

Identity # 1

Date of application: September 1914

- | | |
|--|---|
| 1. Name | Cyril Robertson |
| 2. Town or Parish/County | Crystal Brook, Port Pirie |
| 3. Natural born or naturalised | Natural born |
| 4. Age | 18 years (letter with parents' permission) |
| 5. Trade or calling | Clerk |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Father: James Robertson – 1 First St, Snowtown |
| 9. Previous convictions | None |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Cadets Crystal Brook Area School, still serving |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|--|
| Age | 18 years 10 months |
| Height | 5 feet 8 inches |
| Weight | 175 lbs |
| Chest | 40 inches |
| Complexion | Fair |
| Eyes | Blue |
| Hair | Light Brown |
| Religious Denomination | Methodist |
| Distinctive marks | Mole on left cheek, scar on right calf |

Identity # 2

Date: 3 October 1914

- | | |
|--|---|
| 1. Name | Cecil Tunney |
| 2. Town or Parish/County | Prospect, Adelaide, South Australia |
| 3. Natural born or naturalised | Naturalised (documentation provided) |
| 4. Age | 26 years 1 month |
| 5. Trade or calling | Accountant |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Bridget Tunney, 5 Bradbury St, Prospect |
| 9. Previous convictions | None |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, CMF still serving |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	26 years 1 month
Height	5 feet 7 inches
Weight	187 lbs
Chest	35 inches
Complexion	Sallow
Eyes	Grey
Hair	Dark
Religious Denomination	Roman Catholic
Distinctive marks	None

Identity # 3

Date: 2 July 1915

- | | |
|--|--|
| 1. Name | Stanley Green |
| 2. Town or Parish/County | Bordertown, South Australia |
| 3. Natural born or naturalised | Natural born |
| 4. Age | 19 years 2 months |
| 5. Trade or calling | Farmer |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Olive Green (wife)
2 Third St Bordertown SA |
| 9. Previous convictions | None |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Bordertown Cadets 2 years, CMF 2 months |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|-------------------------|
| Age | 19 years 2 months |
| Height | 5 feet 4 inches |
| Weight | 153 lbs |
| Chest | 36 inches |
| Complexion | Fair |
| Eyes | Brown |
| Hair | Brown |
| Religious Denomination | Anglican |
| Distinctive marks | Birthmark on right side |

Identity # 4

Date: 12 December 1914

- | | |
|--|---|
| 1. Name | Walter Percy |
| 2. Town or Parish/County | Port Victoria, Maitland, South Australia |
| 3. Natural born or naturalised | Natural born |
| 4. Age | 19 (permission from parents) |
| 5. Trade or calling | Labourer |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Mrs Gwen Percy, mother
10 Green Rd, Maitland, SA |
| 9. Previous convictions | None |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, Maitland School Cadets |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|-------------------------|
| Age | 19 years 0 months |
| Height | 6 feet 3 inches |
| Weight | 195 lbs |
| Chest | 36 inches |
| Complexion | Dark |
| Eyes | Brown |
| Hair | Black |
| Religious Denomination | Moravian |
| Distinctive marks | Burn scar on left thigh |

Identity # 5

Date: 27 May 1915

- | | |
|--|---|
| 1. Name | Vernon Dursley |
| 2. Town or Parish/County | Paddington, NSW |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 26 years, 8 months |
| 5. Trade or calling | Solicitor |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Petunia Dursley,
4 Privet Drive, Surrey Hills, NSW |
| 9. Previous convictions | None |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, |
| 12. Stated all of your previous service | CMF |
| 13. Rejected as unfit for service, grounds | Yes, (teeth) |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	26 years 8 months
Height	5 feet 7 inches
Weight	157 lbs
Chest	36 inches
Complexion	Fresh
Eyes	Blue
Hair	Light Brown
Religious Denomination	Roman Catholic
Distinctive marks	Vaccination scar on left arm

Identity # 6

Date: 3 July 1915

- | | |
|--|---|
| 1. Name | Hilary Johnson |
| 2. Town or Parish/County | Mount Gambier, South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 42 years 7 months |
| 5. Trade or calling | Farmer |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Elsie Johnson, 2 Rosemary St Mt Gambier |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, Rifle Club, 6 years |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|---|
| Age | 42 years 7 months |
| Height | 5 feet 3 inches |
| Weight | 60 lbs |
| Chest | 33 inches |
| Complexion | Sallow |
| Eyes | Grey |
| Hair | Grey |
| Religious Denomination | Presbyterian |
| Distinctive marks | Vaccination scar left arm, mole on right cheek, scars on both hands |

Identity # 7

Date: 8 May 1917

- | | |
|--|---|
| 1. Name | Alfred Brown |
| 2. Town or Parish/County | Walkerville, Adelaide,
South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 25 years 9 months |
| 5. Trade or calling | Boiler Maker |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Father, Mr John Brown,
10 Ralph St, Gilberton SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | Yes, (height) |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|--------------------------------|
| Age | 25 years 9 months |
| Height | 5 feet 153 inches |
| Weight | 60 lbs |
| Chest | 34 inches |
| Complexion | Medium |
| Eyes | Dark |
| Hair | Dark |
| Religious Denomination | Anglican |
| Distinctive marks | Birthmark on left side of neck |

Identity # 8

Date: 7 September 1914

- | | |
|--|--|
| 1. Name | Howard Wallace |
| 2. Town or Parish/County | Parkside, Adelaide, South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 22 years 9 months |
| 5. Trade or calling | Saddler |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Mother, Mrs Jane Wallace,
9 Percy St, Unley, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	22 years 9 months
Height	6 feet 4 inches
Weight	201 lbs
Chest	37 inches
Complexion	Medium
Eyes	Brown
Hair	Brown
Religious Denomination	Methodist
Distinctive marks	Vaccination scar left arm, birthmark near right elbow

Medical Examination # 8:

Condition	What is it?	Do you have it? Yes or no?
Scrofula	Glandular swelling, a form of Tuberculous	No
Phthisis	Pulmonary Tuberculosis (TB) – a bacteria that most often affects the lungs	No
Syphilis	A Venereal Disease (VD) bacteria spread by sexual contact. Presents as sores or rash on genitals, rectum, or mouth	No
Impaired Constitution	General medical term related to feeling unwell; specifically, fever, weight loss, headache, muscle aches and pains.	No
Defective Intelligence	Not very smart (how this was assessed is not clear!)	No
Defects of vision, voice, or hearing	Problems with eyesight, speaking and hearing	No
Hernia	Internal organ or other body part protrudes through the muscle or tissue that normally contains it.	No
Haemorrhoids	Or 'piles', varicose veins of the rectum or anus that appear as lumps.	No
Varicose veins, beyond a limited extent:	Swollen, twisted blood vessels just under the skin on the legs and feet.	No
Marked varicocele with unusually pendent testicle	A varicocele is an enlargement of the veins within the scrotum. Pendent testicle is an undescended testicle that has not moved into the scrotum or a testicle that moves between the scrotum and the groin.	No
Inveterate cutaneous disease	Scurvy, leprosy and ring worm	No
Chronic ulcers	Areas on the legs, ankles or feet where tissue damage, or a trauma, has caused skin loss, leaving a raw wound that takes a long time to heal.	No
Traces of corporal punishment, or evidence of having been marked with the letters D. or B.C.	Were examined for scars and marks that show beating or having BC or D tattooed on their left chest. This was to look for signs of British Army punishment for bad character BC, and D for deserter.	No
Contracted or deformed chest	Chest wall disorder (Pectus Carinatum) where ribs and the breastbone do not grow normally and gives a caved in appearance.	No
Abnormal curvature of spine	The spine should run straight down the middle of the back. Abnormalities of the spine are where the natural curvatures of the spine are twisted or exaggerated in certain areas	No
Any other disease	Any conditions picked up by the examining medical officer or anything disclosed by the enlistee.	No
Other physical defects to make unfit for the duties of a soldier	Any conditions picked up by the examining medical officer or anything disclosed by the enlistee. As part of this examination men's teeth were examined to ensure that they had good teeth.	No
See the required distance with either eye	The required distance to see is what we refer to as 20/20 vision today; to be able to read at a minimum distance of 20 feet (6 metres).	Eyesight is good
Heart and lungs are healthy	Medical officer would listen to heart and lungs with stethoscope for any signs of heart and breathing problems	Heart and lungs are healthy
Free use of his joints and limbs	Reflexes were checked and arms and legs moved to ensure they move freely without visible discomfort	Limbs and joints move freely
Declares he is not subject to fits of any description	This was to find out if the enlistee had epilepsy	No history of fits

Identity # 9

Date: 1 January 1918

- | | |
|--|--|
| 1. Name | Frederick Turner |
| 2. Town or Parish/County | Armidale, New South Wales |
| 3. Natural born or naturalised | Natural born |
| 4. Age | 18 years, 1 month
(permission from parents) |
| 5. Trade or calling | Labourer |
| 6. Apprentice | Yes, boiler maker |
| 7. Married | No |
| 8. Next of kin | Father, Mr Frederick Turner Snr,
2 Second Avenue Armidale |
| 9. Previous convictions | None |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, Armidale Cadets, 4 years |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	18 years, 1 month
Height	6 feet, 6 inches
Weight	210 lbs
Chest	89 inches
Complexion	Fresh
Eyes	Blue
Hair	Light
Religious Denomination	Anglican
Distinctive marks	Vaccination mark on left arm, scar below right knee

Identity # 10

Date: 6 November 1916

- | | |
|--|---|
| 1. Name | Eric Ridgeway |
| 2. Town/County | Port Lincoln, South Australia |
| 3. Natural born or naturalised | Natural born |
| 4. Age | 44 years 3 months |
| 5. Trade or calling | Solicitor |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Beverley Ridgeway, wife,
5 The Esplanade, Port Lincoln |
| 9. Previous convictions | None |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	44 years 3 months
Height	5 feet 5 inches
Weight	180 lbs
Chest	33 inches
Complexion	Sallow
Eyes	Grey
Hair	Brown
Religious Denomination	Anglican
Distinctive marks	None

Identity # 11

Date: 2nd February 1916

- | | |
|--|--|
| 1. Name | Robert Williams |
| 2. Town or Parish/County | Castlemaine, Victoria |
| 3. Natural born or naturalised | Natural born |
| 4. Age | 46 |
| 5. Trade or calling | Farmer |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Glenda Williams,
Campbell Creek Road, Castlemaine |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	46 years 5 months
Height	5 feet 8 inches
Weight	187 lbs
Chest	36 inches
Complexion	Fresh
Eyes	Brown
Hair	Brown
Religious Denomination	Methodist
Distinctive marks	Mole on left cheek, vaccination scar on left arm

Identity # 12

Date: 7th January 1916

- | | |
|--|--|
| 1. Name | James Lucas |
| 2. Town or Parish/County | Yorke town, South Australia |
| 3. Natural born or naturalised | Naturalised |
| 4. Age | 23 |
| 5. Trade or calling | Labourer |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Mr Henry Lucas
1 Second St, Yorke town, |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, CMS still serving |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	23 years 11 months
Height	5 feet 3 inches
Weight	150 lbs
Chest	32 inches
Complexion	Fresh
Eyes	Blue
Hair	Light Brown
Religious Denomination	Roman Catholic
Distinctive marks	Vaccination scar, upper left arm

Identity # 13

Date: 5th April 1917

- | | |
|--|---|
| 1. Name | Elvin Granger |
| 2. Town or Parish/County | Pt Rickaby, South Australia |
| 3. Natural born or naturalised | Natural born |
| 4. Age | 44 |
| 5. Trade or calling | Mechanic |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Carol Russell,
246 King George Rd, Surrey, England |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, 2 nd Grenadier Guards |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	44 years 10 months
Height	6 feet 2 inches
Weight	177 lbs
Chest	35 inches
Complexion	Sallow
Eyes	Grey
Hair	Grey
Religious Denomination	Church of England
Distinctive marks	Tattoo on chest, vaccination scar on upper left arm

Identity # 14

Date: 20th August 1915

- | | |
|--|---|
| 1. Name | Felix D'Arcy |
| 2. Town or Parish/County | Pt Neill, South Australia |
| 3. Natural born or naturalised | Naturalised |
| 4. Age | 27 |
| 5. Trade or calling | Stockman |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Annabelle D'Arcy
Carrow Wells Rd, Port Neill |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, CMF 4 years |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	27 years 4 months
Height	5 feet 6 inches
Weight	170 lbs
Chest	34 inches
Complexion	Sallow
Eyes	Green
Hair	Black
Religious Denomination	Roman Catholic
Distinctive marks	Vaccination scar, upper left arm

Identity # 15

Date: 22nd December 1914

- | | |
|--|--|
| 1. Name | Christopher Green |
| 2. Town or Parish/County | Whyalla, South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 25 |
| 5. Trade or calling | Boot maker |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Gwenda Green
10 Esplanade Whyalla, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, CMF 4 years |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	25 years 11 months
Height	6 feet 4 inches
Weight	190 lbs
Chest	34 inches
Complexion	Fresh
Eyes	Blue
Hair	Blonde
Religious Denomination	Presbyterian
Distinctive marks	None

Identity # 16

Date: 28th June 1918

- | | |
|--|--|
| 1. Name | Stephen Black |
| 2. Town or Parish/County | Morgan |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 29 |
| 5. Trade or calling | Farmer |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Margaret Black
River Drive, Beaumonts, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	29 years 3 months
Height	5 feet 0 inches
Weight	150 lbs
Chest	33 inches
Complexion	Sallow
Eyes	Dark
Hair	Dark
Religious Denomination	Roman Catholic
Distinctive marks	None

Identity # 17

Date: 1st April 1915

- | | |
|--|---|
| 1. Name | William Knight |
| 2. Town or Parish/County | Renmark, South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 19 (has letter from parents) |
| 5. Trade or calling | Labourer |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Mother, Mrs Bridget Knight
11 James Ave, Renmark |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, CMF still serving |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|----------------------------------|
| Age | 19 years 1 month |
| Height | 6 feet 2 inches |
| Weight | 180 lbs |
| Chest | 35 inches |
| Complexion | Fresh |
| Eyes | Blue |
| Hair | Brown |
| Religious Denomination | Church of England |
| Distinctive marks | Vaccination scar, upper left arm |

Identity # 18

Date: 1st April 1915

- | | |
|--|---|
| 1. Name | Donald Knight |
| 2. Town or Parish/County | Renmark, South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 20 (has letter from parents) |
| 5. Trade or calling | Labourer |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Mother, Mrs Bridget Knight
11 James Ave, Renmark |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, CMF still serving |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	20 years 11 months
Height	6 feet 1 inch
Weight	175 lbs
Chest	34 inches
Complexion	Fresh
Eyes	Blue
Hair	Brown
Religious Denomination	Church of England
Distinctive marks	Vaccination scar, upper left arm

Identity # 19

Date: 1st April 1915

- | | |
|--|---|
| 1. Name | Vincent Knight |
| 2. Town or Parish/County | Renmark, South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 22 |
| 5. Trade or calling | Labourer |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Mother, Mrs Bridget Knight
11 James Ave, Renmark |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, CMF still serving |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	22 years 2 months
Height	6 feet 4 inches
Weight	180 lbs
Chest	34 inches
Complexion	Fresh
Eyes	Blue
Hair	Brown
Religious Denomination	Church of England
Distinctive marks	Vaccination scar, upper left arm

Identity # 20

Date: 1st April 1915

- | | |
|--|--|
| 1. Name | Vincent Knight |
| 2. Town or Parish/County | Renmark, South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 24 |
| 5. Trade or calling | Labourer |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Wife, Mrs Bridget Knight
2 Seventeenth Ave, Renmark |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, CMF still serving |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|----------------------------------|
| Age | 24 years 5 months |
| Height | 6 feet 3 inches |
| Weight | 178 lbs |
| Chest | 34 inches |
| Complexion | Fresh |
| Eyes | Blue |
| Hair | Brown |
| Religious Denomination | Church of England |
| Distinctive marks | Vaccination scar, upper left arm |

Identity # 21

Date: 2nd November 1916

- | | |
|--|---|
| 1. Name | Reginald Ackland |
| 2. Town or Parish/County | Bordertown |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 22 |
| 5. Trade or calling | Farmer |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Father, Mr Percy Ackland
Double Creek Rd, Canawigara |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|--|
| Age | 22 years 6 months |
| Height | 5 feet 1 inch |
| Weight | 150 lbs |
| Chest | 33 inches |
| Complexion | Grey |
| Eyes | Brown |
| Hair | Black |
| Religious Denomination | Roman Catholic |
| Distinctive marks | Vaccination scar, upper left arm. Mole on nose, scar on right hand |

Identity # 22

Date: 16th August 1917

- | | |
|--|---|
| 1. Name | Archibald Thomas |
| 2. Town or Parish/County | Tailem Bend |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 42 |
| 5. Trade or calling | Blacksmith |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Beryl Thomas,
5 Second Avenue, Tailem Bend, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

- | | |
|------------------------|--|
| Age | 43 years 4 months |
| Height | 6 feet 3 inches |
| Weight | 185 lbs |
| Chest | 34 inches |
| Complexion | Grey |
| Eyes | Brown |
| Hair | Light Brown |
| Religious Denomination | Roman Catholic |
| Distinctive marks | Vaccination scar upper left arm, scars on both hands and top of feet |

Identity # 23

Date: 14th October 1917

- | | |
|--|---|
| 1. Name | Frank Anderson |
| 2. Town or Parish/County | Coonalpyn |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 42 |
| 5. Trade or calling | Farm Hand |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Mrs Catherine Anderson
Carcuma Rd, Carcuma, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	42 years 9 months
Height	5 feet 7 inches
Weight	175 lbs
Chest	34 inches
Complexion	Dark
Eyes	Dark
Hair	Dark
Religious Denomination	Church of England
Distinctive marks	Scar on right elbow

Identity # 24

Date: 25th April 1915

- | | |
|--|--|
| 1. Name | Raymond Fitch |
| 2. Town or Parish/County | Mile End, South Australia |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 26 |
| 5. Trade or calling | Baker |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Father, Mr James Fitch,
5 Worlds End Rd, Worlds End, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes, 5 years |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	26 years 3 months
Height	5 feet 6 inches
Weight	190 lbs
Chest	34inches
Complexion	Sallow
Eyes	Green
Hair	Brown
Religious Denomination	Roman Catholic
Distinctive marks	Scars on both hands

Identity # 25

Date: 3rd October 1914

- | | |
|--|---|
| 1. Name | Horace Armstrong |
| 2. Town or Parish/County | Beaumont |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 29 |
| 5. Trade or calling | Solicitor |
| 6. Apprentice | No |
| 7. Married | Yes, |
| 8. Next of kin | Mrs Penelope Armstrong
8 The Common Beaumont, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	29 years 9 months
Height	6 feet 5 inches
Weight	190 lbs
Chest	34 inches
Complexion	Fresh
Eyes	Blue
Hair	Dark Brown
Religious Denomination	Church of England
Distinctive marks	None

Identity # 26

Date: 7th May 1916

- | | |
|--|--|
| 1. Name | John Lynch |
| 2. Town or Parish/County | Tea Tree Gully |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 18 |
| 5. Trade or calling | Carpenter |
| 6. Apprentice | Yes, Carpenter |
| 7. Married | No |
| 8. Next of kin | Father, Mr Michael Lynch,
7 Range Rd Houghton |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes, CBC Cadets |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	18 years 4 months
Height	5 feet 8 inches
Weight	170 lbs
Chest	34 inches
Complexion	Sallow
Eyes	Grey
Hair	Brown
Religious Denomination	Roman Catholic
Distinctive marks	Birthmark right side of neck

Identity # 27

Date: 17th March 1915

- | | |
|--|-------------------------------------|
| 1. Name | Sydney Tonks |
| 2. Town or Parish/County | Strathalbyn |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 26 |
| 5. Trade or calling | Farmer |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Father, 12 Adelaide Rd, Strathalbyn |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	26 years 7 months
Height	5 feet 2 inches
Weight	177 lbs
Chest	34 inches
Complexion	Pale
Eyes	Blue
Hair	Light Brown
Religious Denomination	Methodist
Distinctive marks	Vaccination scar upper left arm

Identity # 28

Date: 9th November 1914

- | | |
|--|--|
| 1. Name | Hurtle Noonan |
| 2. Town or Parish/County | Thebarton |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 20 (Permission letter from parents) |
| 5. Trade or calling | Warehouseman |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Mother, Mrs Caroline Noonan
10 Phillips St, Thebarton, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | Yes, Cadets |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	20 years 5 months
Height	6 feet 7 inches
Weight	180 lbs
Chest	34 inches
Complexion	Pale
Eyes	Blue
Hair	Brown
Religious Denomination	Roman Catholic
Distinctive marks	Vaccination scar on upper left arm

Identity # 29

Date: 23rd October 1918

- | | |
|--|--|
| 1. Name | Ernest Umbridge |
| 2. Town or Parish/County | Wayville |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 21 |
| 5. Trade or calling | Grocer |
| 6. Apprentice | No |
| 7. Married | No |
| 8. Next of kin | Mother, Mrs Anne Umbrige, 12
Rose Tce, Wayville, SA |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	21 years 3 months
Height	5 feet 7 inches
Weight	165 lbs
Chest	34 inches
Complexion	Pale
Eyes	Brown
Hair	Brown
Religious Denomination	Roman Catholic
Distinctive marks	None

Identity # 30

Date: 12th February 1916

- | | |
|--|--|
| 1. Name | Murray Reid |
| 2. Town or Parish/County | Goodwood |
| 3. Natural born or naturalised | Natural Born |
| 4. Age | 32 |
| 5. Trade or calling | Analytical Chemist |
| 6. Apprentice | No |
| 7. Married | Yes |
| 8. Next of kin | Wife, Mrs Jane Reid
32 Essex St North, Goodwood |
| 9. Previous convictions | No |
| 10. Have you been discharged | No |
| 11. Belong to or served in military | No |
| 12. Stated all of your previous service | Yes |
| 13. Rejected as unfit for service, grounds | No |
| 14. Understand about allowance/pay | Yes |
| 15. Prepared to be vaccinated | Yes |

Fill out the declaration with the serviceperson's name.

If your serviceperson is married (Q7) choose how much of their pay you would like them to provide to their dependents, and if they are not married cross out the last line.

Then make up a signature for your serviceperson and include the provided date above.

Medical examination

Age	32 years 4 months
Height	6 feet 8 inches
Weight	189 lbs
Chest	34 inches
Complexion	Pale
Eyes	Blue
Hair	Light Brown
Religious Denomination	Church of England
Distinctive marks	Scars on both hands, vaccination scar upper left arm