MOBILIZATION ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act, or when voluntarily enlisted.

Army No. N418490
Surname POTTS
Christian Names SLEEPY CHARLES
Unit 3rd Volunteer Defence Corps
Enlisted for war service at N.S.W. (State) 28/4/1942 (Date)

Questions to be put to persons called out or presenting themselves for enlistment.*

1. What is your name? ... Surname POTTS (BLOCK CAPITALS) Other names SLEEPY CHARLES
2. Where were you born? ... In or near the town of N.S.W.
3. Are you a British Subject? ... In the state or country of...
4. What is your age and date of birth? ... Age 24 years Date of Birth 9/12/1889
5. (a) What is your normal trade or occupation? Grade if any? (b) Present occupation? ... ... 
6. Are you married, single or widower? ... (a) Married (b) Widower
7. If married state date of marriage? ... (a) No (b) ...
8. Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm? (a) No (b) ...
9. What was the reason for your discharge? ...
10. Who is your actual next of kin? (Order of relationship—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister)

9. What is your permanent address? ... ... ...
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) ...

11. Which, if any, of the following Educational Qualifications do you possess? ...

12. Have you ever been convicted by a Civil Court? ... If so—(a) What Court? ... ... ... ...
12. Have you ever been convicted by a Criminal Court? ... If so—(a) What Court? ... ... ... ...
12. Have you ever been convicted by a Criminal Court? ... If so—(b) for what offence? ...

1. Certificate for entry to Secondary School ... 0
2. Intermediate ... 0
3. Leaving ... 0
4. Leaving Honours ... 0
5. Technical ... 0
6. University Degree ... 0
7. Other Diplomas ...

Signed, ...
Witnessed by ...

Do solemnly declare that the above answers made to the above questions are true.

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.
MEDICAL EXAMINATION

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 I.
3. Fit for Class II.
4. Temporarily unfit for Class II.
5. Unfit for military service.

Place:

Signature of Examining Medical Officer

* Classifications which are inapplicable to be struck out. † Reasons for unfitness to be stated.

C

OATH OF ENLISTMENT †

For persons voluntarily enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I, [Name] Charles Pratt, swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, 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!

Signature of Person Enlisted

Subscribed at Naunghope in the State of N.S.W.

this 28th day of April 19... 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.

Can you—

(a) Drive a motor car? N O
(b) Drive a motor lorry? N O
(c) Ride a motor cycle? N O
(d) Make running repairs?
(e) Cook? N O
(f) Use a typewriter? N O

Have you any experience in—

(a) Signalling—Wireless? N O
(b) First Aid to injured? N O
(c) Nursing? N O
(d) Butchering? N O

Have you—

(a) Submitted a National Register Card? N O
(b) Changed your address or occupation, since filling in National Register Card? N O
(c) Enrolled under Part IV D.A. for Universal Service. N O
(d) If so in which Area 138
<table>
<thead>
<tr>
<th>Rank</th>
<th>Christian Names</th>
<th>SLOPER CHARLES</th>
<th>Surname</th>
<th>POTTs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian Names</td>
<td>SLOPER CHARLES</td>
<td>Surname</td>
<td>POTTs</td>
<td></td>
</tr>
<tr>
<td>Date of Enlistment</td>
<td>29.4.42</td>
<td></td>
<td>Marital Condition</td>
<td>WIDOWER</td>
</tr>
<tr>
<td>Place</td>
<td>WAUCHOPE, N.S.W</td>
<td></td>
<td>Next of Kin</td>
<td>ELIZABETH AM POTTs</td>
</tr>
<tr>
<td>Date and Place of Birth</td>
<td>9.12.1889, MUDGEE, N.S.W</td>
<td></td>
<td>Address of Next of Kin</td>
<td>56 LEWIS ST</td>
</tr>
<tr>
<td>Trade or Occupation</td>
<td>DOCKER</td>
<td></td>
<td>Relationship</td>
<td>MOTHER</td>
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<tr>
<td>Religion</td>
<td>C. OF E</td>
<td></td>
<td>Identification—Color of Hair</td>
<td>fair</td>
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<tr>
<td>Distinctive Marks</td>
<td></td>
<td></td>
<td>Eyes</td>
<td>blue</td>
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</tbody>
</table>

**Medical Classification**—Class I.  
**Record of all casualties regarding promotions (c) | (handling, temporary, local or substantive), |**
| appointments, transfers, postings, attachments, etc., for | | |
| cessation of pay, wounds, accidents, | | |
| admission to and discharge from Hospital, Casualty Clearing | | |
| Stations, etc., Date of | | |
| disembarkation and embarkation from a theatre of war | | |
| (including furlough, etc.). | | |

**REPORT**

<table>
<thead>
<tr>
<th>Date</th>
<th>From whom received</th>
<th>Date of Casualty</th>
<th>Place of Casualty</th>
<th>Authority &amp; Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 SEP 1945</td>
<td>30Bn</td>
<td>27 MAR 43</td>
<td>NSW</td>
<td>B.3017</td>
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<tr>
<td><strong>ON STRENGTH</strong></td>
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<tr>
<td>DISCHARGED UNDER V.D.C. REG 6 (2)</td>
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<td>30 SEP 1945</td>
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<td>BECAUSE OF THE DISBANDMENT OF HIS CORPS</td>
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<tr>
<td>Date</td>
<td>From whom received</td>
<td>Record of all casualises regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, etc., return of per, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, etc., Date of disembarkation and embarkation from a theatre of war (including Furface, etc.),</td>
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<td>Place of Casualty</td>
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</tbody>
</table>
COVER FOR PERSONAL DOCUMENTS.

Surname: Potts
Other names: Snapper Charles
Rank: VDC
Unit: VDC

Army No. 448190
AUSTRALIAN MILITARY FORCES.

REGISTERED POST.

Eastern Command Echelon & Records,
Broadway,
SYDNEY.

26 Jun 46

MEMO TO:
Mr. S. C. Potts
56 Lewis St.,
MUDGEE, N.S.W.

Forwarded herewith is Certificate of Discharge No. 17661 in respect of your service in the Volunteer Defence Corps on Part Time Duty.

Discharge Certificate is to be signed by you where indicated.

Enc.

Officer in Charge Eastern Command Echelon and Records.

[Signature]

Capt.

[Signature]

Lt.-Col.
PARTICULARS OF DISCHARGE PROCEEDINGS
VOLUNTEER DEFENCE CORPS ON PART TIME
WAR SERVICE.

ARMY NO. N 448490 RANK Pt.

NAME Closen Charles POTTS.

ENLISTED on 28/4/42 DISCHARGED 30 SEP 1945

REASON FOR DISCHARGE Disbandment of Corps

AUTHORITY R/O 1/451/45 UNIT 30 Br.

CERTIFICATE OF DISCHARGE NO.

POSTAL ADDRESS 56 Lewis St. Mudgee

13 Jun 1946

Lieut. For Lt.-Col.
Officer in Charge Eastern Command Echelon & Records.
Medical History Sheet of

Surname (in capitals) Potter
Christian Names Charles
Age 57 years 5 months
Date of birth 1895-06-19
Religious Denomination
Occupation
Complexion
Colour of hair
Colour of eyes
Distinctive marks, and marks indicating congenital peculiarities or previous disease

TABLE I.

1. Are you now suffering from any disease or disability?

2. Have you ever suffered from any of the following illnesses?
   (a) Rheumatic Fever
   (b) Weak Heart or Heart Disease
   (c) Tuberculosis or Consumption
   (d) Spitting of blood
   (e) Pleurisy
   (f) Asthma or Shortness of breath
   (g) Venerable Disease or Stricture
   (h) Neurasthenia or Nervous Breakdown

3. Have you had fits of any kind?

4. Have you had discharge from either ear?

5. Have you had a broken bone or been seriously injured?
   If so, state nature and date

6. Have you been operated upon?
   If so, state nature and date

7. Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?
   If so, give particulars (relation and when)

8. Have you been rejected or deferred for Life Insurance?

9. Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces?
   If so, give date and reason

*10. Have you been wounded, suffered from Shell Shock, or Gas Poisoning?
   If so, give particulars

I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Station
Date
Signature of Recruit

Examined on 28/11/19 VISION
Without glasses
Right

With glasses
Right

Left

Height 5 feet 11 1/2 inches.

Weight 160 lbs.

Chest Measurement
Girth when full expanded 34 inches.

Range of expansion 4 inches.

Vaccination Marks
Right


Number


When vaccinated

Blood Pressure, Systolic

Diastolic

Slight defects, but not sufficient to cause rejection

Experienced by me and classified as follows:
Classification:

Subsequent Medical Examinations:
Classification:

* Only to be answered if the recruit has had active service.
† The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act.
‡ In accordance with S.O. A.A.M.S., reason for unfitness to be stated.
<table>
<thead>
<tr>
<th>(1) Name of Hospital or Place of Treatment</th>
<th>(2) Period</th>
<th>(3) Place of Casualty</th>
<th>(4) Date</th>
<th>(5) Disability and Remarks bearing on the case likely to be of future use</th>
<th>(6) Signature of Medical Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From——</td>
<td>To——</td>
<td>No. of Days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MOBILIZATION ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act, or when voluntarily enlisted.

Army No. 14418490
Surname POTTS
Christian Names ESPER GEORG
Unit 2/35 Volunteer Defence Corps
Enlisted for war service at N.S.W. (Place)
N.S.W. (State) 28/4/42 (Date)

A

Questions to be put to persons called out or presenting themselves for enlistment.*

1. What is your name? ...

2. Where were you born? ...

3. Are you a British Subject? ...

4. What is your age and date of birth? ...

5. (a) What is your normal trade or occupation? Grade if any? ...
(b) Present occupation? ...

6. (a) Are you married, single or widower?
(b) If married state date of marriage? ...

7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm?
(b) What was the reason for your discharge? ...

8. Who is your actual next of kin? (Order of relationship—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister)

9. What is your permanent address? ...

10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) ...

11. Which, if any, of the following Educational Qualifications do you possess? ...

12. Have you ever been convicted by a Civil Court? ...
   If so—(a) What Court? ...
   (b) For what offence? ...

I, .... do solemnly declare that the above answers made by me to the best of my knowledge are true.

Witnessed by: ...

Signature: ...

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.
MEDICAL EXAMINATION

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 I.
3. Fit for Class II.
4. Temporarily unfit for Class II.
5. Unfit for military service.

Place: [Signature of Examining Medical Officer]
Date: [Signature of Examining Medical Officer]

*Classifications which are inapplicable to be struck out.† Reasons for unfitness to be stated.

OATH OF ENLISTMENT†

For persons voluntarily enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I, [Signature], swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, 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!

Signature of Person Enlisted

Subscribed at [Signature] in the State of W.S.W.

this 25 day of W.S.W. 19

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 cases the above form will be amended accordingly and initialed by the Attesting Officer.
TABLE III.

Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

<table>
<thead>
<tr>
<th>Date</th>
<th>Brief Details</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

TABLE IV.—Prescription for Spectacles.

<table>
<thead>
<tr>
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</tbody>
</table>

Frame No. (or measurements) | Date of Issue

Signature of M.O.
TABLE V.
(Not required to be filled in at time of Medical Examination on Mobilization.)

<table>
<thead>
<tr>
<th>Dental condition on first examination:---</th>
<th>Dental Requirements:---</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Tooth Chart" /></td>
<td></td>
</tr>
</tbody>
</table>

No alteration or addition will be made to this chart after the dental condition has been recorded.

Symbols to be used by Dental Officer.

<table>
<thead>
<tr>
<th>Dentally fit . .</th>
<th>Dentally fit</th>
<th>Gingivitis</th>
<th>. .</th>
<th>. .</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing</td>
<td>M</td>
<td>Scaling required</td>
<td>. .</td>
<td>Sc.</td>
<td></td>
</tr>
<tr>
<td>Unerupted</td>
<td>U</td>
<td>Dentures—Full Upper</td>
<td>.</td>
<td>FU</td>
<td></td>
</tr>
<tr>
<td>Extraction required X</td>
<td>Full Lower</td>
<td>.</td>
<td>FL</td>
<td></td>
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</tr>
<tr>
<td>Filling required Y</td>
<td>Part Upper PU (No. of teeth . . . . . )</td>
<td>.</td>
<td>.</td>
<td></td>
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</tr>
<tr>
<td>Restored tooth R</td>
<td>Part Lower PL (No. of teeth . . . . . )</td>
<td>.</td>
<td>.</td>
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</tr>
</tbody>
</table>

NOTE.—Teeth replaced by a denture to be marked "D."

TABLE VI.
Details of defects detected which are not such as to cause rejection.

TABLE VII.