

361/60

Konstan, Wilhelm

ice

19/4/17

Second H R form

1. Name (in full) of Fallen Soldier *Konstantin Kaustén*
2. Unit and Number (if known) *No 3 Company 2* *KONSTANTIN Wilhelm*
3. With what Town or District in Australia was he chiefly connected (under which his name ought to come on the Memorial)—Town (if any) *Sydney* District *1st Aug: 1st Cam. Bde* State \_\_\_\_\_
4. What was his Birthplace *Raumo Finland*
5. Date of Death *19-4-17*
6. Place where Killed or Wounded *Palestina*

#### Particulars Required for the Nation's Histories.

1. What was his Calling *Sailor*
2. Age at time of Death *21 years*
3. What was his School \_\_\_\_\_
4. What was his other Training \_\_\_\_\_
5. If born in Britain or Abroad, at what age did he come to Australia *20 years*
6. Had he ever served in any Military or Naval Force before Enlisting in the A.I.F. (Please state particulars) *no*
7. Any other biographical details likely to be of interest to the Historian of the A.I.F., or of his Regiment:—
8. Was he connected with any other Member of the A.I.F. who died or who distinguished himself. (Please state Relationship):
9. Name and Address of the Parent or other persons giving the information—  
 Name *Lovisa Kaustén*  
 Relation to Soldier *Mother*  
 Address *Raumo Finland*
10. Names and Addresses of any other persons to whom references could be made by the Historian for further information—  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_
- NOTE.—This Folder is addressed to the O.C. Australian Graves Services, London. Please fold in four, and stick down gummed flap so that the addressed portion is outside. The information is required urgently.