

5170 Private
ROBINS, William

24th Battalion

16.4.16

Wounds

(wife) Mrs. F.M. Robins

Particulars Required for the Roll of Honour of Australia in the Memorial War Museum.

1. Name (in full) of Fallen Soldier *William Robins*
2. Unit and Number (if known). *5140*
3. With what Town or District in Australia was he chiefly connected (under which his name ought to come in the Memorial)
Town (if any) _____ District *Bollingwood* State *Victoria*

4. What was his Birthplace *Hibzoy*
5. Date of Death *16th April 1918*
6. Place where Killed or Wounded *Died of Wounds at Vignacourt*

Particulars Required for the Nation's Histories.

1. What was his Calling *Driver*
2. Age at time of Death *32*
3. What was his School *Cambridge State School Bollingwood*
4. What was his other Training _____
5. If born in Britain or Abroad, at what age did he come to Australia _____
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 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 person giving this information—
Name _____
Relationship to Soldier _____
Address _____
10. Names and Addresses of any other persons to whom reference could be made by the Historian for further information—
Name _____
Address _____

NOTE.— This Folder is Addressed to the Secretary, Department of Defence, Melbourne. Please fold in four, and stick down gummed flap so that the addressed portion is outside. The information is required urgently.