.  2. Unit and Number (if known) geth Victorian gettering.  3. With what Town or Birth.	į
3. With what To-	1
District in Australia was be chieste	į
2. Unit and Number (if known)   9 th Victorian Jeneral Reinforcements No 60904  Town (if any) W. Hong an District  4. What was his Birthplace 10 21 Kenneral Reinforcements No 60904	:
Details Birthplace to se River Mr. State divens for de	•
4. What was his Birthplace 10 21 King M. May an District  5. Date of Death 23 ra 6et 1918.  6. Place where Killed or Worns 1 1918.	-
where Killed or Wounded	
Particulars Required for the Nation's Histories.	-
1. What was his Calling Clerk.	
2. Age at time of Death 22 years ald.	:
3. What was his School	
3. What was his School Convent & State School  4. What was his other Training  5. If born in Britain or Abroad	
5. If born in Britain or Abroad, at what age did he come to Australia  6. Had he ever served in any Military on No. 1. 17	
6. Had he ever served in any Military or Naval Force before Enlisting in the A.I.F. (Please state particulars)  7. Any other biographical details likely to be of interest and the A.I.F. (Please state particulars)	;
Ach and Bassal Force before Enlisting in	
7. Any other biographical details that A dight frag	1
7. Any other biographical details likely to be of interest to the Historian of the A.I.F., or of his Regiment—	
A.r.r., or of his Regiment—	
8. Was he are	
8. Was he connected with any other Member of the A.I.F. who died or who distinguished himself. (Please state	
Just Course Hiller Justin who died or who distinguished himself. (Please state)  9. Name and Address of the Parent or other person giving this is	
9 Name of the State of the Stat	
9. Name and Address of the Parent or other person giving this information.  Name So at your fore to	
Name May auf forefaking this information— Relationship to Soldier Sixtu Madress Wee River:	
Relationship to Soldier Sixty.	
10 Names New River. W.	
Address We River. W. Mongan. June Land.  Name Work Wyll.  Address of any other persons to whom reference could be made by the Historian for further information—  Address Office South Sou	
Name With Will be made by the Historian for further information	
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NOTE.—This Folder is Addressed to the Secretary. Department of Defence. Melbourne. Please fold in four, and stick down grown as a stick down grown grown as a stick down grown gro	
NOTE.—This Folder is Addressed to the Secretary. Department of Defence. Melbourne. Please fold in four, and stick down gummed flap  The information is required urgently.	
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