

PERSONNEL FILE - FORM 3108 ACTIVE DUTY SOLDIERS REVIEW - SHEET OF CURRENT STATE

7	
U S	

AST NAME - FIRST	NAME - MIDD	LE INITIAL(S)	PERSONNEL N	10.	RANK / DATE OF PROMOTION		BRANCH OF	F SERVICE	
SSIGNMENT			D.O.B.	PLACE	OF BIRTH AND CITIZENSHIP		CIVILIAN	OCCUPATION	
			210121		0. 21 01.122				
DLOUR, HAIR	Colour, Eyes		HEIGHT	WEIGHT	No. of Dependents	VISIBLE I	DENTIFIABL	LE FEATURES	
ECTION B: ENI	LISTMENT	/ DPAET D	L TATIS						
TE OF ENLISTMENT /		TIVE SERVICE E		PLACE OF	ENTRY INTO SERVICE	ENLISTMEN	T / DRAFT	OFFICER	REQ. SERVI
IMARY AND OTHER MI	ILITARY QUALI	FICATION				LEADERSHI		MEDICAE	HEAVY W
						LOGISTICS		PRIEST	WPN. EX
						OPERATOR		SCOUT	SNIPER
ECTION C: MEI	DICAL STA	ATUS							
unded Status		IMMUNIZATION	STATUS (ONL	Y RELEVANT R	E. CURRENT OPERATION)	AUGMENTIC	s / Bionic	C S	
Unwounded		EVECTED PETH	PN TO ACTIV	E DUTY INCL	SIGNATURE OF MEDICAE				
Wounded (Service	READY)	LXPECTED KETO	KN TO ACTIV	E DUIT INCL.	SIGNATURE OF MEDICAE				
WOUNDED (NOT SERV	VICE READY)								
ECTION D: CUI	RRENT OPE	ERATION AN	ID MISSI	0 N S					
PERATION NAME / COD	DE		OPERATIONAL	AREA		OPERATION	AL OFFICER	R	
SSIGNED MISSION(S)	/ MISSION RE	SULT / NOTES							
ECTION E: CAI			LISTIN	G ENEMY FOR			KS, ETC.		
ECTION E: CAI		O P E R A T I O N	M	ENEMY FOR			KS, ETC.		
ECTION E: CAI		O P E R A T I O N	M	ENEMY FOR			KS, ETC.		
ECTION E: CAI		OPERATION DATE	M	ENEMY FOR			KS, ETC.		
ECTION E: CAI		OPERATION DATE	M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAI		OPERATION DATE	M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAI		OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAI		OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		
ECTION E: CAN	MPAIGN /	OPERATION DATE	M M M M M M M M M M M M M M M M M M M	ENEMY FOR			KS, ETC.		



DRAFT / ENLISTMENT FORM



SECTION A: NOTICE AND INFORMATION

CITIZEN - YOU HAVE ELECTED TO ENLIST FOR DUTY IN THE IMPERIAL MILITARY.

Your choice is appreciated and you shall receive the blessing of the Emperor for the service you will perform for yourself, the citizens of your world and the Imperium as a whole.

FILL OUT THE INFORMATION REQUESTS BELOW TO FINALIZE YOUR ENLISTMENT. REMEMBER THAT RETREATING FROM ENLISTMENT IS CONSIDERED TREASON AND WILL BE PUNSIHED AS SUCH.

	RMATION REQUESTS		SECTION B2 INFORMATION
	TS OF THIS SIDE OF THE FORM!		Do NOT FILL IN ANY PARTS OF THIS SIDE!
AMILY NAME	GIVEN NAME	MIDDLE NAME(S)	PERSONNEL NO.
LANET	CITY	HOME ADDRESS	ENLISTMENT OFFICER
ATE OF ENLISTMENT	Prefferred Branch of Service	CIVILIAN EDUCATION	ASSIGNED BRANCH OF SERVICE
ARITAL STATUS	No. of Dependents	CIVILIAN OCCUPATION	Assigned Unit
RIOR MILITARY QUALIFIC	ATIONS (PDF SERVICE, ETC.)		RECOMMENDATION FOR SPECIALIST TRAINING?
NY PRIOR OFFENSES OR F	ELONIES		APTITUDE TEST RECOMMENDATIONS
RIOR WOUNDS OR ACCIDEN	TS OF NOTE		
ECTION C1: REMA	RKS (SOLDIER)		SECTION C2 REMARKS (SCRIBE)
RITE HERE			DO NOT WRITE HERE
	AS THE EMPE	ROR PROTECTS, SO	<u>MU</u> ST WE.
		50 AG	
	•		

THE TRUTH OF ALL STATEMENTS MADE AS PER MY KNOWLEDGE.

____, SOLEMNLY SWEAR THAT THE ABOVE DATA IS CORRECT TO MY BEST KNOWLEDGE.

__, THE ASSIGNED SCRIVENER, APPROVE OF THE ABOVE-MENTIONED ARRANGEMENTS AND VERIFY



PERSONNEL FILE - FORM 3109-2 PERSONAL DETAILS & DEPENDENTS



SECTION A: INFORMAT	TION ABOUT SUBJECT				
FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)	FORMER NAM	E / MAIDEN	N NAME (IF APPLICABLE)
DATE OF BIRTH	PLACE OF BIRTH (DETAILED)		GENDER	MARRIED	Name of Spouse
Civialian Occupation	CIVIL EDUCATION		DEPENDENTS	(SEE BELO	DW FOR DETAILS)
SECTION B1: PARENTS	(FATHER)				
FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)	FORMER NAM	e / Maiden	N NAME (IF APPLICABLE)
DATE OF BIRTH	PLACE OF BIRTH	GENDER	CIVILIAN O	CCUPATION	
SERVED IN THE MILITARY	STATUS	CAUSE OF DEATH (IF APPLICABLE	≣)		
SECTION B2: PARENTS	(MOTHER)				
FAMILY NAME	GIVEN NAME	MIDDLE NAME(S)	FORMER NAM	E / MAIDEN	N NAME (IF APPLICABLE)
DATE OF BIRTH	PLACE OF BIRTH	GENDER	CIVILIAN O	CCUPATION	
SERVED IN THE MILITARY	STATUS	CAUSE OF DEATH (IF APPLICABLE	E)		
SECTION C1: DEPENDE	ENTS OVERVIEW				
No. FAMILY DEPENDENTS	No. Non-Family Dependents	PREFERRED DEPENDENCY TREATMEN	NΤ		
SECTION C2: DEPENDE	ENTS LISTING				
NAME	LOCATION	Dependency Status			IMPERIAL CARE Y/N?
STONATURES					

____, SOLEMNLY SWEAR THAT THE ABOVE DATA IS CORRECT TO MY BEST KNOWLEDGE.

___, THE ASSIGNED SCRIVENER, APPROVE OF THE ABOVE-MENTIONED ARRANGEMENTS AND VERIFY THE TRUTH OF ALL STATEMENTS MADE AS PER MY KNOWLEDGE.



PERSONNEL FILE - FORM 3109-3A MEDICAL RECORD PAGE 1





SECTION A: CURREN	HEALTH STATUS	
Wounded?	IF YES: Wound Details	
	IF YES: EXPECTED DATE OF RETURN TO SERVICE SOURCE OF WOUND(S):	
SURGERY REQUIRED?	Surgery Outcome	
SECTION B: VACCIN	ATION RECORD	
VACCINATION	Date Signature Vaccination	IGNATURE
	I	
SECTION C: BIONIC		
ITEM	LOCATION	ION DATE
LAST MEDICAL CHEC	C-UP ONGOING PRESCRIPTIONS	
MEDICAE NAME:		
DATE OF CHECK-UP:		
RESILLT		- 1



MEDICAL RECORD PAGE ___



SECTION D: PAST MEDICAL HISTORY

ENTRIES BELOW REFER TO PRIOR WOUNDS, SURGERIES, IMPLANTATIONS AND OTHER MEDICAE PROCEDURES. EACH ENTRY MUST BE FILLED OUT COMPLETELY AND CARRY THE SIGNATURE OF A LEGITIMATE IMPERIAL MEDICUS. ALL ENTRIES LACKING SUCH A SIGNATURE ARE CONSIDERED FAULTY AND WILL BE REJECTED.

DATE	TYPE OF WOUND(S)					
M						
	Surgery Outcome					
20KGEKA KEGOIKED!	SURGERY UNICOME					
D T	D	10.000000 / 0.00000 / 0.000000				
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	Operation / Crusade / Campaign				
REMARKS						
DATE	Type of Wound(s)					
l M						
SURGERY REQUIRED?	SURGERY OUTCOME					
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN				
REMARKS						
DATE	TYPE OF WOUND(S)					
M						
SURGERY REQUIRED?	Surgery Outcome					
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN				
REMARKS						
DATE	TYPE OF WOUND(S)					
M						
SURGERY REQUIRED?	SURGERY OUTCOME					
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	Operation / Crusade / Campaign				
REMARKS						





MEDICAL RECORD PAGE ___



SECTION D: PAST MEDICAL HISTORY

ENTRIES BELOW REFER TO PRIOR WOUNDS, SURGERIES, IMPLANTATIONS AND OTHER MEDICAE PROCEDURES. EACH ENTRY MUST BE FILLED OUT COMPLETELY AND CARRY THE SIGNATURE OF A LEGITIMATE IMPERIAL MEDICUS. ALL ENTRIES LACKING SUCH A SIGNATURE ARE CONSIDERED FAULTY AND WILL BE REJECTED.

DATE	TYPE OF WOUND(S)				
M					
	Surgery Outcome				
20KGEKA KEGOIKEDI	SURGERY UUICOME				
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	Operation / Crusade / Campaign			
REMARKS					
DATE	Type of Wound(s)				
l M					
SURGERY REQUIRED?	SURGERY OUTCOME				
SORGERY REQUIRED!	SURGERY UUICUME				
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	OPERATION / CRUSADE / CAMPAIGN			
REMARKS					
NETHANIO .					
DATE	TYPE OF WOUND(S)				
l					
M					
SURGERY REQUIRED?	SURGERY UUTCOME				
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	Operation / Crusade / Campaign			
REMARKS		·			
DATE	Type of Wound(s)				
M					
	Cupaga				
SORGERA KEGOIKED!	SURGERY OUTCOME				
REHABILITATION TIME	RETURN TO ACTIVE SERVICE	Operation / Crusade / Campaign			
REMARKS		·			





EQUIPMENT AND REPLACEMENT RECORD



SECTION A: SOLDIER KIT	
CONTENTS OF REGIMENTAL KIT	
Loss of Equipment can and will result in punishment. Take care of your Equipme	ent as if it were a part of vourself. Replacements must be signed out.
SECTION B: SOLDIER SPECIAL GEAR	
CONTENTS OF REGIMENTAL KIT	
T	
LOSS OF EQUIPMENT CAN AND WILL RESULT IN PUNISHMENT. TAKE CARE OF YOUR EQUIPME	
SECTION B: SPECIAL EQUIPMENT AND REPLACEMENT RECORD EQUIPMENT	QUIPMENT



TRAINING AND QUALIFICATIONS RECORD



SECTION A: RANK AND PROMOTION RE	CORD
CURRENT RANK	ASSIGNED COMMAND (IF ANY)
PROMOTION	
SECTION B: QUALIFICATIONS	
SECTION C: TRAINING	
TRAINING	



PERSONNEL FILE - FORM 3109-6 AWARDS AND CITATIONS



SECTION A: AWARDS
AWARD
SECTION B: CITATIONS
CITATION



PERSONNEL FILE - FORM 3109-7 SERVICE HISTORY PAGE ___



SERVICE	HISTORY
Assignment I	OCATION



PERSONNEL FILE - FORM 3109-7 SERVICE HISTORY PAGE ___



SERVICE	HISTORY
ASSIGNMENT	LOCATION



REMARKS PAGE ___



Remarks
PLEASE CLOSE ALL REMARKS WITH FULL NAME, DATE AND SIGNATURE



PERSONNEL FILE - FORM 3109-9A TERMINATION OF SERVICE BY DEATH



SECTION A: P	ERSONAL INFORMA	TION							
LAST NAME - FIRST NAME - MIDDLE INITIAL(S		AL(S) PERSONNEL NO).	LAST ACTIVE RANK OF BIRTH AND CITIZENSHIP		BRANCH OF SERVICE CIVILIAN OCCUPATION			
		D.O.B.	PLACE						
Colour, Hair	Colour, Eyes	HEIGHT	WEIGHT	No. of Dependents	VISIBLE 1	DENTIFIABLE FEA	TURES		
TIME OF DEATH	Cause of Death	·							
	NLISTMENT / DRA								
DATE OF ENLISTMEN	T / DRAFT ACTIVE SER	VICE ENTRY	PLACE OF	ENTRY INTO SERVICE	ENLISTMEN	IT / DRAFT OFFIC	ER	REQ. SERVICE	
PRIMARY AND OTHER	MILITARY QUALIFICATION				LEADERSHI	P MEDI	CAE	HEAVY WPN.	
					Logistics			WPN. EXPERT	
					OPERATOR	Scou	Т	SNIPER	
	AST OPERATION	10			1000000	0=====			
OPERATION NAME / (ODE	OPERATIONAL	AREA		UPERATION	IAL OFFICER			
ASSIGNED MISSION(s) / MISSION RESULT / N	OTES							
SECTION D: R	EMARKS / NOTIFI	CATION OF DE	ATH						

SIGNATURES

COMMANDING OFFICER CLERK











LAST NAME - FIRST N		N							
LAST NAME - FIRST NAME - MIDDLE INITIAL(S		S) PERSONNEL NO.		LAST ACTIVE RANK		BRANCH OF SERVICE CIVILIAN OCCUPATION			
				OF BIRTH AND CITIZENSHIP					
COLOUR, HAIR C	OLOUR, EYES	HEIGHT	WEIGHT	No. of Dependents	VISIBLE I	DENTIFIABL	E FEATURES		
Time of Discharge C	AUSE OF DISCHARGE			REQUIRED YEARS OF SERVICE	ACTUAL YE	ARS OF SEF	RVICE		
SECTION B: ENL	ISTMENT / DRAFT	DETAILS		-					
	DRAFT ACTIVE SERVICE		PLACE OF	ENTRY INTO SERVICE	ENLISTMEN	T / DRAFT	OFFICER	RE	Q. SERVICE
PRIMARY AND OTHER MIL	ITARY QUALIFICATION				LEADERSHI	P	MEDICAE		HEAVY WPN.
				The state of the s	Logistics		PRIEST		WPN. EXPERT
					OPERATOR		SCOUT	士	SNIPER
SECTION C: LAS	T OPERATION								
OPERATION NAME / CODE		OPERATIONAL	AREA		OPERATION	AL OFFICE	?		
Assigned Mission(s) /	MISSION RESULT / NOTES								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
SECTION D: REM	ARKS								
	ARKS MENTS AND REWARD	S							
		S							
		S							
		S							
		S							
		S							
		S							

SIGNATURES

COMMANDING OFFICER SOLDIER CLERK





VERSION: 1.2 (04.03.2014)

VARIANT:
B
(No Background & Additional Lines)

14-PAGE PERSONNEL FILE



CREATED BY:
CHRISTIAN SELGRAD ("MADLETTER")

FEEL FREE TO USE THIS AS YOU SEE FIT, INCLUDING NEVER PRINTING THIS PAGE AND MESSING AROUND WITH THE DESIGN VIA ILLUSTRATOR OR ANY OTHER SOFTWARE YOU USE.

ENJOY!

THE EMPEROR PROTECTS!

CHANGELOG

$V1.0 - 15^{\text{TH}} \text{ November } 2013$

• INITIAL PUBLICATION

V1.1 - 29TH NOVEMBER 2013

- TYPO FIX (CURSADE -> CRUSADE)
- CITATIONS HEADER FIXED
- ADDED DIFFERENT VERSIONS

$V1.2 - 4^{TH} MARCH 2014$

- STARTED CHANGELOG
- CHANGED E-MAIL TO DEDICATED RPG-RELATED EMAIL ON MY SERVER
- ullet REMOVED A SMALL GRAPHIC THAT WAS COVERING PART OF THE HEADLINE OF PG.2
- REDUCED RESULTING FILE-SIZE OF PDF'S BY THE MAGIC OF PROPER SAVING-PARAMETERS