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Title: HARRISON WILLIAM ALBERT : Service Number - VX41478 : Date of birth - 24 Jun 1913 : Place of birth - HAY NSW : Place of enlistment - CAULFIELD VIC : Next of Kin - HARRISON E

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Fact sheet 7 – Citing archival records

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AUSTRALIAN  MILITARY FORCES

ATTESTATION FORM

FOR SPECIAL FORCES RAISED FOR SERVICE IN AUSTRALIA OR ABROAD.

Army No. 41478
 Surname HARRISON Other Names William Albert
(BLOCK CAPITALS)
 Unit Gen. Rein.
 Enlisted for service at TOWN HALL, MELBOURNE, (Place)
Victoria (State) 21. 6. 40 (Date)

A

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

- | | |
|---|--|
| 1. What is your name? | 1. Surname <u>HARRISON</u>
<small>(BLOCK LETTERS)</small> |
| | Other names <u>William Albert</u> |
| 2. Where were you born? | 2. In or near the town of <u>Hay</u>
in the state or country of <u>NSW</u> |
| 3. Are you a natural born or a naturalized British Subject? If the latter, papers are to be produced | 3. <u>Yes</u> |
| 4. What is your age and date of birth? | 4. Age <u>27 years</u>
Date of Birth <u>21 June 1913</u> |
| 5. What is your trade or occupation? | 5. <u>Transport Driver</u> |
| 6. Are you married, single or widower? | 6. <u>Single</u> |
| 7. Give details of previous Military Service | A.M.F. No. _____ Rank _____ Unit _____
Other Military Service No. _____ Rank _____ Unit _____ |
| 8. If now serving, give particulars | 8. No. _____ Rank _____ Unit _____ |
| 9. 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. Name <u>Mrs William Harrison</u>
Address <u>6 Bayview St</u>
<u>Chalton</u>
Relationship <u>Mother</u> |
| 10. What is your permanent address? | 10. <u>6 Bayview St</u>
<u>Chalton</u> |
| 11. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) | 11. <u>Ch. of E.</u> |

I, William Albert Harrison do solemnly declare that the above answers made by me to the above questions are true and that I am willing to serve in the Australian Military Forces within or beyond the limits of the Commonwealth.

Witnessed by [Signature] (Signature of Recruiting or Witnessing Officer) W. Harrison 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 Act.

B

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. Unfit for military service†.....

Place TOWN HALL, MELBOURNE Date 21-6-40
 Signature of Examining Medical Officer L. A. M. C. A.

* Classifications which are inapplicable to be struck out.

† Reasons for unfitness to be stated.

C

OATH OF ENLISTMENT‡

I, William Albert Harrison swear that I will well and truly serve our Sovereign Lord, the King, in the Military Forces of the Commonwealth of Australia until the cessation of the present time of war and twelve months thereafter 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 W. Harrison

Subscribed at Baulfield in the State of Victoria
 this Twenty sixth day of June 1940

Before me—

Signature of Attesting Officer W. J. Perry

‡ 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.



Officer in Charge,
Records Office,
Vic. P. of C. Area

I hereby acknowledge receipt of AAF.A.151 (Will Form)
completed by me whilst a member of the A.I.F.

VX 41478 Harrison

Signature.

W. A. Harrison

2 Wills 9/8/43

NAME HARRISON, W. A No. YX11475

Address ~~1741 1/2 W. 11th St~~

1	<input checked="" type="checkbox"/> 1939/45 STAR	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/> AFRICA STAR	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/> ,, with 1st Clasp	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/> ,, with 8th Clasp	<input checked="" type="checkbox"/>
5	<input type="checkbox"/> ATLANTIC STAR	<input type="checkbox"/>
6	<input type="checkbox"/> A.C. EUROPE STAR	<input type="checkbox"/>
7	<input type="checkbox"/> ITALY STAR	<input type="checkbox"/>
8	<input type="checkbox"/> FRANCE & G. STAR	<input type="checkbox"/>
9	<input checked="" type="checkbox"/> PACIFIC STAR	<input checked="" type="checkbox"/>
10	<input checked="" type="checkbox"/> BURMA STAR	<input checked="" type="checkbox"/>
11	<input checked="" type="checkbox"/> DEFENCE MEDAL	<input checked="" type="checkbox"/>
12	<input checked="" type="checkbox"/> WAR MEDAL	<input checked="" type="checkbox"/>
13	<input checked="" type="checkbox"/> A.S.M.	<input checked="" type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>

Recorder 738
Checker ALB

AWARDS WITHHELD
Serials: _____
REASON: _____

AUTHORITY: All Awards Eng
16-11-53

Packer _____
Despatcher _____

TO WHOM DESPATCHED All awards
postia 23-12-53

Reg'd Parcel No. _____ DATE _____

RECEIPT

Serials _____ Sig _____

AHQ Press-3443-9/46-710m DATE _____
P T O

CERTIFIED TRUE COPY
 I CERTIFY THAT THIS IS A TRUE COPY OF THE
 ORIGINAL OF WHICH IT PURPORTS TO BE A COPY, AND
 THAT I AM THE OFFICER HAVING THE CUSTODY OF THE
 ORIGINAL

SERVICE AND CASUALTY FORM

A.F. B.103-1 (Adapted)

Army No. **VX41478**

Unit **2/5 Bn**

Surname **HARTSON**

Christian Names **William Albert**

(Block Capitals)

Officer-in-Charge District Records Office,
 Southern Command (3)

Date of Enlistment **26/6/40**

Place **Caulfield**

Date of Birth **24/6/1913**

Place of Birth **Hay NSW**

Trade or Occupation **Transport driver**

Religion **C of E**

Marital Conditions **Married**

Next of Kin **~~Edna M. Hartson~~**

Address of Next of Kin **~~6 Bayview St~~**

Relationship **~~Mother~~**

Medical Classification **Class I - ~~XXIII~~ D**
 (On Enlistment)

Identification - Colour of Hair **Black** Eyes **Brown**
 Distinctive Marks **Appendix scar R side.**

REPORT

Date	From whom received
26/6/40	O.C.R.R.D.
4/7/40	6/6 9/18n
7.8.40	"
21.10.40	6n.
10.11.40	17.1.1.7.84
10.1.41	"
18.3.41	"
30.3.41	"
9.4.41	2/5 Bn.
1.4.41	500
1.4.41	500
26.5.41	500
16.6.41	500

Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, etc., forfeiture 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 return, etc.).

Taken on strength R.R.D.
 Trans to supply Coy Bn
 To be Actg/Plt
 Embarked 51
 Disembarked
 To 2nd Motor Mechanics School No. 5 Course
 Rejoined unit from M.E. Motor Mechanics School
 Disembarked out to 2/5 Bn
 Embarked for Greece
 Disembarked on strength
 Reverts to 2/5 Bn
 Re-embarked in M.E. for Greece
 Promoted a/Plt.

Date of Casualty	Place of Casualty	Authority	Signature of Officer Certifying Correctness of Entries
26/6/40	C Field R.O. 132A/38/40	B.3011, B.2069, or other Document	Edna M. Hartson
25/6/40	Bombardier	W.3011	W.3011
6.8.40	"	W.3011	W.3011
15.9.40	Mellum	A.306	A.306
17.10.40	Palestine	W.3011	W.3011
9.11.40	"	W.3011	W.3011
10.1.41	"	W.3011	W.3011
17.3.41	Greece	W.3011	W.3011
30.3.41	Greece	W.3011	W.3011
9.4.41	M.E.	W.3011	W.3011
1.4.41	500	W.3011	W.3011
1.4.41	500	W.3011	W.3011
26.5.41	500	W.3011	W.3011
16.6.41	500	W.3011	W.3011

NOTHING TO BE WRITTEN IN THIS SPACE.

MSH. Lt. W. A. Harrison

NOTHING TO BE WRITTEN IN THIS SPACE.

REPORT		Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, etc., forfeiture of pay, wounds, accidents, discharges and change from Hospital, Casualty Clearing Stations, etc. Date of disembarkation and embarkation from a theatre of war (including Enroute, etc.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Signature of Officer Certifying Correctness of Entries
Date	From whom received					
18.11.41	2/5 AM.	Rank of Cpl. Confirmed. 58/3239	28.7.41	MFE.	W3011	JWH
21.3.42		Embarked M.E. 1/520	10.3.42		W3169	JWH
24.3.42		Embarked Baysan	21.3.42	Colombo		JWH
11.7.42	"	Embarked in Baysan	11.7.42			
1.8.42	"	Disembarked in Melbourne MARCHED OUT TO NSW.	4.8.42	MELB		
18.9.42	✓	LOI CARIA 18.9.42	18.9.42	Aust	W3011	JWH
13.11.42	✓	Embarked 49 Red 1 of C Area X NSW 1 of C Area	4.10.42	NSW	X478 R55/5/486	JWH
3.11.42	✓	Embarked 49 Red 1 of C Area	10.10.42	Aust	W3011	JWH
24.10.42	"	Martial Amation - Change of 9/2372	13.10.42	"		
17.10.42	✓	EMBARKED AT BRISBANE 14/2263	5.10.42		W3169	JWH
17.11.42	✓	DISSEMBLED AT BRISBANE	13.10.42		W3011	JWH
17.11.42	✓	Corrigenda P of 9/2372 Jan 13.10.42 del 14/2263	20.8.42	NS		
15.2.43	D.A.C.S.	Evac 10 A.C.C.S. - CONSENTED to "X" list. 10/43	12.1.43		W3034	JWH
3.3.43	✓	Disch 10 v v and returned to Unit. 14/2310	23.1.43		W3034	JWH
3.3.43	2/5 PM	Reprint Unit and struck off "X" list 14/2263	23.1.43		W3011	JWH
11.3.43	2/9 A.M.	Evac 2/9 Aust. Gen Hosp - 1st Det. A. Knee Joint - and transferred to "X" list 16/2718	9.2.43		W3034	JWH
17.3.43	✓	Evac 2/9 A.S.H. to H.S. Manunda 16/2544	19.2.43		W3034	JWH
17.3.43	✓	Embarked N.S. H.S. Manunda Disembarked Brisbane and evacuated to Amb Train for further South 14/2513	19.2.43		Man Poll	JWH
			24.2.43	Aust		

SERVICE AND CASUALTY FORM

Continuation Sheet to A.F. B. 103-1.

1st Sgt. Harrison W.

a.w. 200m 3/43

VX HIA 178

REPORT		From whom received	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, etc., forfeiture 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, &c.).	Date of Casualty	Place of Casualty	Authority B. 2081 or other Document	Initials of Officer Concerned or Entries of Entries
Date	Received						
16.3.H3	102 AGIN		Leave Am'g to 102 AGIN	25.2.H3	Am'g.	W3024	P
16.3.H3	112 ACD		Leave 102 AGIN to 112 ACD	5.3.H3			P
16.3.H3			Move 112 ACD to 112 AGIN MSW	12.3.H3			P
21.4.H3	DRD Vic		Alms GDD. Re. ex GDD MSW 5/10/2539	22.3.H3		Extract	P
13.4.H3			Adms 115 AGIN. Malawa	24.3.H3			P
28.9.H3	115 MILH		Disch 115 M-H to 115 Detain & Depot				P
11.6.H3	DDMS		Re R of Area	3.5.H3			P
			Medical Classification assessed as medically unfit to carry out certain duties w/p				
			transfer for military service by medical boards				
27.5.H3	115 M-H		Leave 115 M-H Hosp (try to work Kansas 26/7/41)	9.3.H3		D2	P
			ex 115 Detain & Depot. Re R of Area. MS				
5.8.H3			Disch 115 M-H to 115 Detain & Depot. Re 26/6/77/113	27.5.H3		W3024	P
				4.5.H3			P
			f. In am				
			for O. i/c. Records				
9.4.43	840		Leave to 115 M.H. (Direct from leave)	4.4.43	Effeld	W3024/1930	
22.4.43	840		Leave to 115 M.H.	10.4.43	Effeld	W3024/1930	
3.5.43	115 M.H.		Direct to unit via Effeld (Malawa)	3.5.43			

NOTHING TO BE WRITTEN IN THIS SPACE

PROCEEDINGS ON DISCHARGE:

RETURNEE

(To be compiled by Vic L of C Area, General Details Depot and forwarded to Records Office on Completion of Discharge.)

REPAT. CASE

1. Vic L of C Area Authy 3079 Date 9.8.43 AMR & O 253 (1) Sec 11
NAME HARRISON WILLIAM ALBERT
(in full, Surname in block letters)
Army No. 41478 Rank Sgt Unit 2/5 Aust Bn.
D/C No. 44873 WIDOWER, MARRIED, SINGLE (Cross out as required.)
Discharged at General Details Depot, Caulfield, as at 1.10.43
(53 days)

2. MEDICAL PARTICULARS ON DISCHARGE (To be compiled by Examining M.O.)

Age 30 Height 5'10 1/2 Eyes brown Distinctive Marks _____
Hair Brown Complexion Dark

I certify that the soldier named above, on the date of Discharge DID/DID NOT claim or reveal a disability caused or aggravated by War Service. (Strike out DID or DID NOT as req'd.)

Where such disability was claimed or revealed, the matter has been investigated by a Medical Board.

FMMH. 58.43.

+R. 2.843.

(Signature of Examining M.O.)

In cases where the disability has not been investigated Discharge will be deferred.

3. REASON FOR DISCHARGE Med. Unfit for Service

Total period of service towards completion of engagement 1193 days including:-

Active Serv. Abroad 853 & in Aust. 258 Total Active Serv. 1113 days.
Intended place of residence after Discharge, to which D/C may be posted is:- 59 Andrew St Melbourne.

4. UNIFORM RETURNED No PLAIN CLOTHES ISSUED Yes or _____
DESPATCHED TO _____ BY Brown ON 10.8.1943

5. CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my Pay, Allowances, and Clothing, and just demands, up to the present date, subject to the reservations of the claims noted on the reverse, herewith.

PLACE _____ (Signature of Soldier) W. P. Harrison
DATE _____ (Signature of Witness) M. McComb

6. CONFIRMATION OF DISCHARGE.

I have impartially inquired into all matters brought before me in accordance with regulations, and hereby confirm the Discharge.

PLACE Melbourne 9.8.43
OFFICER I/C, Records Office
Victoria L. of C. AREA.

DATE of EMBARKATION 15/9/40 DATE of DIS-EMBARKATION 4/8/42
DISABILITY, and D. of D. (for Medical Reasons only) _____
(VIC)

REPAT. CASE

N 9. 8/10/42

22/3/43. Osteoarthritis of Knees. PTE

689-166 19
855
Police serv. outside Aust.

AUSTRALIAN MILITARY FORCES

PRO-FORMA (C).

This form to be signed and Returned IMMEDIATELY to :-

District Records Office,
Vic. I. of C. Area,
281 Lonsdale St.,
MELBOURNE. C.I.

RECEIVED from the Officer in Charge, District Records
Office.

Vic. Lines of Communication Area,

RETURNED FROM ACTIVE SERVICE (A)

-----Badge

Numbered 15027-----

Date 12.8.41-----

M. P. Nevins-----

Signature