

NAA: B2455, SNOWBALL ARTHUR RALPH

Series number: B2455

Control symbol: SNOWBALL ARTHUR RALPH

Barcode: 8087603

Number of pages: 29

Title: SNOWBALL Arthur Ralph: Service Number - 58845: Place of Birth - Waterloo NSW: Place of

Enlistment - Sydney NSW: Next of Kin - (Father) SNOWBALL Ralph John

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FINAL LEAVE	1/0 D MG
To the	9,19 Dinling-
From AUSTRALIAN AUSTRALIAN	MILITARY FORCES. 2
BAR BANT TO SPACE OF THE STATE	Part Man
AUSTRALIAN II	MPERIAL FORCE
TODIAL I	MPERIAL FORCE.
Attestation Paper of Porcon	s Enlisted for Service Abroad.
	S Limsted for Service Abroad.
No. Surname Surname	2/10/13/11/2
in full (Christian Name	Millia Ralph
Unit	Stitute John:
Joined on	1 On PR 1810 6 Grown Set.
Ouestions to be put to the Pe	rson Enlisting before Attestation.
Iou are hereby warned that if after enlistment it is found	that you have given a willfully fully
1. What is your Name?	will be liable to bestried for the offence.
The company of the second seco	John Land Mark St. Mark of file thought and the the thirt is a little than the second
	Wets to
2. In or near what Town were you born?	In or near the Town of / Alerloo
	In the State or Country of Market
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be	Alawret Byen
shown.)	1 X 95 K 12/11 June 1100
4. What is your Age? (Date of Birth to be stated)	The state of the s
5. What is your Trade or Calling?	5 Clippin
6. Are you, or have you been, an Apprentice? If so, where	c Ma 1
to whom, and for what period?	
7. Are you married, single, or widower?	2 Th The state of the
8. Who is your next of kin? (Address and relationship to be stated)	& Jack Market Jahr
The answer to this question shall not be construed as in the nature of a Will.	
A STATE OF THE STA	u DI
1,	9.
9. What is your permanent address in Australia?	a work
May a superior and a superior	
10. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia	4 years Senior Cadets.
Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving,	10. 4 9 Mono sonior Care offices
state cause of discharge	11. INCS. Still serving
12. Have you ever been rejected as unfit for His Majesty's	10 m
Service? If so, on what grounds?	12
Do you understand that so account to the source of the sou	13. NES
in respect of your service beyond an amount which together with pay would reach ten shillings per day?	2
14. Are you prepared to undergo inoculation against small pox	14.
3 grihan Kall ham	whald solemnly declare that the above answers made
by me to the above questions are true and Vam willing and Commonwealth of Australia within or beyond the limits of the	
two fifthe	of the pay payable to me from time to time during my service
for the support of my wife.* † three-fifths wife and children.	time during my service
Date 3 4 1	Cities Sandall
• This clause should be struck out in the case of annualis	Signature of Person Enlisted.
 This clause should be struck out in the case of unmarried Two-fifths must be allotted to the wife, and if there are cl 	d men or widovers without children under 16 years of age. hildren three-fifths must be allotted. D.849/4.17.—C.2814.—20M.
National Archives of Australia NAA	82455 SNOWBALL ARTHUR RALPH

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers and am of opinion that they are correct.

(This to be struck out except in the case of necessary who are naturalized British Subjects.)

Date

Date

OATH TO BE TAKEN BY PERSON BEING ENLISTED.

3, Archar Swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; 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.

Taken and subscribed at Signature of Person Enlisted.

the State of day of

19 before me

7- Fryth-Cluffic IP Signature of Atlesting Officer.

^{*}A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

3	
Description of SNOMBALL	athur Rach Entistment.
Age 2/ years 9 months.	DISTINCTIVE MARKS.
Height 5 feet 7 inches.	11:31
Weight 34 lbs.	MA: N geat
Chest Measurement 32 35 inches.	
Complexion Tresh	I I Was
Eyes 1911 9696 (1)	
Hair Manon	**************************************
Religious Denomination Off 8	
	1/1/
CERTIFICATE OF MEDIC	CAL EXAMINATION.
I HAVE examined the above-named person, and following conditions, viz.:—	find that he does not present any of the
Scrofula; phthisis; syphilis; impaired co of vision, voice, or hearing; hernia; hæmorrhoids marked varicocele with unusually pendent testicle ulcers; traces of corporal punishment; contracte of spine; or any other disease or physical defe- of a soldier.	e; inveterate cutaneous disease; chronic ed or deformed chest; abnormal curvature
He can see the required distance with either has the free use of his joints and limbs; and he description.	er eye; his heart and lungs are healthy; he declares he is not subject to fits of any
I consider him fit for active service.	marica with.
Date 3 APR 1918	4913 Oapt. A.A.M.Q.
Place VICTORIA BARRACKS N.S.W.	2. 9. 18 in Oasph A. A. N.
	Signature of Examining Medical Officer.
CERTIFICATE OF COMM.	ANDING OFFICER.
I CERTIFY that this Attestation of the a	above-named person is correct, and that
the required forms have been complied with.	I accordingly approve, and appoint him
to C Company	
Date 28 19 June 1918	
Place LIVERPOOL	Commanding
	COMMANDUM TO THE DEPOT BILL

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I have examine	d the above details, and find them			
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National Archives o	f Australia NAA: B245	5, SNO	WBALL	ARTHUR RAIPH

AUSTRALIAN IN	MILITARY FORCES. IPERIAL FORCE.
Attestation Paper of Persons	
No. 0 8 143 Name Surname Y	WOM BALL
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Joined on	- So Ren S
Questions to be put to the Person You are hereby warned that if after enlistment it is found the forth in this Attestation Paper, you will be the forth in	
DAY BOOK	2.
2. In or near what Town were you born!	In or near the Town of Waserloo
5/3035	In the State or Country of Messel
3. Are you a natural born British Subject or a Naturalized	3 hat Born
British Subject? (N.B.—If the latter, papers to be shown.)	1810/12
4. What is your Age? (Date of birth to be stated)	1/ June 1899.
5. What is your Trade or Calling?	5. Olikker
6. Are you, or have you been, an Apprentice? If so, where, ?	6 60!
to whom, and for what period? 7. Are you married, single, or widower?	7. Puifle
the same with the error for the	Catter Salph John Vrowball
8. Who is your next of kin? (Address and relationship to be stated)	Colesale
The answer to this question shall not be construed as in the nature of a Will.	ulio
i see all of	9.
9. What is your permanent address in Australia?	_ alone
	3/14 Res/20
10. 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,	10. 9 routs & Cofficer (37a.
state cause of discharge	11. 1900
12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?	12. 40
13. (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 in respect of your service beyond an amount which	13. /19
together with pay would reach ten shillings per day? 14. Are you prepared to undergo inoculation against small pox.	14 /00
and enteric fever?	
by me to the above questions are true, and I am willing and Commonwealth of Australia within or beyond the limits of the	Common wealth.
And I further agree to anot not less than three fifths	of the pay payable to me from time to time during my service
for the suppost of my wife and children.	OA Arthur Vrowball
Date	Signature of Person Enlisted.
* This clause should be struck out in the case of unmarried † Two-fifths must be allotted to the wife, and if there are ch	l men or widowers without children under 16 years of age. wildren three-fifths must be allotted. D.849/s.17.—0.281s.—2016.
National Archives of Australia NAA:	B2455, SNOWBALL ARTHUR RALPH

Page 5

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers and am of opinion that they are correct. (This to be struck out except in the case of persons who are naturalized British Subjects.)

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.* utter Kalph Dnow ball swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force 10. 4 18 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; 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.

Taken and subscribed at

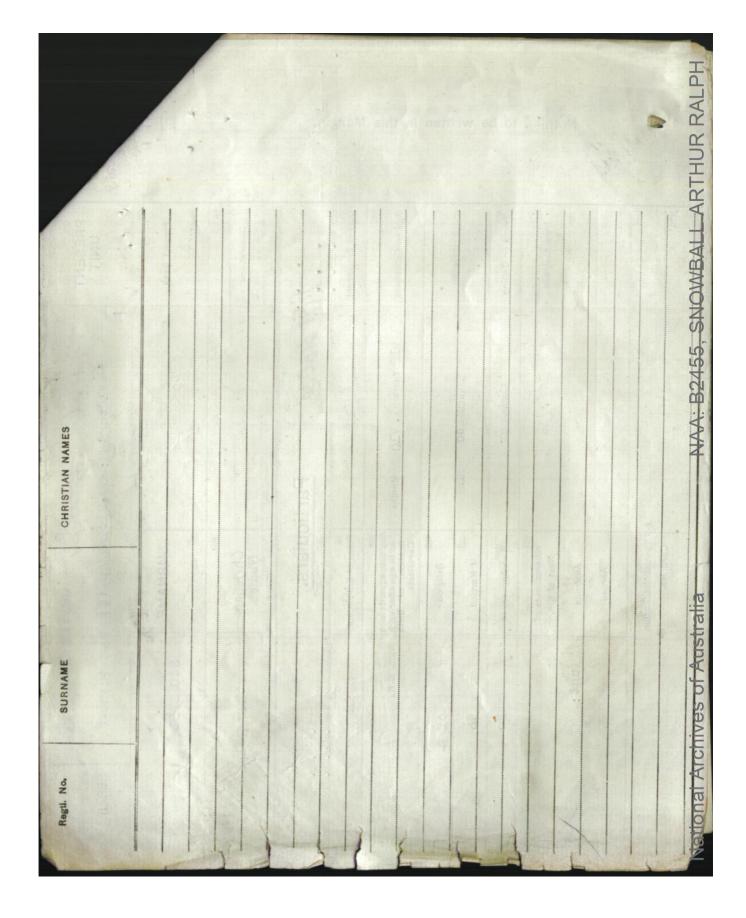
the State of

A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

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	Description of nowfall arthur Rayth on Enlistment.
	Description of how all without tagen on Enlistment.
	21 0
	Age years 9 months. Height feet 7 inches. DISTINCTIVE MARKS.
	Height det inches.
	Weight 134 lbs.
	Chest Measurement 32. 35 /inches.
	Complexion Fush
	Eyes Blue. 6/6 6/6 0 Hair Burn
	Hair Hurn
	Religious Denomination 69.6
	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; 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. War precaution regulation 41 C.
	I consider him fit for active service.
	Date 3. 1. 18 Place Victoria Barracks
	Place Viciona Barrack
	Place Plue bath
	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 for sufantry depor Ratin.
	Date (491) + Kurdon dieux Cos
	Date (sqs) 7 Kinson dieux Cos Place Diverpool Commanding 1 Sufantry Dyss Button
	Place Commanding Commanding
Natio	nal Archives of Australia NAA: B2455, SNOWBALL ARTHUR RALPH

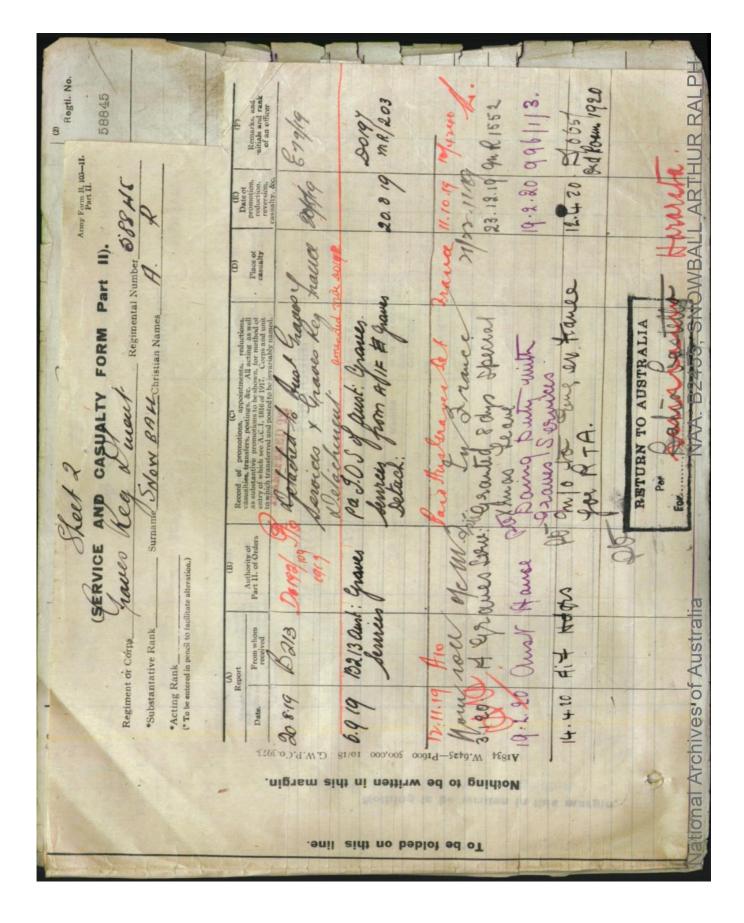
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	4	100011111111111111111111111111111111111	ather Ralph
Statement of Service	e of No. 58845 Name	chowrace or	nur resign
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Unit in which served.	Promotions, Reductions, Casualties, &c.	From— To—	
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I have examined	I the above details, and find the	em correct in every resp	pect.
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National Archives o	f Australia NAA: B24	455, SNOWBALL	ARTHUR RALPH

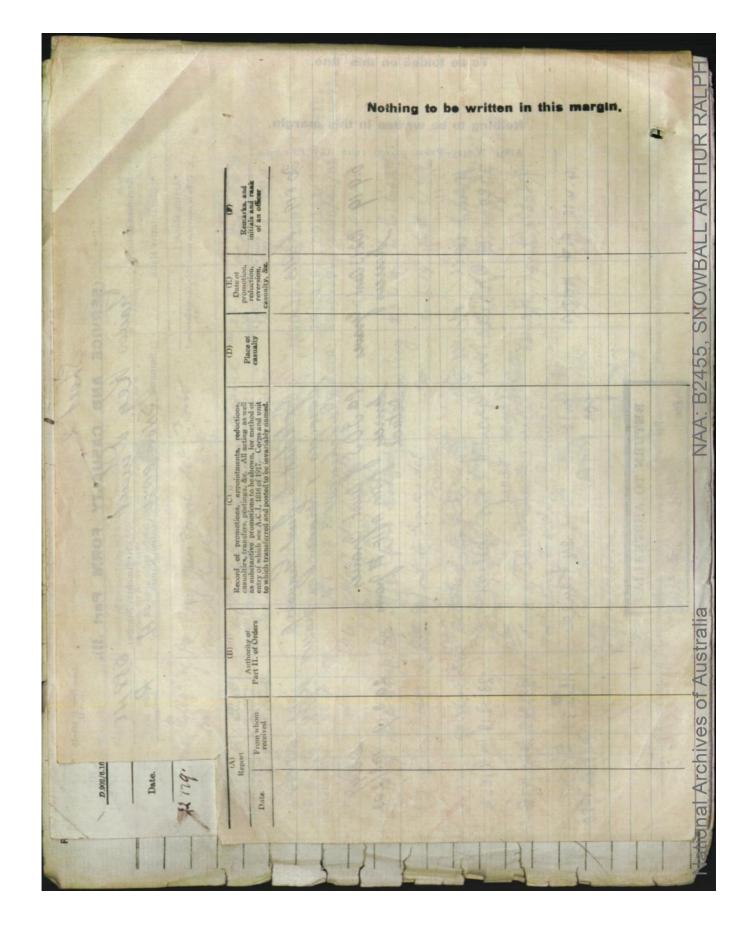
Army Form B103 Part I. Brvice and Casualty Form	PRESENT	Traves Set. 45	7	SENT SERVICE REGRAVER REG D, MENT	ENT	Regtl. No. 58845
PART I.	(3) Present Rank	Pte		SURNAME.	SNOWBELL	
	(s) Decorations			(6) Christian Names.	Arthur Relph	
	9.8	15, 5/3035°	Parti	Particulars.		1 1
Marg	(7) Date of Enlistment	10/4/18		(8) Place of Enlistment	MSM Keupks	
1 sidt ni	(9) Age on Enlistment	18 Years 10	Months	Any subsequent claim as to age after verification of Birth Certificate	Years Months Auth. C.R.	hs /
netti	(tt)			(12) Religion	C of B	
IAA O	Birthplace	Waterloo	MSM	(13) If Married	No	
od ot	(14) Trade or Calling	Clipper		(15) If an Apprentice	No	
Buidt	(16) Date of Embarkation from Australia	17/7/18		Whereabouts of Next of Kin,		
ON	(81)			i.e. Australia	Aust:	1
2	(19)			Abroad		
3	(02)			(21) Special Notification		
	(22)			Card No.		



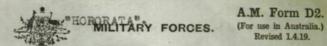
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8	2000	Visite To feeling R	Rayh	SNOWBALL
Date of Promotion to	Terms of Service (a) Funtion	tion 4 4 m d. Service reckons from (a) 10-4-	ckons from (a)	81-7-01
present rank	. Date of appointment to lance rank		Numerical position on roll of N.C.O.'s	osition on C.O.'s
Sxtended	Re-engaged	Qualification (b)		
	Record of promotions, reductions, transfers,			Remarks
From whom Received.	regardines, co., uting active sea. The subhority to be quoted in each case. The authority to be quoted in each case.	Place.	Date.	taken from Army Form B. 213, Army Form A. 36, or other official documents.
O.C. Inoops 1	A. 30 H.M.R. Borda" Emballed	dydney	17-7-18	
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The authority to be quoted in each case. " Lylly X Erry " Myout X Erry " Mout with No 51 Quota Proc to England MyI ex France Office of My Color Co	227-19 25-19 08 12-5-19 08 19-5-19 ord 20-5-19	be we will be the control of the con
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Date .



MEDICAL	REPORT ON AN INVALID.
1. Number 58833 2. Rank P	te. 3. Name SNOWBALL Arthur Ralph.
	3/10. 6. Trade or Occupation Clipper.
	7a. Date of Enlistment 10.4.18.
	s proposed
	OFFICER'S STATEMENT OF CASE. (Soldier's own statement must be carefully recorded as such, and signed by him.)
9. Date and place of origin of disability	Date of arrival 18.6.1920.
	sed man to become a Casualty
11. Essential facts of Medical History (included)	ling causation)
No disal	4744
10 0158	ollicy.
	The state of the s
• 20	
	,100
12. State whether disability was (a) Due t	o Military Service, (b) Aggravated by Military Service, or (c) Independent of
Military Service; (d) Due to, or	aggravated by, want of proper care on man's part, intemperance, misconduct,
13. What is his present condition and progre	ss ?
Tol. I D. ST. or Fit a	nd well.
	21,5,1920,
TI Ars. m	
14. If the disability is an injury, state who	ether it was caused (a) in action, (b) on field service, (c) on duty, (d) off duty
15. The Court of Transier was held state also	a data and mining
	e, date, and opinion
17. Was an operation advised, and declined?	tt ?
	s it due to, aggravated by, or independent of, Military Service ?
19. Give particulars of any other disabilities of	7.5
20. Do you recommend discharge as permaner	ntly unfit for general service? No.
The second secon	
	A.P. Wall. Lieut. Col. Medical Officer in charge of case.
	The state of the s

Officer in charge of Hospital. D.1580/5.10. - C.5735 - 200M.

National Archives of Australia

NAA: B2455, SNOWBALL ARTHUR RALPH

Date and Station	Date and Station
Result	Result
Signatures	Signatures
, as ACASO	suprairies , made and a second

OPINION OF MEDICA	L BOARD ON FINALIZATION.
man being invalided, it is essential that the Deputy Commissi	questions are to be carefully filled in by the Board, as, in the event of the ioner of Pensions should be in possession of the most reliable information to the Deputy Comptroller of Repatriation, of information to enable him to
11. State whether the disability is clearly (a) Due to Mi Military Service; (d) Due to, or aggravated by	litary Service, (b) Aggravated by Military Service, (c) Independent of y, want of proper care on man's part, intemperance, misconduct, &c.
22. Is the present degree of disability permanent?	*************
23. If not, at what rate and to what degree do you antici	pate improvement?
24. To what extent is his working capacity at present aff	ected by his disability? (a) In his pre-enlistment trade or occupation
	s a percentage of full capacity) Dil.
	usal unreasonable }
26. Do the Board recommend discharge as permanently u	infit for General Service? no.
27. If discharge is recommended, it should be stated whe Institution, (c) Convalescent Home, (d) Asylum.	ther further treatment is desirable in a (a) Sanatorium, (b) Orthopædi, or (e) other institution. State whether further treatment should be
an in-patient or an out-patient, and for what per	riod .
28. Is any surgical appliance recommended ?	*
	If not, state reasons for recommendation for discharge from A.I.I
werk.	
Station	Signatures A.P. Wall. L1 eut. Col. President.
Date	R.S.Poulton. Capt. Members.

CONFIRMED FOR DISCHARGE

P.M.O. 2nd M.D.

Director General Medical Services.

PMO.2nd MD.

21.6.1920.

This form will be used for the finalization of all invalids in Australia and will embody (Question 11) all information contained on the papers of invalids returned from overseas. Question 13 will include in its Answer a detailed careful account of the medical condition of the patient on finalization. On completion of the Board, it will be forwarded to the P.M.O. by hand, for confirmation, thence to the S.O.I. and R.S., who will make necessary copies.

This report is confidential.

Single copies only need be forwarded to Heal Quarters.

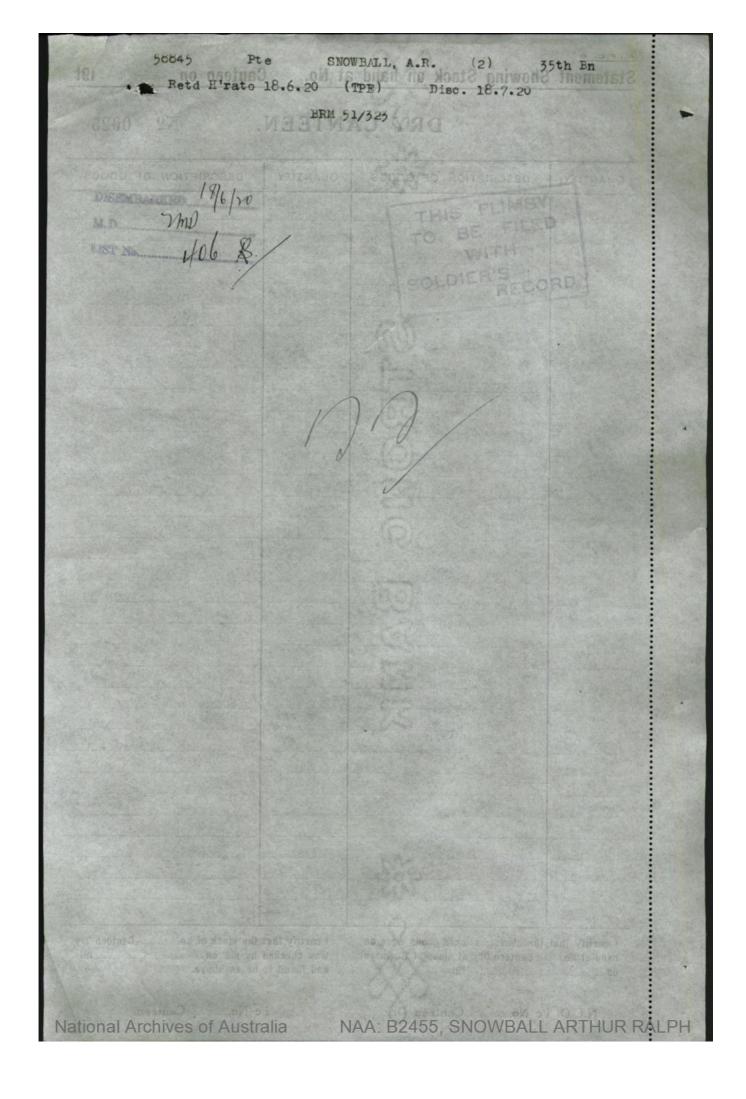
For discharge of members of services on health at the permanent forces the District P.M.O. may approve for the D.G.M.S.

D.1380/5.19.—C.5736.—2008.

21.6.1920.

Station

Date



I certify that the abovementioned goods were on band at No. Canteen Dry at close of Business on 191 was checked by me on and found to be as above.

N.C.O. i/c No. Canteen Dry i/c No. Canteen.

National Archives of Australia NAA: B2455, SNOWBALL ARTHUR RALPH

N 87340 58846 Effect

To be used for Enlistment in the Permanent Military Forces only.

SM	DURE	DICAL HISTORY	13-17 12 11
urname	VVI 12/1	Christian Name	The state of the s
Sirthplace		TABLE 1-GENERAL TABLE	192
Examined	{oi	day of	AFR 194819 .
Declared Age	18 years 1	omple 21 years	GASSIES .
rade or Occupa	ition	-60%	Also I
leight		* 5 fert 7	inches.
Veight	\		7/f lbs.
Chest	Girth when fully	35	3/2 inches.
Ieasurement (Range of Expansion		14 Cood
Pulse ra	ite }	Right	Left.
accination Ma		mil	mie -
Vhen Vaccinate	Number		
ision		R.EV = 0	
		L.EV = 666	
a) Marks indi genital pec previous disc	uliarities or		
b) Slight defe- sufficient to jection	ets, but not cause re-	(b)	1
Approved by	. (Signature)	(J. 136.	
	(Rank)		Medical Officeryapt,
	(at VICTORIA BARRACKS, N.S.W.	
Enlisted		onday of	3-AFR 1918
Joined on Enlis	tment	Corps.	Regtl. No.
omed on Enils)	344B	58845
Cransferred to			
Became non-eff	ective by		
		onday of	19
	(Signature)	***************************************	
	St 4797		[P.T.O.

.... Table II.—Only for Admissions to Hospital or to the Admitted to Hospital Discharged from Hospital. Number of days in Hospital. Name of Hospital. Disease. Month, Year. Day. Month. Year. Luespool Field 18 Part 1

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aring on the Cause, Nature, or Treatment of e use. In cases of Syphilis, admissions and re-ac ent, state whether it occurred on duty.	of interest or of be shown. If an S	Signature of Medical Officer		
ho admissio	no	4.3	Cursh	le
		70	197	
	Tales T			
			aplac 3	
E PRINCE STATES				

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Transfer or Service Abroad, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

					NAME OF TAXABLE PARTY OF TAXABLE PARTY.	THE RESERVE AND ADDRESS OF	
DATE.				S, AND SIGNATUR	E.	A STATE OF THE PARTY OF THE PAR	
	Have you suffered	from - (1) Fits	No.	(2) Insanity	(3) Consumpt	No.	
		2011	1,8	(2) Allocating	797	9	
	Vaccination Date	xyp/	Rest		- Course	A.A. M.O.	
	Inoculation :—(1)	Date 15-4	18 DE 23	Date:	22/4/11 -0	ose Mining	
4-18	Ke Zam	ind B	Bry Cape		2- Vaccinal	9	
1 18	1-11.6-15	Al acc	1 - 10		born.	Col	
*	BRE-EMBARKATION 1						
9/7	18	FIREAT		4.B. Cun	WASCIN AT LO	IN PORPL	
1	EMIS	MAAII	OM-FII		Tinder,	H THE	
11					T.A.B.)		
3	DATE OF APP	POINTMENT.	TREATMENT REQUIR	ED. TREATMENT EXECUTE	11	REMARKS.	
1			Right, Left,	STATE OF THE PROPERTY OF THE PROPERTY OF	(9)		
DIST.			11 10	10	ye The	Land	
CAPE	No. of Teeth Natur		3 2	3 2			
- CONTRACT	No. of Teeth to Ex		7 6				
Bearing and Street, or other Persons.	Artificial Teeth Re						
MAN THE	Wearing Artificial						
0					DENTALL	Y FIT	
	Treatment Execut	ed (Date)		Signed	Phales	Thuel	
				0.	O. HC DENTAL HOSPIT	AL DENTERY	
	Table IV.—Service Table.						
	Station	Date of Arrival.	Date of Departure.	Station,	Date of Arrival.	Date of Departure.	
	Station			Station.			
	Station			Station.			
	Station			Station.			
	Station			Station.		Date of Departure,	
	Station			Station.			
	Station			Station.			
	Station			Station.			
	Station			Station.			
	Station			Station.			
	Station			Station.			
	Station			Station.			
	Station			Station.			

Please Verify Particulars Appearing Below. Date of Place of Burname. Christian Name. Father's Name. (in full) Without Mother's Misiden Name. (in full) Waterloo S N O W B A I L Arthur Ralph Ralph John Annie STARR.	Deputy Registrar General. 10:4:1918. E. FORCES.	The Registrar General. D.H. Q's. Printing Office, Victoria Barracks, Sydney. NAA: B2455, SNOWBALL ARTHUR RALPH
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Application to Enlist in the Australian Imperial Force.

To the Recruiting Officer		(OFFICIAL STAMP)
at Victorial 18	arracks 1	rsu
I, silu Ralph	Lowba	u
hereby offer myself for Enlistment i Abroad, and undertake to enlist in Military Authorities, within one more	the manner prescri	bed, if I am accepted by the
POSTAL ADDRESS	Signature	The Lowball
boledale	Occupation	Clipper
N.C.W.	Date	3/4/18.
(For Identification purposes the above	space should be filled in	personally by the Applicant)
CONSENT OF PARENTS OR GU		
I HEREBY CERTIFY that I approve enlistment of my son for Active	Service Abroad.	,
Statement regarding Death or Absence of either or both Parents.	Father's Signature	Ralph John Snow ba
	Mother's Signature	Annie Snowball
Bothewing	or	the court of the particular and
	Guardian's Signatur	
Age— 18 yrs. 10 mos. Height—	AL PARTICULARS	Chest Measurement (fully
Married. Widower. Single. 40		expanded)— 32 38 4 inches.
Decision of Medical Authority FIT	for Active Service	
(UNF	11, for the following	g reasons:—
Place		
Date 31 april. 1918.	Signal	ture of Medical Authority.
I Concur		
Place		
Date	Signature of M	O. at Central Recruiting Depot
CERTIFICATE (OF RECRUITING	OFFICER.
I CERTIFY that I have this day provi	Rejected	this applicant for enlistment
Place	Signature	Recruiting Officer.
Date		[OVER

INSTRUCTIONS.

- (1) Application forms received by Recruiting Officers will not be handed back again to applicants but will be passed direct to the Medical Practitioner, who will similarly return them to the Recruiting Officer, who will then forward them by post to the Officer in Charge of the Central Recruiting Depot to which recruits are instructed by them to Report.
- (2) If an Applicant who has been rejected desires a copy of this certificate, it must be completed in duplicate at the time of Medical Examination, and the word "original" or "duplicate," as the case may be, will appear on top of the respective forms. Both copies will be forwarded to the Officer in Charge of the Central Recruiting Depot, where the duplicate will be impressed with the official stamp and then returned to the applicant.
- (3) Copies will NOT be made of any certificates of acceptance. The word "Duplicate" will be struck out of such certificates, and they will be sent to the Officer in Charge of the Central Recruiting Depot by post.
- (4) Names of accepted applicants who do not report at Central Recruiting Depot within the prescribed time will be forwarded to the Local Recruiting Officer for information.
- (5) When alternatives are shown on the front of the form, such as:

 Fit Unfit | Son Ward | Widower | Original Duplicate | Strike out the words which are not applicable.
- (6) Only those persons who fulfil the requirements in all other respects will be examined regarding medical fitness. These requirements may be ascertained by reference to daily newspapers and official posters.
- (7) The Central Recruiting Depot, to which accepted applicants from various places will be sent for final medical examination, will be determined by District Commandants. Recruiting Officers at outlying places will require to issue clear instructions to such applicants, informing them where and when to report, and will forward the application forms in time to insure that they will be in the hands of the Officer in Charge of the Central Recruiting Depot when the recruit reports for enlistment.

Spaces for identification by means of handwriting.

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of which it is his duty to ascertain the accuracy, the orders of any Officer, in y Document signed by him or on his behalf, of which mislead any Officer, or other person acting under verbally or in writing, in any Report, Return, Declaration, or Application, or in any makes or connives at the making of any false statement or omission, with intent to nes, he shall be guilty of an offence against the Act." any person, verbally or in writing, knowingly makes or connives at t of his duties, he shall be guilty of War Precautions

45,

NOTE.-Para.

Walerko Original. Duplicate. APPLICATION TO ENLIST IN THE AUSTRALIAN IMPERIAL FORCE. To the Recruiting Officer (OFFICIAL STAMP.) VIOTORIA BARRACKS, N. S. W hereby offer myself for Enlistment in the Australian Imperial Force for Active Service Abroad, and undertake to enlist in the manner prescribed, if I am accepted by the Military Authorities, within one month from date hereof. Signature POSTAL ADDRESS. Coledale Occupation Date (For Identification purposes the above space should be filled in per-CONSENT OF PARENTS OR GUARDIANS. (For Persons under 21 years of age.) I HEREBY CERTIFY that I approve of the above application, and consent to the enlistment of my { son ward} for Active Service Abroad. I further certify that he was born on Father's Signature Statement regarding Death or Absence of either or both Parents. Mother's Signature Bohlmi or Guardian's Signature PERSONAL PARTICULARS. Chest Measurement (fully S ft. . . Age Vrs. mos. Heightexpanded)-Married. Widdwer. Single. 0 6/ PRELIMINARY MEDICAL EXAMINATION. FIT for Active Service Decision of Medical Authority UNFIT, for the following reasons: Place Signature of Medical Authority. Date I concur VIOTORIA BARRACKS, N. S. W. Place Signature of M.O. at Central Recruiting Depôt, Date CERTIFICATE OF RECRUITING OFFICER.

I CERTIFY that I have this day provisionally ACCEPTED this applicant for enlistment in the Australian Imperial Force.

(Signature) Recruiting Officer.

Date

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 Fit Unfit | Son Ward | Married Widower | Original Duplicate | Strike | Original Single | Original Strike | Original Single |
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