

AUSTRALIAN



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

ATTESTATION PAPER OF PERSONS ENLISTED FOR SERVICE ABROAD

No. 222 Name CHAPMAN LESLIE HUME
 Unit No 7 A.G.H.
 Joined on JUNE 26 - 1917

Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... 1. Leslie Hume Chapman
2. In or near what Parish or Town were you born? ... 2. In the Parish of Mulby in or near the Town of _____ in the County of _____
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ... 3. Yes
4. What is your age? ... 4. 24
5. What is your trade or calling? ... 5. Clerk
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... 6. No
7. Are you married? ... 7. No
8. Who is your next of kin? (Address to be stated) ... 8. Mrs. E. Chapman (mother)
76 Park Terrace
Waysville
9. Have you ever been convicted by the Civil Power? ... 9. No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incurable and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with disgrace from the Navy? ... 10. No
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy or Colonial Forces? If so, state which, and if not now serving, state cause of discharge ... 11. Pay loop North Sea 9 months
12. Have you stated the whole, if any, of your previous service? ... 12. Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... 13. Yes - Injury to ankle
14. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)— Do you understand that no Separation Allowance will be issued to you after embarkation during your term of service? ... 14. _____
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ... 15. Yes

I, Leslie Hume Chapman do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than $\frac{two-fifths}{three-fifths}$ of the pay payable to me from time to time during my service for the support of my ^{wife * †} wife and children

Date June 26 - 1917

L. H. Chapman
Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.
 † Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

Description of Leslie Anne Chapman Enlistment

Age 34 years 4 months
Height 5 feet 6 inches
Weight 148 lbs.
Chest Measurement 35 3/4 inches
Complexion Fair
Eyes Brown
Hair Fair
Religious Denomination C of E

DISTINCTIVE MARKS.
Scar. of Left Arm

CERTIFICATE OF MEDICAL EXAMINATION.

I HAVE examined the above-named person, and find that he does not present any of the following conditions, viz.:-

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having been marked with the letters D. or B.C.; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any description.

I consider him fit for home service.

Date June 26 1917
Place No 7 A.G.H

W Bausley
Signature of Examining Medical Officer.

CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above named person is correct, and that the required forms have been complied with. I accordingly approve, and

appoint him to No 7 Australian General Hospital

Date June 26 1917
Place No 7 A.G.H

L. Colonel
Commanding No 7 A.G.H



MILITARY FORCES OF THE COMMONWEALTH.

PROCEEDINGS ON DISCHARGE.

No. 93

Rank— Corporal

Name— Chapman Leslie Hume

NOTE.—The name must agree strictly with that on enlistment, unless changed subsequently by authority.

Corps— Australian Army Pay Corps

Date of Discharge— 25th June 1917

Place of Discharge— Adelaide

1. Description on Discharge.

Age 24 years 4 months
Height 5 feet 4 inches
Complexion Fresh
Eyes— Hazel
Hair— Brown
Trade— Master Plumber
Intended place of Residence } 46 Park Terrace
(This should be given as fully as practicable.) } Wayville

Descriptive Marks.

[Faint handwritten notes]

2. The above-named man is discharged ~~in consequence of~~

At his own request.

3. His conduct and character while in the service have been, according to the records, &c.—

Very good

4. Special Qualifications for employment in civil life—

Master Plumber

Camp Pay Section
18/6/17

DISTRICT PAY OFFICE		
416 MILITARY ROAD		
104	1	M.

O. C.
Australian Army Pay Corps.
Adelaide

I hereby tender my resignation
from the A. A. P. C. to take effect from the
26th Inst. with a view of re-joining with the No. 7th
Australian General Hospital at Koorik.

Trusting you will consider my discharge my
discharge favorably.

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I am Sir.

Your Obedient Servant.

L. B. Chapman. P.M.

Discharged Granted

Thomas Poyl

Major
20.6.17 District Paymaster

To be discharged Monday 25th

AL

INDEMNITY BOND

I, the undersigned, having been duly examined by
..... *A Medical Officer* and pronounced by him to
be suffering from..... *Weak Ankle & heart*
in consideration of being employed by the department of
Defence of the Commonwealth of Australia in what is known
as "Home Service" do hereby undertake and agree that I will not
nor will anyone on my part or behalf nor will my legal
representatives nor anyone through or on behalf of such
representatives nor will any dependant or dependants of mine
nor will any person or persons party or parties whomsoever
make any claim on the said Department for compensation for
incapacity or death directly or indirectly due to the above-
mentioned physical defect ailment or disease. And I hereby
agree for myself my executors and administrators or any persons
or persons claiming through or on behalf of me or them that
while so employed I shall and will hold the said Department
free and indemnified against my death or incapacity occasioned
and due either directly or indirectly by such physical defect
ailment or disease as aforesaid.

Dated this *12th* day of *July* 1917

Signature..... *L. H. C. Spencer*

Witness..... *W. H. Smith*

AUSTRALIAN IMPERIAL FORCE.

No. _____

Rank _____

Name

Chapman. L. H.

Unit _____

DEPOT