Discharged

NEW ZEALAND MILITARY FORCES — S. V. CARD S. N. — N. Z. SERVICE — WAR 15/3/45

ORIGINAL

FORESTRY

[Form N.Z. 307.
(In pads of 100.)

HISTORY-SHEET.

M. E. FORCES.

Army No. 67889

Unit:	Rank:	Christian Name:	Surname:
14 Forestry Coy. ~~No. 2 T. Bn. Forest.~~	Pte Spr	Albert John	Jarlov

Outward.	Date.	Inward, ex " "	Date.	Place.
Attested ..	18/6/41	Embarked ..	9/44	M.E.
Entered camp Trentham	22/9/41 12/11/41	Arrived N.Z.	31.10.44	Wgtn
Embarked ..	8 APR 1942	Discharged ..	27.2.45	Wgton
Disembarked U.K.		Reason for return and/or discharge:	Gen. ~~Sapt to Area Pool on Dktoop~~ 24/2/45 Discharged	
At (Place.)				

Service.	From	To	Year.	Days.
N.Z. ..	22/9/41	7.4.42		198
	1/11/44	27/2/45		119
Overseas	8.4.42	31.10.44	2	208
Total ..			3	159

Next-of-kin.	Relationship.	Address.
Mr. Aver Jarlov	Father	Private Bag Rotorua

DECEASED

(Extra spaces are for changes of address or changes of name owing to decease, marriage, &c.)

as above. J1 15/1/46

CASUALTIES. ~~APR~~

Cable No.	Date of Casualty.	Nature of Casualty.	Notification sent. To	Date.	By

ACTION AFTER RETURN TO NEW ZEALAND OR DISCHARGE ABROAD.

Nature of Document issued.	Date.	By	Address sent to	Pay Office advised.
NZ Form 822 Cert of Disch no 012894	14/4/47	R/8	see Sched no 259	✓

~~M.I.D. EMBLEM~~	✓ ITALY STAR
✓ 1939-45 STAR	~~France & Germany Star~~
~~ATLANTIC STAR~~	✓ DEFENCE MEDAL
~~AFRICA STAR~~	✓ WAR MEDAL, 1939-45
~~8th ARMY CLASP~~	✓ N.Z. War Service Medal
~~PACIFIC STAR~~	
MR	Checked by CW

Appn. No.
Date
Initials

Cable No.	Date of Casualty.	Nature of Casualty.	Notification Sent. To.	Date.	By.

CASUALTIES.

(Extra spaces are for changes of address or change of name owing to decease, marriage, &c.)

Particulars of Report.	Place.	Date.	Authority, and Date of.	(Initials.)
Entered PAPAKURA Camp	PAPAKURA	22/9/41	R/O 585 23/9/41	[illegible]
M.Ot Trentham.	Papakura	11/11/41	RO 628 12/11/41	[illegible]
M/In Trentham M.C.	Trentham	12/11/41	R/o 50 TMC. 13/11/41	FWH.
Furlough leave	"	4.2.42	" 31 5/2/42	[illegible]
[illegible] prev. furlough leave	"		R.O. 43 19.2.42	[illegible]
AWL 1201 hrs 10.3.42 to 1400 hrs 12.3.42. Forfeits 3 day pay Fined £1.	"	13.3.42	R/o 63 14.3.42	[illegible]
M/O Special W.E. Leave to 23/3/42		20/3/42	} 45 26/3/42	[illegible]
M/I " "		23/3/42		
Disemb from N.Z. 9 Reinfts 10.5.42 to M/S For.	U.K.	11.5.42	BR 33/3/4 R.O. 14, 1.6.42	[illegible]
Admt Warbrook Conv Home Eversley	UK	4.1.43	BR 33/3/4 R/o 2. 28/1/43.	[illegible]
Disch from Warbrook Conv Dep Eversley	"	5.4.43	BR 33/3/4 R/o 10. 21/4/43	[illegible]
Moved to Mediterranean Zone	"	1.10.43	Memo	[illegible]
Admt to Connaught Hosp. Knaphill	"	2.7.43	BR 33/3/4 R/o 16. 16/7/43	[illegible]
Disch from " " 407 Group	"	3.7.43	BR " R/o 16. 16/7/43	[illegible]
To Forestry Group on ch. of station.	UK.	12.8.43.	BR 33/3/4 R/o 21 23/8/43	[illegible]
[illegible] arr. Egypt ex H.T. to 14 Forestry Coy.	Mn. East	25.8.43.	BR 33/1/190 R/o 1. 22/10/43	[illegible]
Disch from Ship's hosp. direct to 14th Forestry	M.E.	24.8.43.	BR 33/1/190 R/o 1. 22/10/43	[illegible]
Admt to 2 Con Camp b/d XII List	"	7.12.43	BR 33/1/190 R/o 3 4/2/44	[illegible]
Disch ex 2 Con Camp direct to 14 Forestry	ME.	22.12.43	BR 33/1/190 R/o 3 4/2/44	[illegible]
Adv Base 2NZEF 15.2.44 - CTBA. 21.2.44.	ME	21.2.44	BR 33/1/190 R/o 6. 6/6/44	[illegible]
Admt to 3 NZ Gen Hosp b/d to xii List [illegible]	ME	27.4.44	BR 33/1/190 R/o 11 12/5/44	[illegible]
D from 14 Forestry Coy att Recep Dep	ME	28.4.44	BR 33/1/147 R/o 23 24/5/44	[illegible]
TBA Recep Dep & adm 3 Gen Hosp. Remain on XII NZ Forestry	ME	15.5.44	BR 33/1/147 R/o 24 31/5/44	[illegible]
Returning to NZ	ME	29.9.44	MC 233.	[illegible]
Disembarked in NZ.	NZ	31.10.44	Disemb. Roll.	[illegible]
Rep'd Paeroa 7/11/44 Gdt. Gtd 62 day o/seas leave exp. 9/1/45 then to await instruct from area 2. NZ 450 No 1295 issued. Bal. of leave due NIL. Remain on pay.	Paeroa	7.11.44	Form 68 7/11/44	[illegible]

PARTICULARS OF WILL.

Executor—Name: | Will already made and in possession of: Declaration.

Address: | Address:

Army No. [illegible] Name: JARLOV Albert John Unit: [illegible]

DESCRIPTION OF SOLDIER ON ENLISTMENT.	MEDALS AND DECORATIONS.
Date of birth: 27/2/1918 Place: New Zealand	
Age: 23years 4 mths Height: 5ft 10ins	
Complexion: Fair Eyes: Blue Hair: Dair	
Religion: Nil	
Single, married, or widower: Single	
Occupation: Sawmiller	
Place of enlistment: Rotorua	
Last employer: Self	
Last New Zealand address: Private Bag Rotorua	
Particulars previous military service: NIL.	

RECORD OF PROMOTIONS, REDUCTIONS, TRANSFERS, CASUALTIES, PUNISHMENTS, ETC.,

A.J. JARLOV during service (as reported through routine orders or other official documents).

Particulars of Report.	Place.	Date.	Authority, and Date of.	Entered by (Initials.)
~~Entered~~ To be att. area 2 pool ~~Camp~~	area 2 PAEROA	31.10.44	BR33/1/2 R/0 183. 6.11.44	LC
Dchgd. from 1NZ. Conv. dep. & att. FAP 2 NZ Rec. dep. & remains on X(II) NZ Forestry.	M.E.	28.7.44	BR33/1/147 R/034. 9.8.44	LC.
CTBA 2/NZ Rec. dep. & M/O to Adv Base 2/NZEF, tsfd from X(II) to X(IV) NZ Forestry.	M.E.	30.7.44	BR33/1/147 R/034. 9.8.44	LC.
m/o from Adv Base to 14 NZ Forestry	ME	4.8.44	BR33/1/147 R/035 14/8/44	ah
m/o from Adv Base to 2 Rec. Dep. Coy as RfTs. Ild. Roll	"	8 8 44	33/1/190. 22. 18/8/44	a.l.R
Rebded Rotorua 15/2/45 Spec. G.1. Army pay ceases w.e.f. 27/2/45 then to area 2 Pool on 1KWOP Bal of leave due nil P/K area 2.		15.2.45	Form 684 22/2/45	alR
Discharged wef	area 2	27.2.45	BR 8/8/2 R/0 2 11/3/46	CL
Discharged g1. 27/2/45				

from area 2. NZ 45 0110107 [illegible]. Bal. of leave due NIL. Remains on pay.

PARTICULARS OF WILL.

Executor—Name:

Address:

Will already made and in possession of: Declaration.

Address:

[Form G.–1A.

WAR SERVICES GRATUITY ASSESSMENT

Service No.—ARMY: 67889
AIR:
NAVY:

Name of Serviceman: JARLOV (Surname.)
Albert John (Christian names.)

Arm of Service.	From	To	Assessable Service. N.Z.	Assessable Service. O'seas.	N.Z. Gratuity.	Overseas Gratuity.	Total.	Less Debits.	Net Gratuity.	Certified correct.	Date.
Navy											
Air Force ..											
Army (2 N.Z.E.F.)	22/9/41	27/2/45	314	938	10 9 4	117 5	127 14 4		127 14 4	[signature]	20 MAR 1946
Army (Acct., A.H.Q.)											
Army (N.M.D.) ..											
Army (C.M.D.) ..											
Army (S.M.D.) ..											
Supplementary Gratuity payable in respect of Disabled Serviceman											
TOTAL ..							£127 14 4				

AUDIT PASSED

Post-office Schedule No. 235

THIS SPACE RESERVED FOR BASE RECORDS USE ONLY

R.–3. History Sheets.
(For comparison service and completing dates on N.Z. 307 where necessary.)
(Initials.)
19/11/46 (Date.)

G.–8. Gratuity.
File.

64789

Circulation:

(1)	(2)	(3)	(4)
~~Accountant, N.M.D., Auckland.~~	~~Accountant, S.M.D., Christchurch.~~	~~Accountant, C.M.D., Wellington.~~	~~Accountant, Air Department.~~
(5)	(6)	(7)	(8)
~~Accountant, Navy Office.~~	~~Accountant, Army H.Q.~~	~~Account., Base Records (2 N.Z.E.F.)~~	Gratuity Section, Base Records. 22 MAR 1946

Date of Entitlement: 31–3–1946

[Base Records will delete paying authorities not applicable and forward to first paying authority remaining in panel. After action taken, first paying authority will cancel block containing its name and forward on to next remaining paying authority indicated. This procedure will be followed through until form is ultimately returned completed to Gratuity Section, Base Records.]

[350,000/11/45—12333

Certified Copy.
9th Reinforcements

No 0433639

(In pads of 50 duplicate.)

ARMY No. 67889

JARLOV (Surname.) Albert John (Christian names.)

REGIMENT or UNIT: No. 2 T. Bn. Forestry. RANK: Pte

DECORATIONS: DOB 27/2/1918

DUPLICATE FILE.

NEW ZEALAND
MILITARY FORCES.

EMBARKED.	RETURNED TO N.Z.
8-4-42.	

REMARKS.

(Leave this space for Base Records Action.)

SOLDIER'S FILE—CHECK SHEET.

War Form.

1. (Cover Sheet) .. .. N.Z. 301
2. (Index Slip) .. .. N.Z. 303
3. (Index Slip) .. .. N.Z. 304
4. (Will Form or Certificate *re* Will) .. N.Z. 306
5. (History Sheet) .. .. N.Z. 307
6. (Medical Case Sheet, if any) N.Z. 377
7. (Medical History Sheet, if any) N.Z. 378
8. (Casualty—Officers) .. N.Z. 723
9. (X-Ray Record of Chest) N.Z. 733
10. (Casualty—O.R.) .. N.Z. 722
11. (Attestation) .. .. N.Z. 367
12. (Medical Report) .. N.Z. 355
13. (Dental Card, if any) .. N.Z. 361

2,500 pads/7/42—3888]

JARLOV A.J. Albert John 67884

1494a/GHQP/9-42 Army Forms A3091 (Stout)

F

Cover for Documents

Nature of Enclosures

Discharged: Area 2 Spec. Orders No. 2 of 11.3.46 } 27.2.45

Area 2 Pool 28/2/45 P.L. 56 22/2/45

Notes or Letters Written

NEW ZEALAND MILITARY FORCES.

WAR.

[Form N.Z.—722.
(Army Form B.—103/1.)
(Banded into 100's.)

SERVICE AND CASUALTY FORM.

Army No. 64889. Signature of Officer :

Nothing to be written in this margin.

Surname JARLOV.
Christian names : ALBERT JOHN.
Religion : N.L.
If married, state date :
*Substantive rank and appointment : Pte.
*Acting, temporary, or local rank, giving date :

Attestation paper : 369.
(Number of Army Form.)
If of alien origin state particulars :

Date of birth as declared on attestation : 24. 2 1918.
(a)
Date of enlistment : 18. 6. 41.
Date service reckons from : 8. 4. 42
(b) Date called to Colours : 22. 9. 41.
Period of engagement :
(c) Special conditions (if any) of enlistment or rate of pay—

(d) Any subsequent variations of conditions of service—

Extension of service :
(Dates and period to be stated.)

Date of re-engagement : * Period : yrs.
Trade on enlistment : Sawmiller
Corps trade and grade :
Qualifications : (e)

Miscellaneous entries (f) :
(f) (1) (c) Fair (E) Blue (H. Brown Fair
(f) (2)
(f) (3)
(f) (4)

Corps.	Unit.
14 Forestry Coy.	M.E. Forces.

To be completed by O. i/c. Records when the soldier is transferred to or re-engaged in the Army Reserve :—
(i) Date of transfer to Army Reserve :
(ii) Rank on transfer to Army Reserve :
(iii) Date of promotion thereto :
(iv) Service in present rank : yrs. days.
(v) Re-engagement or re-enlistment for Sec. D, Army Reserve :—
Date : Period : yrs.

Medical (b).

Category.	Date.	Authority.

* Full name and address of next-of-kin and relationship.

Mr Axel JARLOV. (Father).
Private Bag
Rotorua.

Continued beyond 21 years to (date service expires.)
" "
" "
" "
" "

NOTES.—*Entries to be made in pencil.
(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate.
(b) Instructions regarding completion of this subhead will be issued when necessary after mobilization.
(c) Whether " for Home Service only," enlisted at special rates of pay, &c.
(d) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds.
(e) Signaller, Farrier, &c.
(f) Instructions regarding allotment of these subheads will be made as may be necessary after mobilization.

50,000/7/41—5368]

67889. JARLOV A. J.

(A) No. of Part II Order or other Authority.	(B) Unit.	(C) Record of all casualties regarding promotions (acting, temporary, local, or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	(D) Place of Casualty.	(E) Army Rank.	(F) Date.	(G) Service not allowed to reckon for Pension. Yrs.	(G) Days	(H) Signature of Officer certifying correctness of Entries.
		Embarked from N.Z. 8/4/42						
R/o 14. 1/6/42.	Forestry	Disembarked from N.Z. m/s to Forestry Grp.	U.K.	Pte	11.5.42			
R/o 2. 20/1/43.	"	Admt Warbrook Con Dep.	U.K.	"	4. 1.43			
R/o 10 21/4/43.	"	Dsch. from Warbrook C. Dep.	U.K.	"	5.4.43			
R/o 16. 16/4/43.	"	Admt to Connaught Hosp. Knaphill	" "	"	2.4.43			
R/o 16 16/4/43.	"	Dsch from " " to Forestry Grp	"	"	3.4.43.			
R/o 21 23/5/43		m/o Forestry Grp on Ch of Station	"	"	12.6.43			
Memo. 1/10/43	"	Moved to Mediterranean Zone.	"	"	1.10.43			

[Army Form B.-103 (Continuation Sheet) to be gummed here if required.]

Nothing to be written in this margin.

Army Form B 103—1

SERVICE AND CASUALTY FORM

Army No. 67889 Signature of Officer .....

Nothing to be written in this margin.

Forms/B103—1/3.

Wt. 32075/1416. 750m. 10/39. D.P.W. Tol-5158.

Surname ..... JARLOV

Christian Names ..... ALBERT JOHN

Religion ..... METHODIST S.

If married state date .....

*Substantive Rank and Appointment ..... Spr

*Acting, Temporary or Local Rank, giving date .....

Attestation paper (Number of Army Form.) .....

If of Alien origin state particulars .....

Date of birth as declared on attestation 27-2-18

(a) .....

Date of Enlistment .....

Date Service reckons from 22-9-41

(b) Date called to Colours .....

Period of Engagement .....

(c) Special conditions (if any) of Enlistment or Rate of Pay .....

(d) Any subsequent variations of conditions of service .....

Extension of Service (Dates and period to be stated.) .....

Date of Re-engagement ..... Period ..... yrs.

Trade on Enlistment ..... Sawmiller

Corps trade and grade .....

Qualifications (e) .....

Miscellaneous entries (f):— (G) Fair (H) Blonde (E) Blue

(f) (1) .....

(f) (2) .....

(f) (3) .....

(f) (4) .....

Corps	Unit
~~NZE NON PAY~~	
~~NZE~~. 14 Forestry Coy	
FORESTRY	

To be completed by O. i/c Records when the Soldier is transferred to or re-engaged in the Army Reserve :— 8 REINFS

(i) Date of transfer to Army Reserve .....

(ii) Rank on transfer to Army Reserve .....

(iii) Date of promotion thereto .....

(iv) Service in present rank ..... Yrs. ..... Days.

(v) Re-engagement or Re-enlistment for Sec. D Army Reserve

Date ..... Period ..... yrs.

Medical (b)

Category	Date	Authority
A	1 Aug 43	

* Full Name and Address of Next of Kin and Relationship.

mr Axel Andersen Jarlov (Father)

Private Bag Rotorua

Continued beyond 21 years to ..... (date service expires)

" " " "

" " " "

" " " "

" " " "

NOTES.—*Entries to be made in pencil.

(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate.

(b) Instructions regarding completion of this sub-head will be issued when necessary after mobilization.

(c) Whether "for Home Service only," enlisted at special rates of pay, &c.

(d) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds.

(e) Signaller, Farrier, &c.

(f) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(C) Unit	Record of all casualties regarding promotions (acting, tempofary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.)	(D) Place of Casualty	(E) Army Rank	(F) Date	(G) Service not allowed to reckon for pension Yrs.	(G) Days	(H) Signature of Officer certifying correctness of entries
	Embarked	NZ		8.4.42			
R.O. 14/42. 9th Reinf	Disembarked in U.K. from N.Z.	Eng	Spr.	10.5.42			
" 14/42. "	Marched into Torquay Group N.Z.E.	"	"	11.5.42			
" 2/43. For Group	Adm. to Warbrook Conv. Home						
N.Z.E	Eversley.	"	"	4.1.43			
" 10/43. "	Disch. from Warbrook Conv						
	Home Eversley.	"	"	5.1.43			
" 16/43. "	Adm. to Connaught Hosp. Knaphill	"	"	2.7.43.			
" 16/43. "	Disch. from " " "	"	"	3.7.43			
" 21/43. "	MO on Change of Stn	"	"	12.8.43			
" 25/43. 11th For.	Adm. to Ship's Hospital at Sea	"	"	16.8.43			
" 25/43. Coy N.Z.E	Disch. from " "	"	"	24.8.43			

[Army Form B. 103—11 to be gummed here if required.]

Nothing to be written in this margin.

Nothing to be written in this margin.

Forms/B103—1/3.

W.t. 29075/1416. 750m. 10/39. D.P.W. T51-5158.

64889 JARLOV AJ

No. of Part II Order or other Authority. (A)	Unit (B)	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) (C)	Place of Casualty (D)	Army Rank (E)	Date (F)	Service not allowed to reckon for pension (G) Yrs.	Days	Signature of Officer certifying correctness of entries (H)
R/p01 22-8-43	HMT INDRAPOERA	Adm Ships Hospital	At Sea	Spr	16-8-43			[signature]
-1 22-10-43	14 Forestry Coy	Dischgd Ships Hospital	at Sea	Spr	22-8-43			[signature]
-1 22-10-43	14 Forestry Coy	Mchd in Entered MIDDLE EAST	ME	Spr	25-8-43			[signature]
2 12-11-43	14 Forestry Coy	Adm 6 Lt Fd Amb tfd X (ii) list	ME	Spr	7-10-43			[signature]
2 12-11-43	14 Forestry Coy	Dischgd from 6 Lt Fd Amb to Unit	ME	Spr	11-10-43			[signature]
3 4 Feb 44	14 NZ FORESTRY COY	Adm 2 Conv Camp and tfd to X(ii) list	ME	Spr	7 Dec 43			[signature]
3 4 Feb 44	14 NZ FORESTRY COY	Rejnd 2 Conv Camp direct to Unit & s/o X(ii) list	ME	Spr	22 Dec 43			[signature]
AFW 5169	14 NZ Forestry Coy	Embarked Base BNAF for Italy	ME	Spr	10-2-44			[signature]
6. 10 3/44	14 NZ Forestry Coy	att Adv Base 2NZEF	Italy	Spr	13-2-44			[signature]
6. 10 3/44	14 NZ Forestry Coy	CTBA Adv Base 2NZEF	Italy	Spr	21-2-44			[signature]
11 12-5-44	14 NZ FORESTRY COY	Adm 3 NZ Gen Hosp & tfd X(ii) list	Italy	Spr	27-4-44			[signature]
23 24-5-44	2 NZ Rec Dep X(ii)	Mchd in from 14 NZ Forestry Coy & att FAP	Italy	Spr	28-4-44			[signature]
24 31-5-44	2 NZ Rec Dep X(ii)	CTBA 2 NZ Rec Dep & Adm 3 NZ Gen Hosp	Italy	Spr	18-5-44			[signature]
34 9-8-44	2 NZ Rec Dep / NZ Forestry	Dchgd 1 NZ Conv Dep & att FAP 2 NZ Rec Dep	Italy	Spr	28-7-44			[signature]
		CTBA 2 NZ Rec Dep & Mchd out to Adv Base	Italy	Spr	20-7-44			[signature]
35 16-8-44	ADV BASE NZ FORESTRY	Mchd in from 2 NZ Recpt Dep tfd from X(ii) to X(iii)	Italy	Spr	30-7-44			[signature]
35 16-8-44	ADV BASE NZ FORESTRY	Mchd out to Fd Unit as Rft	Italy	Spr	4-8-44			[signature]
22 18 8 44	FORESTRY GROUPS	Mchd out to 2 NZ Reception Dep						
		Off NZ Roll Special	ITALY	SPR	8 8 44			
		AUTHY: HQ 2NZEF 40/21 of 8 AUG 44						[signature]
AFW 5169	NZ Details	Disembarked Alexandria	ME	Spr	28-8-44			[signature]
AFW 5169		Embarked Tewfik for NZ	ME	SPR	27-9-44			[signature]
R/0 183 6/11/44	Area 2	Attached to Area 2 Pool for administration & discipline	Papakura		31/10/44			[signature]

[Army Form B. 103—II to be gummed here if required.]

Nothing to be written in this margin.

(G) (H)

ice not ved to on for nsion

Signature of Officer certifying correctness of entries

Days

[Army Form B. 103—11 to be gummed here if required.]

Nothing to be written in this margin.

Nothing to be written in this margin.

Forms/B103—13.

W.t. 32975/1416. 750m. 10/39. D.P.W. 751-5158.

SERVICE AND CASUALTY FORM

Army Form B 103—1

Army No. 6[illegible]8[illegible] Signature of Officer [illegible]

Surname JARLOV

Christian Names ALBERT JOHN

Religion METHODIST

If married state date SINGLE.

*Substantive Rank and Appointment

*Acting, Temporary or Local Rank, giving date

Attestation paper (Number of Army Form.)

If of Alien origin state particulars

Date of birth as declared on attestation 27 FEB 1918

(a)

Date of Enlistment

Date Service reckons from 22 SEPT 1941

(b) Date called to Colours

Period of Engagement

(c) Special conditions (if any) of Enlistment or Rate of Pay

(d) Any subsequent variations of conditions of service

Extension of Service (Dates and period to be stated.)

Date of Re-engagement ..... Period ..... yrs.

Trade on Enlistment SAWMILLER.

Corps trade and grade

Qualifications (e)

Miscellaneous entries (f):—Physical Features.

(f) (1) (G) Fair (H) Blonde (e) Blue

(f) (2)

(f) (3)

(f) (4)

Corps	Unit
CANADIAN FORESTRY	

To be completed by O. i/c Records when the Soldier is transferred to or re-engaged in the Army Reserve :—

(i) Date of transfer to Army Reserve .....

(ii) Rank on transfer to Army Reserve .....

(iii) Date of promotion thereto .....

(iv) Service in present rank ..... Yrs. ..... Days.

(v) Re-engagement or Re-enlistment for Sec. D Army Reserve

Date ..... Period ..... yrs.

Medical (b)

Category	Date	Authority
A.	1 AUG 1943	

* Full Name and Address of Next of Kin and Relationship.

Continued beyond 21 years to ..... (date service expires)

" " " "

" " " "

" " " "

" " " "

NOTES.—*Entries to be made in pencil.

(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate.

(b) Instructions regarding completion of this sub-head will be issued when necessary after mobilization.

(c) Whether "for Home Service only," enlisted at special rates of pay, &c.

(d) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds.

(e) Signaller, Farrier, &c.

(f) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(A) No. of Part II Order or other Authority.	(B) Unit.	(C) Record of all casualties regarding promotions (acting, temporary, local, or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	(D) Place of Casualty.	(E) Army Rank.	(F) Date.	(G) Service not allowed to reckon for Pension. Yrs.	(G) Days	(H) Signature of Officer certifying correctness of Entries.
P.L.29.9.11.44	Area 2.	Boarded Paeroa 4.11.44 Grade I. Granted 62 days overseas leave expiring 9.1.45 then to await further instructions from Area 2. NX 450 116 378 issued. Balance of leave due, Nil. Remains on pay.	Paeroa	Spr.	9.11.44			DB.
P.L.56 22/2/45	"	Rbed. Rotorua 15/2/45. Grade I. Army pay ceased 27/2/45 then to Area 2 Pool on IL40P. Bal. leave due Nil. (auth. D.357/1/342/SW) (22/2/45)	"	"	28/2/45			DB.
		Discharged Area 2 Specialists No. 2. of 11.3.46	27.2.45					

[Army Form B.-103 (Continuation Sheet) to be gummed here if required.]

Nothing to be written in this margin.

Please quote:R8/P/F in your reply

HEADQUARTERS,
AREA NO. 2,
P.O. BOX 12,
PAEROA.

10th November, 1944.

MEMORANDUM for:

Army Headquarters,
N.Z.Military Forces,
P.O. Box 3046,
WELLINGTON

re: 65632 L/Cpl. BURGESS, Jack S. - 14th N.Z.Forestry Unit
67889 Spr. JARLOV, Albert J. - 14th N.Z.Forestry Unit
Area 2 Posting List No.29 of 9.11.44

Reference your Circular D.357/1/342/SW of the 19th October, 1944 Para 13 (c), for your information the abovenamed soldiers have had less than three years overseas service.

for LIEUT. COL.
Area Commander, Area No. 2.

MJM

DY. D | NO. 3 DEPOT BTTN | REINFS. 2ND N.Z.E.F.

No. 67889 RANK Sp. NAME Jarlov Albert John

Section Forestry, 9th Rfts.
Home Address A. Jarlov & Son, P.B. Rotorua
Date of Registration 22.9.41
Place of Enlistment Rotorua
Married or Single S
Children under 16 —
Occupation Sawmiller - 7 yrs.
Other Qualifications —
Last Employer Self.
Age and Date of Birth 23 yrs. 27.2.18
Previous Experience —
Arm of Service —
Last Rank —
Total Service —
Religion Meth.
Rifle Number

Final Leave Destination Rotorua
Draft No. of Destination
Next of Kin F. Mr Arel Jarlov.
Address of Next of Kin P.B. Rotorua

Left Home 22.9.41
Marched In 22.9.41
Rate of Pay 7/-
Allotment 4/6
Allottee P.O.S.B.
Address
T.A.B. 1. 24.9.41 2. 4.10.41
TET. PROP. 1. 24.9.41 3. 10.11.41
Blood Group A
Heavy Transport Licence
Social Security Book No.

PW. 53399

NEW ZEALAND MILITARY FORCES.

WAR.
[Form N.Z.—347B.
(In pads of 100 forms.)

: JARLOV Christian names ALBERT JOHN

Registration No. 7/417001

P.B. ROTORUA

or Single Date of birth : 27/2/18 Number of children under 16 years

Date of Registration :

ion : Sawmiller Other trade or professional qualifications :

nd address of last employer : SELF

n born, country of birth, and if naturalized : N.Z.

s experience in Navy, my, or Air Force Arm of service Last rank held Total service

service preferred : ARTILLERY Religion : NONE

of kin : MR. A. JARLOV (Name.) Father Address : Private Bag ROTORUA

al grade : 1 Classification : ACTIVE SERVICE Date : 18/6/41

isposal (in Area) : Date :

FOR MOBILIZATION CAMP USE ONLY.

ome—Time : 1400 hrs. Date : 11/11/41 Arrived in camp—Time : 0915 hrs. Date : 67889

No. 67889 Unit : No 2 T. Bn. Forestry Rank : Pte

disposal : Date :

ads/6/40—4618 Forms 347B/2 (2).] **AREA ROLL B.—(Medical Status) and Unit Roll (Camp).** [P.T.O.

NEW ZEALAND MILITARY FORCES. Certified Copy. [Form N.Z.—367. (In pads of 100.)

ATTESTATION FOR SERVICE IN TIME OF WAR, WITHIN AND BEYOND NEW ZEALAND.

7/41700

Questions to be put to the Recruit.

1. What is your name? (Christian names and surname to be written in block letters.)	1. Surname: JARLOV Christian names: Albert John.
2. Where were you born?	2. N.Z.
3. What is the date of your birth?	3. 27/2/1918
4. Are you a British subject? If naturalized, state where and when	4. yes
5. What are your parents' names?	5. Father: Jarlov (Surname.) Axel (Christian names.) Mother: Jarlov (Surname.) Eva (Christian names.) Maiden surname of mother: Larsen
6. Where were your parents born?	6. Father: Denmark Mother: N.Z.
7. If your parents were of alien birth, state when and where they were naturalized	7. Father: Naturalised Mother:
8. What is your trade or calling?	8. Sawmiller
9. What is your address in New Zealand?	9. P/B. Rotorua
10. Who is your next-of-kin? (state relationship)	10. Name: Wife A. Jarlov. Address: P.B. Rotorua
11. What is the name and address of your present or last employer?	11. Self
12. What are your educational qualifications?	12. Proficiency
13. Are you single, married, a widower, divorced, or legally separated from your wife? If married, of what nationality was your wife before marriage?	13. Single
14. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you?	14. —
15. If single with dependants, state who they are	15. None
16. Have you ever served in any naval, military, or air force? If so, state which, length of service, last rank held, and cause of discharge	16. no
17. Have you ever been medically examined for service with the armed forces? If so:— (a) When? (b) Where? (c) Were you found fit or unfit?	17. no (a) — (b) — (c) —
18. Are you willing to be inoculated or vaccinated if required?	18. —
19. Are you willing to serve within and beyond New Zealand in the New Zealand Military Forces for the duration of the war, and twelve months thereafter, or until lawfully discharged?	19. —
20. What arm of service do you prefer?	20. Artillery
21. What is your religious denomination?	21. None

I do solemnly declare that the answers made by me to the above questions are true; and that I am willing to fulfil the engagement made.

Signature of Recruit: A Jarlov

Oath to be taken by Recruit on Attestation.

I, Albert John Jarlov do sincerely promise and swear that I will be faithful and bear true allegiance to our Sovereign Lord the King, and that I will faithfully serve in the New Zealand Military Forces against His Majesty's enemies, and that I will loyally observe and obey all orders of the Generals and Officers set over me, until I shall be lawfully discharged. So help me God.

Certificate of Attesting Officer.

The above questions were read to the above-named recruit in my presence. I have taken care that he understands these questions, and that his answer to each question has been duly entered. The said recruit has made and signed the declaration, and taken the oath of allegiance before me at Rotorua, New Zealand, on this 18th day of June, 1941

Signature of Attesting Officer: A. G. Holland J.P.

NOTE 1.—If any alteration is required in the attestation, the Attesting Officer will make it and initial the alteration.

NOTE 2.—Before a soldier signs his attestation form he will be asked by the Attesting Officer to verify the entry showing his full surname and Christian names and to state if the spelling is correct.

NOTE 3.—To be prepared in duplicate and dealt with as laid down in Mobilization Regulations.

NOTE 4.—Your discharge will not be granted before you return to New Zealand unless permission for discharge elsewhere be obtained from the General Officer Commanding the Forces.

[2,500 pads/10/40—9639 Forms 367/2.

THE
FOLLOWING
PAGES
WERE
RE-PRODUCED
FROM
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OF
FILE.

Please note the following pages are the best reproductions possible from this office due to the quality (age and condition) of the microfilm portion of this personal file.

9th REINFORCEMENTS

NEW ZEALAND MILITARY FORCES.

WAR. (Form N.Z.—301. (In pads of 50 duplicates).

PERSONAL RECORD of— FORESTRY

(Surname.) (Christian Names.)

JARLOV ALBERT JOHN

2nd NZEF Regimental No. 67880

REGIMENT or UNIT. ~~1 Fd Coy 2 Div~~ No 2 T Bn. Forestry Pte.

ORIGINAL FILE.

Med. Papers to W.P. 5.4.48.

STRUCK OFF STRENGTH OF 2nd N.Z.E.F. GRADE I Transferred to 2 Div Rd. I.L.W.O.P. on 24-2-46.

PREVIOUS PAPERS:

SUBSEQUENT PAPERS:

Social Security Act, 1938.

REGISTRATION FEE COUPON-BOOK No. 4 [illegible] 0

Income Tax Clearance forwarded: 6.10.41 (Date.) (Initials.)

FILE PURGED 1949

ENLISTED	22.9.41
EMBARKED	5.4.42
RETURNED	31.10.44
DISCHARGED	27.2.45

DECEASED 19/5/62

SOLDIER'S FILE—CHECK SHEET.

	War Form.		War Form.
1. (Cover Sheet)	N.Z. 301 ✓	10. (Dental Report, if any)	N.Z. 360
2. (Attestation, Home Service, if any)	N.Z. 302	11. (Dental Card, if any)	N.Z. 361
3. (Index Slips)	N.Z. 303 ✓	12. (Dental Form, if any)	N.Z. 362
4. (Index Slips)	N.Z. 304 ✓	13. (Attestation)	N.Z. 367 ✓
5. (~~Will Form~~ or Certificate re Will)	N.Z. 306 ✓	14. (Medical Case Sheet, if any)	N.Z. 377
6. (History Sheet)	N.Z. 307 ✓	15. (Medical History Sheet, if any)	N.Z. 378
7. (Casualty—O.R.)	N.Z. 722 ✓	16 (X-Ray Record of Chest)	N.Z. 733 ✓
8. (Casualty—Officers)	N.Z. 723		
9. (Medical Report)	N.Z. 355 ✓		

BASE GROUP

EMBARKED 28 APR 1942

Remarks:

RETURNED TO N.Z. 31 OCT 1944

Action complete

CHECKED BASE RECORDS

[illegible] pads/6/40—44641 Forms 301/8.

B. Appealed

WAR. [Form N.Z.—367. (In pads of 100.)

NEW ZEALAND MILITARY FORCES.

ATTESTATION FOR SERVICE IN TIME OF WAR, WITHIN AND BEYOND NEW ZEALAND.

7/417001

Questions to be put to the Recruit.

1. What is your name? (Christian names and surname to be written in block letters.)	1. Surname: JARLOV Christian names: ALBERT JOHN
2. Where were you born?	2. NZ
3. What is the date of your birth?	3. 27/7/95
4. Are you a British subject? If naturalized, state where and when	4. Yes
5. What are your parents' names?	5. Father: Jarlov (Surname.) Axel (Christian names.) Mother: Jarlov (Surname.) Eva (Christian names.) Maiden surname of mother: Corgan
6. Where were your parents born?	6. Father: Denmark Mother: N.Z.
7. If your parents were of alien birth, state when and where they were naturalized	7. Father: Naturalised Mother:
8. What is your trade or calling?	8. Sawmiller
9. What is your address in New Zealand?	9. P/B Rotorua
10. Who is your next-of-kin? (state relationship) Father	10. Name: A. A. Jarlov Address: P/B Rotorua
11. What is the name and address of your present or last employer?	11. Self
12. What are your educational qualifications?	12. Proficiency
13. Are you single, married, a widower, divorced, or legally separated from your wife? If married, of what nationality was your wife before marriage?	13. Single
14. If married, a widower, divorced, or legally separated from your wife, how many children under sixteen years of age have you?	14.
15. If single with dependants, state who they are	15. None
16. Have you ever served in any naval, military, or air force? If so, state which, length of service, last rank held, and cause of discharge	16. No
17. Have you ever been medically examined for service with the armed forces? If so:— (a) When? (b) Where? (c) Were you found fit or unfit?	17. No (a) (b) (c)
~~18. Are you willing to be inoculated or vaccinated if required?~~	18.
~~19. Are you willing to serve within and beyond New Zealand in the New Zealand Military Forces for the duration of the war, and twelve months thereafter, or until lawfully discharged?~~	19.
20. What arm of service do you prefer?	20. Artillery
21. What is your religious denomination?	21. None

I do solemnly declare that the answers made by me to the above questions are true; and that I am willing to fulfil the engagement made.

Signature of Recruit: A. J. Jarlov

Oath to be taken by Recruit on Attestation.

I, Albert John Jarlov

do sincerely promise and swear that I will be faithful and bear true allegiance to our Sovereign Lord the King, and that I will faithfully serve in the New Zealand Military Forces against His Majesty's enemies, and that I will loyally observe and obey all orders of the Generals and Officers set over me, until I shall be lawfully discharged. So help me God.

Certificate of Attesting Officer.

The above questions were read to the above-named recruit in my presence. I have taken care that he understands these questions, and that his answer to each question has been duly entered. The said recruit has made and signed the declaration, and taken the oath of allegiance before me at Rotorua, New Zealand, on this 18th day of June, 1941.

Signature of Attesting Officer: G. Holland

NOTE 1.—If any alteration is required in the attestation, the Attesting Officer will make it and initial the alteration.

NOTE 2.—Before a soldier signs his attestation form he will be asked by the Attesting Officer to verify the entry showing his full surname and Christian names and to state if the spelling is correct.

NOTE 3.—To be prepared in duplicate and dealt with as laid down in Mobilization Regulations.

NOTE 4.—Your discharge will not be granted before you return to New Zealand unless permission for discharge elsewhere be obtained from the General Officer Commanding the Forces.

[2,500 pads/10/40—9439 Forms 367/2.

[Form N.Z.—733.
(In pads of 100.)

NEW ZEALAND MILITARY FORCES.

X-RAY RECORD OF CHEST.

Date: 29/9/41

PART A.

Surname: JARLOV Christian names: A

Regimental No. 67859 Rank: Private Unit: 1st 2NZEF

Occupation (Civil): Seaman

Where born: Gisborne Age 23 yrs. 7 mths. Marital state. M. S. W.

PART B.

REPORT NO. 5/1985

(1) Abnormality detected: Yes. No.

Signature of Radiologist:

Date: 6.10.41

(2) Evidence or suspicion of pulmonary tuberculosis:

Past. Present. Yes. No.

(3) Evidence of any other abnormality (brief report of condition).

(4) Should case be referred for boarding: Yes. No.

Signature of Radiologist:

Signature of Tuberculosis Officer:

Date:

(5) S.M.O. Base Camp.

Forwarded.

Signature of Radiologist:

Date: 7.10.41

PART C.

(6) Regional Deputy at

Please arrange for Specialist Medical Board to medically examine this case and report hereunder.

S.M.O.

Date:

(7) REPORT OF SPECIALIST MEDICAL BOARD.

Recommendation (Classification and disposal).

Chairman:

Member:

Date:

500 pads 5/40—3473) Form 733/1 (2).

TO BE COMPLETED IN DUPLICATE.

NEW ZEALAND MILITARY FORCES.

A

WAR.

[Form N.Z.—355. (In pads of 100.)

RECORD OF MEDICAL BOARD.

Surname: JARLOV (In block letters.) **Christian names:** ALBERT JOHN

EXAMINED at ROTORUA, on June 18 1941 (Date.) DECLARED AGE: 23 years 4 months.

HEIGHT: 5 feet 10 inches. WEIGHT: 10 st. lb. CHEST FULLY EXPANDED: 36 ins. RANGE: 3½ ins.

COLOUR OF EYES: BLUE HAIR: FAIR COMPLEXION: FAIR PHYSIQUE: Spare

VACCINATION-MARKS—ARM: RIGHT, — LEFT, — NUMBER: — WHEN VACCINATED: —

Medical Statement by Candidate.

I declare the following statements to be true and complete:— (Strike out words not required.)

I have (never) suffered from fits, convulsions, or nervous breakdown.

Particulars of any illness, accident, or operation I have had are Tonsil ... 3 yrs ago.

My usual family doctor is Dr. Leech I ~~have~~ (have not) consulted a doctor in the last five years regarding ...

I have (never) suffered from any discharge or other affections of the ears.

Date: June 18th 1941 Signature: ...

Vision without Glasses. Vision possible. Approx. Refraction.

R. 6/6 / /

L. 6/6 / /

Colour vision: good External and Ophth.:

Visual Grading: With Glasses / Without Glasses

Signed: , Examining Optician.

Hearing—Right ear: good Left ear: good

What is the condition of the (1) tongue, (2) fauces?

(1) Normal (2) Normal

Are his limbs well formed? Yes

Are the movements of all his joints full and perfect? Yes

Is his chest well formed? Yes

Are his lungs normal? Yes

Pulse rate, sitting: 85

Cardiac efficiency test—Pulse standing: 85;

after exercise: 95; two minutes later: 80

What is his blood-pressure? 132/74

Is his heart normal? Yes

Urine: Normal

Is he free from hernia? Yes

Is he free from varicocele? Yes

Is he free from varicose veins? Yes

Is he free from hæmorrhoids? Yes

Is he free from inveterate or contagious skin-disease? Yes

What is the condition of the nervous system? Normal

Is there any evidence of such infective conditions of the mouth as Vincent's Disease, ulcerative stomatitis, or pyorrhoea of severe degree? No

Remarks. *(Should include reference to congenital peculiarities, previous disease (especially otitis media) and slight defects.)*

Recruit found Temporarily Unfit. *(Certificate to be completed by Medical Board.)*

We consider that, after remedial treatment estimated to take ______ weeks, this man should become fit for Grade ______. Specific treatment required is

Certificate of Medical Examination.
(For other than temporarily unfit.)

Examined, graded, and classified as under. (Strike out all lines that do not apply.)

GRADE I.—Fit for active service in any part of the world (N.Z. Regular Force and 2nd N.Z.E.F.).

~~GRADE II.—Fit for active service in N.Z. only (N.Z. Terri. Force, Nat. Mil. Res., Independent M.R. Sqns. and Works Coys.), and certain other types of military, other than active, service in N.Z. such as N.Z. Temporary Staff, and N.Z. Temporary Employment Section.~~

~~GRADE III.—Fit only for clerical work or other sedentary military occupations in N.Z. (e.g., tailoring, bootmaking, &c., on N.Z. Temp. Staff or N.Z. Temp. Employment Sec.).~~

~~GRADE IV.—Permanently unfit for any military service whatever.~~

Causes of grading lower than Grade I:— (1)

(2)

Signed: L. S. Wallis, Chairman; H. C. Moore, Member.

1,000 pads/?/41—...

WAR.
[Form N.Z.—733.
(In pads of 100.)

NEW ZEALAND MILITARY FORCES.

X-RAY RECORD OF CHEST.

Date: _____

PART A.

Surname: DARLOW Christian names: Albert John

Regimental No. 67889 Rank: Spr Unit: 2nd Fd Coy (DR 301)

Occupation (Civil): Farmer

Where born: _____ Age: 26 yrs. ___ mths. Marital state: M. S. W.

PART B.

REPORT No. RH 3019

(1) Abnormality detected: Yes. No.

Signature of Radiologist: [illegible]

Date: 26 2 45

(2) Evidence or suspicion of pulmonary tuberculosis:

Past. Present. Yes. No.

(3) Evidence of any other abnormality (brief report of condition).

(4) Should case be referred for boarding: Yes. No.

Signature of Radiologist: _____

Signature of Tuberculosis Officer: _____

Date: _____

(5) If the answer to (4) above is "Yes", the Area Officer will arrange with the Regional Deputy for a Specialist Medical Board to medically examine this case and report hereunder.

PART C.

(6) REPORT OF SPECIALIST MEDICAL BOARD.

Recommendation (Classification and disposal).

[boilerplate] 8 MAR 1945 WELLINGTON

[boilerplate] R.M.E. 2-MAR 1945 INITIALS

Chairman: _____

Member: _____

Date: _____

[boilerplate] 5,000 pads/9/41—88xx)

[B.R.—272.

BASE RECORDS

WORK-SHEET FOR ISSUE OF CERTIFICATE OF DISCHARGE

R.3.

PART 1.—PERSONAL PARTICULARS

(a) Service No. 67889 (b) Rank on discharge (2 N.Z.E.F.): SAPPER (Home service): _____

(c) Name (in full): ALBERT JOHN JARLOV

(d) Description of soldier on enlistment:—

Declared age: _____ years. Height: _____ ft. _____ in.

Complexion: _____ Hair: _____ Eyes: _____

(e) Trade or occupation: _____

(f) Address: C/- J. JARLOV & Sons, Private Bag, Petone.

R.3.

PART 2.—SERVICE PARTICULARS

(a) Served in—

(1) 2 N.Z.E.F.
(2) Home Defence Forces } (strike out if not applicable)

(b) Periods of Service:—

(1) In United Kingdom (if United Kingdom enlistment):

From [Date].	To [Date].	Years days.
		/
		/
Total (gross) ..		/
*Deductions ..		/
Total (net) ..		/

(2) N.Z. Home Defence Forces:

From [Date].	To [Date].	Years days.
		/
		/
Total (gross) ..		/
*Deductions ..		/
Total (net) ..		/

(3) 2 N.Z.E.F. (in New Zealand):

From [Date].	To [Date].	Years days.
22 9 41.	7 4 42.	1 198
1 11 44	27 2 45	1 114
Total (gross) ..		317
*Deductions ..		/
Total (net) ..		/

(4) 2 N.Z.E.F. (overseas):

From [Date].	To [Date].	Years days.
8 4 42	31 10 44	2 204
		/
Total (gross) ..		2 204
*Deductions ..		/
Total (net) ..		/

(c) Total (net) service (Home Defence) (As for 2 above): N.Z. — years 317 days. Total (net) service (2 N.Z.E.F.) (As for 3 plus 4 above): 3 yrs 159 days.

* Deductions: A.W.L., detentions, &c.

R.8.

PART 3.—CERTIFICATE OF DISCHARGE

(N.Z. 822.) (N.Z. 822a.) (N.Z. 822b.)
(strike out those not applicable)

(a) Work-sheet prepared: .. AH [Initials] 27.3.47 [Date] (b) Checked: [Initials] 15.4.47 [Date]

(c) Certificate Nos.—

N.Z.E.F. / ~~H.S.~~: 12894 } Prepared — [Initials] — [Date] (d) Checked: LA [Initials] 14.4.47 [Date]

(e) Certificate sent to Army H.Q. for signature (Schedule No. 259): .. [Initials] [Date]

(f) Certificate despatched to soldier under registered cover .. .. .. Ehrs [Initials] 15-4-47 [Date]

(g) Noted in numerical register .. .. Ehrs [Initials] 15-4-47 [Date]

R.3.

PART 4

(a) History Sheet noted that Discharge Certificate has been issued (quote Schedule and Certificate Nos.) .. .. [Initials] 16/4/47. [Date]

(b) Action complete .. .. [Initials] [Date]

20,000/8/46—8324]

B.R. 271

DISCHARGE FROM 2ND N.Z.E.F. OR HOME SERVICE.

67889 (Army No.) Pte (Rank) JARLOS (Surname) ALBERT JOHN (Christian names)

IS DISCHARGED FROM THE 2ND N.Z.E.F. / ~~HOME SERVICE~~
(strike out if not applicable)

With effect from: 27/2/45 (Date)

FILE 14 APR 1947 EXAMINED

AUTHORITY:-
R/O No: 2 Date: 11/3/46 Area: 2 B.R. File No: 8/8/12

Extracted by: MAB (Initials) 17/1/47 (Date) Checked by: [illegible] (Initials) 23/1/47 (Date)

R.3 (HISTORY SHEETS): Ql 24/3/4.

For preliminary action re issue of Discharge Certificate.

ACTION COMPLETED: [illegible] (Initials) 10/4/47 (Date)

FILE
DATE 14/4/47
RETURN Echo

NEW ZEALAND MILITARY FORCES. [Form N.Z.—179.

PROCEEDINGS OF MEDICAL BOARD. (*Answer all questions. Delete all words not applicable.*)

[100,000/10/43—7317

No. 67389 Rank: Spr. Name in full: JANOV Albert John
(Surname in block letters.)

Unit: 2 C/E. Age: 26 Race: British Civil occupation: Sawmiller

Single or married: S. Children: Proposed future home address: Private Bag, Rotorua.

PART I.—Statement by Soldier to Examining Medical Officer.

I claim that I am suffering from Nil That it began or occurred at (*place*) on (*date*), the cause of it being

I was treated at Hospital from (*date*) to (*date*) In the past I have suffered from the following diseases, wounds, or injuries: Injured head & knee

My other ailments are I have (have not) served overseas in the present war in (*locality*) U.K., N.Z. from (*date*) April 1942 until my return to New Zealand on (*date*) 2/10/44

I declare this statement to be true in every particular. Signed by me at (*place*) Rotorua on (*date*) 1945

(*Soldier's signature*)

PART II.—Preliminary Report by Medical Attendant or Member of present Board.

Soldier's weight: 10[illegible].9 Pulse rate 84 B.P. 128/72 Urine: Nil I diagnose the disability for which he is being boarded as Nil The main features in his medical history are: Says he had trouble with his eye before X-mas
Deafness & ringing

A clinical examination of all systems discloses:—
Left Knee sometimes swollen after walking a distance
Hearing poor
Enlarged vessels over the end of radius
Otherwise nil

To BASE RECORDS

Main features of specialist reports (X-ray, &c.) available are: 17/1/45 Colonial Stn Med (Left) no record for further treats or treatment

Treatment carried out: Nil

Treatment recommended: Nil

I consider that the cause of the disability was: Constitutional

Answer the following questions as shown:—

Was the disability due to his negligence or misconduct? No Was an operation performed in connection with the present disability? No If so, when? NA Its nature was?

Was an operation advised? No Was it declined? No What other disabilities are claimed or have been discovered? Nil I (state *do* or *do not*) consider military service to have been a contributing factor in any of these disabilities.

Signed at (*place*) Rotorua on (*date*) 15/2/45

(*Signature of Examining Medical Officer*)

PART III.—Opinion of the Medical Board.

Diagnosis of the disability: (a) ~~Ad~~ Otitis Media (LEFT) ; (b) ; (c) ; (d) ;

Results of this day's clinical examinations are:—

Ch in Part II

Is the disability attributable to military service abroad? No, or to military service in New Zealand? No or is it due to other causes? Yes Has the disability been aggravated by military service abroad? No, or by military service in New Zealand? No Has it been caused or aggravated by intemperance, misconduct, or venereal disease? No The percentage degree of disablement (100% to 20%—under 20%, nil) is: Nil Is the probable duration of the present disability under or over three months? N A If refused was the refusal to undergo operation reasonable or unreasonable? N A As to fitness for active service overseas, is he fit, temporarily unfit, or permanently unfit? (*Answer Fit, T.U., or P.U.*): Fit As to fitness for active service in New Zealand, is he fit, temporarily unfit or permanently unfit? (*Answer Fit, T.U., or P.U.*): Fit As to fitness for service on the Temporary Staff, is he fit, temporarily unfit, or permanently unfit? (*Answer Fit, T.U., or P.U.*): Fit We place the soldier in Grade One (*in words, but note: If he is temporarily unfit for Grade III insert the letters T.U.*) Is the soldier fit to live in Camp (*applicable in Grade III cases only*)? — Is he fit for Home Guard? —

We recommend the following further treatment:

Nil

We also recommend (*type of military employment, &c.*):

Fit and employment

Signed at (*place*) Palmerston on (*date*) 15/2/45, 194 .

A. McKay (*President*). R. McElwain (*Member*).

PART IV.—Remarks (signed and dated) by D.G.M.S. or Regional Deputy.

Reference: Circular Memorandum No. 323/1942, if the soldier has refused treatment, is he fit for military service and of what type?

Other remarks:

Grade One

Confirmed

[illegible signature]

21/2/45

NEW ZEALAND MILITARY FORCES. (Form N.Z.—179.

PROCEEDINGS OF MEDICAL BOARD. (*Answer all questions. Delete all words not applicable.*)

No. 4 Y 8 5 9 Rank: Gnr Name in full: TARLOV Albert John
(Surname in block letters.)
Unit: 16th Fd Regt Age: 26 years Race: European Civil occupation: Saw Miller
Single or married: S Children: — Proposed future home address: Parnell Bay Paloma

PART I.—Statement by Soldier to Examining Medical Officer.

I claim that I am suffering from No disability Claimed That it began or occurred at (*place*) ____ on (*date*) ____, the cause of it being ____
I was treated at ____ Hospital from (*date*) ____ to (*date*) ____ In the past I have suffered from the following diseases, wounds, or injuries: Injured Head & Knee.
My other ailments are Nil I have (~~have not~~) served overseas in the present war in (*locality*) U.K. M.E. from (*date*) April 42 until my return to New Zealand on (*date*) 31/10/44
I declare this statement to be true in every particular. Signed by me at (*place*) Featherston on (*date*) 7/11/44
(*Soldier's signature*) A Tarlov

PART II.—Preliminary Report by Medical Attendant or Member of present Board.

Soldier's weight: 11st 6lbs Pulse rate: 80 B.P. 130/76 Urine: Normal I diagnose the disability for which he is being boarded as Nil The main features in his medical history are: Injury to L. Knee & football in 5.12.43, followed by internal derangement 31.5.44.
Loss of tip of left ring finger in mar 4.11.43.
A clinical examination of all systems discloses:—
Left ring finger: Crush injury — no disability.
Left Knee: Internal derangement. Full movement. No effusion.
Heart & Lungs: N.A.D.
Throat: Normal.

Main features of specialist reports (X-ray, &c.) available are: X-ray Knee normal.
Treatment carried out: Arthrotomy
Treatment recommended: Nil
I consider that the cause of the disability was: Rheumatic chills on active service.
Answer the following questions as shown:—
Was the disability due to his negligence or misconduct? No Was an operation performed in connection with the present disability? Yes If so, when? 31.5.44. Its nature was? Arthrotomy
Was an operation advised? Yes Was it declined? No What other disabilities are claimed or have been discovered? Nil I (*state do or do not*) do consider military service to have been a contributing factor in any of these disabilities.
Signed at (*place*) Featherston on (*date*) 7.11.44
(*Signature of Examining Medical Officer*) J. Hamilton

PART III.—Opinion of the Medical Board.

Diagnosis of the disability: (a) [illegible]; (b) [illegible];
(c) [illegible]; (d) [illegible]

Results of this day's clinical examinations are:—

Nil. As in Part II.

Is the disability attributable to military service abroad? Yes., or to military service in New Zealand? No.
or is it due to other causes? No. Has the disability been aggravated by military service abroad? No, or by military service in New Zealand? No. Has it been caused or aggravated by intemperance, misconduct, or venereal disease? x No. The percentage degree of disablement (*100% to 20%—under 20%, nil*) is: Nil. Is the probable duration of the present disability under or over three months? N.A. If refused was the refusal to undergo operation reasonable or unreasonable? N.A. As to fitness for active service overseas, is he fit, temporarily unfit, or permanently unfit? (*Answer Fit, T.U., or P.U.*): Fit. As to fitness for active service in New Zealand, is he fit, temporarily unfit or permanently unfit? (*Answer Fit, T.U., or P.U.*): Fit. As to fitness for service on the Temporary Staff, is he fit, temporarily unfit, or permanently unfit? (*Answer Fit, T.U., or P.U.*): Fit.
We place the soldier in Grade One. (*in words, but note: If he is temporarily unfit for Grade III insert the letters T.U.*)
Is the soldier fit to live in Camp (*applicable in Grade III cases only*)? —— Is he fit for Home Guard? ——
We recommend the following further treatment: Nil.

We also recommend (*type of military employment, &c.*): Fit army or civil life.

Signed at (*place*) Paeroa on (*date*) 7. 11. 194

[signature] (*President*). [signature] (*Member*).

PART IV.—Remarks (signed and dated) by D.G.M.S. or Regional Deputy.

Reference: Circular Memorandum No. 323/1942, if the soldier has refused treatment, is he fit for military service and of what type?

Other remarks:

Grade One
Confirmed
[signature]
7/11/44