OUT-PATIENT REFERENCE SHEET

1. Service No.	2.Rank/Ratin	·*	NO ANY	Company	
4. Christian or Fore Name (s) 5. Regt	5. Regt. Corps/R.A.F. Command		6. Ship/Unit/R.A.F. Station	
7. Branch/Trade	8. Total Full-time Service	9. Married/Single Widow(er)	10. Type of Enlish	nment/Commission	11. Age
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