

Item 70  
243995 Surname GUTHRIE  
Initials J.G.  
Army No. 2094048

# SOLDIER'S RELEASE BOOK

## CLASS "A"

Any person finding this Book is requested to hand it in to any Barracks, Post Office, or Police Station, for transmission to the Under Secretary of State, The War Office, London, S.W.1.

02E DETACHMENT  
ALAMEIN CAMP VILLACH

CHECKED

This book must be presented at the Post Office whenever you cash a postal draft or one of the drafts in your payment book, to enable the Post Office official to record the date of payment on the inside page of the front cover.

POST OFFICE STAMP SHOWING DATE OF PAYMENT

War Gratuity and Post War Credits deposited  
in Post Office Savings Bank.....



ON HIS MAJESTY'S SERVICE

NO STAMP  
REQUIRED.

Postage  
Prepaid by  
War Office.

The Officer i/c R. E. Records,

at PITCHUNERD

BRISTON

~~...~~ was not on my list immediate  
permanent\* resident.

\* The individual named overleaf who states that he was on my list in

\* Delete where not applicable.

A.F. X 102  
(SOLDIER'S)

NOTIFICATION OF CHANGE OF ADDRESS

Name GUTHRIE .....

Army No. 2094048 Rank SPR .....

Regiment or Corps R.E .....

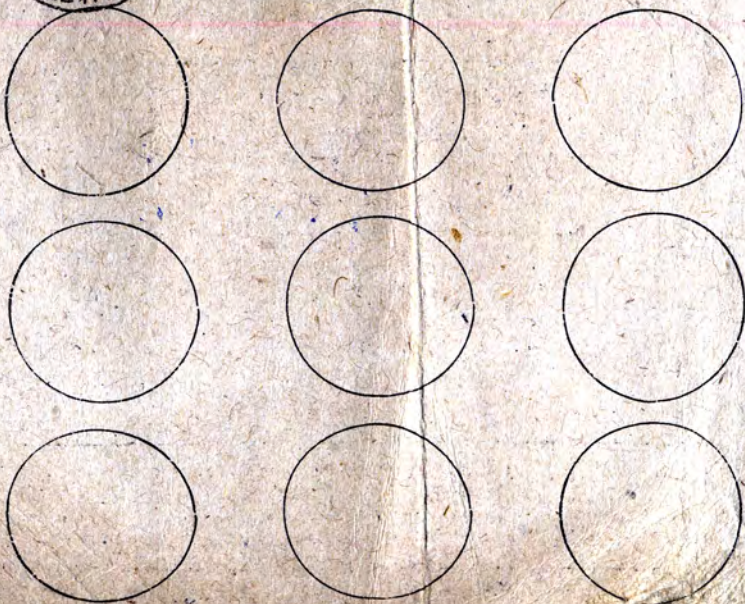
Date .....

SIR,

I beg to report the following change of address to which all communications should be sent.

.....  
.....  
.....

Signature .....



If you need hospital treatment before the end of your release leave is necessary he will advise you as to the steps to be taken to obtain that treatment admitted to or attending hospital for treatment.

*For the information of the doctor.*

In-patient treatment would normally be given at the nearest military hospital. If you are in doubt as to the location of the nearest suitable hospital required information and he will also be in a position to advise as to the non-out-patient treatment can be obtained.

*Dental Treatment.* If you need dental treatment of an emergency nature nearest Army Dental Centre or military hospital. If you live over two miles from to whom you will show this Book and whose attention will be drawn to instructions NOT be met by W.D. unless prior sanction has been given by the War Office.

*For the information of Practitioner.* A soldier, or member (other than an officer) as above at Army expense up to the end of his leave. Cost of treatment given

The practitioner should claim for payment on Army Form O. 1667 which the patient is living. Payment will be made for emergency treatment only, and

P

TO BE COMPLETED BY DOCTOR PROVIDING TREATMENT  
INSURANCE COMMITTEE (IN NORTHERN IRELAND TO THE  
IRELAND) FOR THE AREA IN WHICH

\* The individual named overleaf who was not on my list immediately before the date of discharge\* resident.

\* The individual named overleaf who states that he was on my list immediately before the date of discharge.

\* Delete where not applicable.

## CLAIM FOR DISABILITY PENSION—OTHER RANKS—MEN

THIS FORM is to be used only if you claim to be suffering from a disability attributable to or aggravated by WAR SERVICE. You may complete it any time WITHIN SIX MONTHS after the date you ceased to draw service pay.\*

When completed, the Form should be sent to the Officer-in-Charge Records, whose address is shown on your Reserve Certificate.

Any pension granted on this application will commence on the day following the date of Release.

\* After six months from the cessation of service pay, any claim to pension must be made on a different form, to be obtained from the nearest office of the MINISTRY OF PENSIONS, the address of which can be obtained at the local Post Office.

1. Surname ..... 2. Army No. ....  
(Block Letters) .....
3. Christian Name/s .....
4. Present Rank ..... 5. Regt. or Corps.....
6. Have you served in the Armed Forces before the present War and been discharged? ("Yes" or "No").....  
If "Yes," give particulars below:—

Former Regt., Corps or Ship, etc.	Army or Official Number	Date of Discharge	Cause of Discharge	Particulars of Pension (if any) for Disablement or Service

7. Give particulars of your wife and children now under 16 years of age for whom you received family allowances at any time during service:—

(a) Wife—Full Christian Name/s.....  
and Name before Marriage .....

(b) Wife's Present Address .....

(c) Date of Marriage .....

(d) Children:—

Full Christian Name/s (and Surname where 1. ....

different from your own) and dates of birth. Date of birth.....

2. ....

Date of birth.....

3. ....

Date of birth.....

Name/s .....

Date/s of birth.....

8. Give particulars of any child born after Release.

## PARTICULARS OF CLAIM

The following questions should be answered with care. The answers will assist in the enquiries to be made of official records. Incomplete answers may delay the consideration of your claim.

7. Give particulars of your wife and children now under 16 years of age for whom you are providing during service :-  
 (a) Wife—Full Christian Name/s.....  
 and Name before Marriage .....
- (b) Wife's Present Address .....
- (c) Date of Marriage .....
- (d) Children :-  
 Full Christian Name/s (and Surname where different from your own) and dates of birth. 1.....  
 Date of birth.....  
 2.....  
 Date of birth.....  
 3.....  
 Date of birth.....
8. Give particulars of any child born after Release. Name/s .....
- Date/s of birth.....

**PARTICULARS OF CLAIM**

The following questions should be answered with care. The answers will assist in the enquiries to be made of official records. Incomplete answers may delay the consideration of your claim.

QUESTION	ANSWER
9. What is the disability for which you claim pension ? If a wound or injury, state when and where received, and part of the body injured.	(Write your answer on back of form.)
10. Give the names of the hospitals or other places at which you received treatment during service for this disability, and the dates as nearly as you can.	

IF YOU CLAIM SOLELY IN RESPECT OF A WOUND OR INJURY, YOU NEED NOT ANSWER ANY OF THE FOLLOWING QUESTIONS, but the claim form must be signed and dated (see below).

QUESTION	ANSWER
11. (a) When did you first suffer from the disability ? (b) If before your war service, when did you first notice the effects of war service on it ?	(a) (b)
12. State what particular incidents or conditions of service you consider caused or worsened the disability.	
13. (a) With what unit were you then serving ? (b) Where were you then stationed ? (c) What was the precise nature of your duties at the time ?	(a) (b) (c)
14. If you suffered from the disability before joining the Forces, give the name and address of any doctor, hospital, etc., from whom you received treatment. Give approximate dates.	
15. Have you been treated for the above or any other complaint since Release ? If so, state nature of complaint and name and address of doctor or hospital with first and last dates of attendance.	

Any person knowingly making a false statement will be liable to prosecution.

Signature..... Date .....

Address .....

Address (if different from above) to which you desire the result of your claim to be sent.....

Witness to Signature..... Date.....  
 (Any householder)

Address of Witness.....

Second Signature of Applicant.....  
 (For record purposes)

**NOTE:-** If there is insufficient space on the Form for a full  
**Answer to any of the Questions, you should write your**  
**Answer on the Back of the Form and State the Number**  
**of the Question to which it relates.**

THIRD FOLD HERE

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ON HIS MAJESTY'S SERVICE

**The Officer in Charge,**

.....**Records,**

.....

.....

---

FOURTH FOLD HERE

Have you signed and dated your claim ?

TUCK IN THIS FLAP

SECOND FOLD HERE

FIRST FOLD HERE



RELEASE LEAVE CERTIFICATE

Army Form X 202/A

24 JUL 1946

Army No. 2094048 Present Rank SPR  
 Surname (Block Letters) GUTHRIE  
 Christian Name/s JOHN GEORGE  
 Unit, Regt. or Corps 270 Fd Coy RE  
 Date of: \*Last enlistment 24-8-39

\*Calling up for military service 1-9-39  
 \*Strike out whichever is inapplicable.

(a) Trade on enlistment BOOKBINDER  
 (b) Trade courses and trade tests passed Engine Hand (1940)  
Instruction Course 2

Military Conduct: Excellent

Testimonial: In his wide experience of active service Spr Guthrie has always been outstanding for his enthusiasm & for his sound common sense. He is an able & competent engine hand, who is fully conversant with stationary engines. Known for his absolute reliability & great willingness he has served the Army well.

Place C.M.F. (Australia)

Date 24 May 46

Unit overseas or U.K. (Stamp)	
ROYAL ENGINEERS	
194	
Ref.	
R.E.	

(c) Service Trade PNR. DIT  
 (d) Any other qualification for civilian employment

Officer's Signature O.C. 270th Field Coy. R.E.  
 Signature of Soldier J. Guthrie

\* Army Education Record (including particulars under (a), (b), (c) and (d) below).—  
 This Section will not be filled in until the receipt of further War Office Instructions.

- |                     |             |                                 |                            |
|---------------------|-------------|---------------------------------|----------------------------|
| (a) Type of course. | (b) Length. | (c) Total hours of Instruction. | (d) Record of achievement. |
| (i)*                |             |                                 |                            |
| (ii)*               |             |                                 |                            |
| (iii)*              |             |                                 |                            |
| (iv)*               |             |                                 |                            |

\* Instructors will insert the letter "I" here to indicate that in their case the record refers to courses in which they have acted as Instructors.

Signature of Unit Education Officer.....

POSITION OF SOLDIER ON TERMINATION OF RELEASE LEAVE

- A regular soldier with Reserve service to complete will be transferred to the Royal Army Reserve, and will receive Reserve pay until his period of Reserve service has been completed. If on that date the Emergency still exists, he will cease to draw Reserve pay, and will then be transferred to Army Reserve Class "Z" (unpaid).
- A regular soldier who has completed his Colour and Reserve service engagement will be transferred to Army Reserve Class "Z" (unpaid).
- All other soldiers will be transferred to Army Reserve Class "Z" or Class "Z" (T).

Notes: SPECIAL NOTE.—Army Reservists are liable to recall to the colours, if necessary, during the continuing period of the Emergency.  
 (i) Further details of service and of medals to which entitled may be had on application to O i/c Records, accompanied by the applicant's A.B.64, Part I.  
 (ii) If this certificate is lost or mislaid, no duplicate can be obtained.  
 (iii) Any alterations of the particulars given in this certificate may render the holder liable to Prosecution under the Seamen's and Soldiers' False Characters Act, 1906.

SES-3

THE ABOVE-NAMED MAN PROCEEDED ON RELEASE LEAVE ON THE DATE SHOWN IN THE MILITARY DISPERSAL UNIT STAMP OPPOSITE.

Military Dispersal Unit Stamp.

N.B.—A certificate showing the date of transfer to the appropriate Army Reserve (A.F. X 202/B) will be issued by the Officer i/c Record Office.

NO. 10
M.D.U.
29 MAY 1946
ALDERSHOT